

Preliminary Report of Accident



1. Accident Type: Fatal Injury	2. Accident Classification Fall of Face, Rib, Pillar or Highwall	3. Date/Time of Accident 03/10/2012 06:15 PM	4. Date/Time of Death 03/10/2012 06:15 PM	5. Fatal Case No 4
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6. Mine Information :

a) Mining Company Name Kingston Mining, Inc.	b) Mine Name Kingston No. 2	c) Parent of Mining Company Alpha Natural Resources, Inc.
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7. Mine Location :	a) City Scarbro	b) County Fayette	c) State WV	8. Mine ID Number: 46-08932	9. Union: NO
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10. Primary Mineral Mined: BITUMINOUS	11. Number of Mine Employees:	a) Total 94	b) Underground 90	c) Open Pit/Quarry	d) Mill/Prep Plant	e) Other 4
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12. Contractor Name:	13. Union	14. Contractor ID Number:
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15. Contractor Address:	a) City	b) County	c) State	d) Zip Code
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16. Number of Contractor Employees:	a) Total	b) Underground	c) Open Pit/Quarry	d) Mill/Prep Plant	e) Other
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17. Number of Persons in Mine at Time of Accident:	18. Number of Persons Unaccounted For:
a) Mine Employees: 30	a) Mine Employees:
b) Contractor Employees:	b) Contractor Employees:

19) Location of Accident	20. Mining Height:
<input checked="" type="checkbox"/> 01-Underground	Feet Inches
<input type="checkbox"/> 02-Surface at Underground	5 8
<input type="checkbox"/> 03-Open Pit	
<input checked="" type="checkbox"/> 07-Advance Mining	
<input type="checkbox"/> 06-Dredge Mining	
<input type="checkbox"/> 08-Retreat Mining	
<input type="checkbox"/> 09-Office Facility	
<input type="checkbox"/> 30-Mill/Prep Plant	
<input type="checkbox"/> Other (specify)	

21. Nonfatal Injuries: 0	22. Fatal Injuries: 1
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23. Victim Information :	a) Name Jeremy Sigler	b) Age 34
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c) Regular Job Title: Section Foreman	d) Activity at Time of Accident: Operating Continuous Mining Machine	<input checked="" type="checkbox"/> Mine Employee
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24. Experience :	Years Weeks Days	Years Weeks Days	Years Weeks Days	Years Weeks Days
a) Total:	11 0 0	b) at the mine:	7 30 0	c) at activity (23d)
				d) with Contractor

25. Autopsy Performed: If Yes, Location	26. Mine Telephone No.: (304) 469-6290
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27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):
At approximately 6:15 p.m., Jeremy Sigler, section foreman on the No. 1 Section, was fatally injured while operating the continuous mining machine in the No. 2 entry. The victim was struck by rock which fell from the right rib. The portion of the rib which fell and struck the victim was approximately 10.5 feet long, 40 inches tall, and from 1 to 10 inches thick. The rib rock overlies the coal seam and was being mined as the section advanced.

The information provided in this notice is based on preliminary data ONLY and does not represent final determinations regarding the nature of the incident or conclusions regarding the cause of the accident.

28. Equipment Manufacturer:	29. Model:
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30. District: C0400 Mt. Hope	32. Field Office: Mt. Hope WV	33. Event Number: 6297353
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34. Accident Investigator: Darius L. Barker	35. MSHA Person Notified: David Morris	Date 03/10/2012	Time 06:29 P
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36. Type of Report: Initial	37. Name of Preparer and Date Prepared Darius L. Barker	Date 03/11/2012
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38. Reason For Amendment: