PR001 26-Mar-12

Preliminary Report of Accident

U.S. Department of Labor
Mine Safety and Health Administration

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1. Accident Type:	2. Accident Classification					3. Date/7	3. Date/Time of Accident 4. I			4. Date/Time	of Deat	5. Fatal Case No		
Fatal Injury	Machinery					03/17	03/17/2012 09:45 AM			03/17/2012 10:02 AM			5	
6. Mine Information :														
a) Mining Company Name b) Mine Name						c) Parent of Mining Company								
Ohio American Energy In		Salt Run	Mine	#1		Robert E					Murray			
7. Mine Location :	a) City	- A.	**	b) C	ounty	c) S	tate	···=	T	8. Mine ID Nu	D Number: 9. Union:			
Rayland			Jeff	1	0	ОН			33-04550			NO		
10. Primary Mineral Mined:			l 1. Number line Emplo		a) Total	b) Undergro	und	c) Ope	en Pit/	Quarry	d) Mill	/Prep Plant	e) Other	
BITUMINOUS COAL AN	DLIGNITES	U "	ine Emplo	yees.	11	0				11		0	0	
12. Contractor Name:							1	3. Uni	on	i i	14. Contrac	tor ID Number:		
15. Contractor Address:				b) County	County c)			c) State	State d) Zip Code					
16. Number of Contractor Employees: a) Total b) Underground c) Open Pit/Quarry d) Mill/Prep Plant e) Other														
17. Number of Persons in Mir	ne at Time of Ac	ident:				18. Nur	nber o	f Persons	Unacc	ounted For:	- ***		·	
a) Mine Employees:	11	b) Con	tractor Em	ploye	es: 0	a) Mi	ne Em	plovees:		0	b) Cont	ractor Emp	loyees: 0	
										20. Mining Height:				
01-Underground	01-Underground X 0				07-Adva	nce Mining	30-Mill/Prep Plant			Other	(specify)	Feet Inches		
02-Surface at Undergrou	ınd 🔲	06-Dree	dge Mining	g	08-Retre	at Mining] 99-Offi	ce Fac	cility				
21. Nonfatal Injuries:	22. 1	atal Inju	ries:	1										
23. Victim Information:	Wal	a) Nam er R. M				b) Ag 55					-			
c) Regular Job Title:			d) A	Activity	y at Time of A			<u></u>				X M	line Employee	
Highwall Miner C	Operations Co	ord.			_	Gener	al Lat	oor						
24. Experience: Years W	eeks Days		Yea	rs We	eks Days			Years	Weeks	Days			Years Weeks Days	
a) Total: 19	0 0 1) at the r	mine: (6 28	3 4 c)	at activity (2	3d)	0	28	5 d)	with Co	ntractor		
25. Autopsy Performed: If Yes, Location							26. Mine Telephone No.:							
										L	(/40) 5	98-4325		
27. Description of Accident (in	nclude equipmer	t involve	d, the exac	t locat	ion in the min	e, and status o	f rescu	ue and rec	overy	operations):				
On Saturday, March 17, 2012, at approximately 9:45 a.m., a foreman sustained fatal injuries at the launch (staging) area of the No. 1 Pit. The victim was attempting to attach a nylon lanyard to the duck bill of a Caterpillar 988 F Series 2 front end loader and a Add-a-Car Highwall miner transportation dolly. The victim was positioned between the transportation dolly and the front end loader as the front end loader was driving into place. The victim was pinched between the duck bill of the front end loader and the frame of the transportation dolly. The victim was pronounced dead at the scene by the Jefferson County Coroner.														
The information provided in t regarding the cause of the acc		d on pre	liminary da	ata ON	NLY and does	not represent	final d	leterminat	ions r	egarding the n	ature of	the incident	t or conclusions	
28. Equipment Manufacturer: Caterpillar								29. Mod	el:		988F	Series 2		
30. District: 32. Fie				d Offi		airsville OH	sville OH			33	33. Event Number: 6264412			
34. Accident Investigator:					35. MSHA P				Date		Time			
Thomas A. Tamasco					Josep	oh F. Facel	lo			03	3/17/20	12	09:58 A	
36. Type of Report: 37. Name of				of Preparer and Date Prepared:								Date		
lni		KVK for Bob Cornett								03/19/201	2			
20 Danson For Amendments		-					_							