

## Preliminary Report of Accident



|  |  |  |                               |   |               |   |                     |   |                         |   |                         |                    |               |   |  |
|--|--|--|-------------------------------|---|---------------|---|---------------------|---|-------------------------|---|-------------------------|--------------------|---------------|---|--|
| 1. Accident Type:<br>Fatal Injury                                  |  | 2. Accident Classification<br>Slip or Fall of Person |                               | 3. Date/Time of Accident<br>04/25/2012 09:15 AM                       |               | 4. Date/Time of Death<br>04/25/2012 09:15 AM            |                     | 5. Fatal Case No<br>7                     |                         |   |                         |                    |               |   |  |
| 6. Mine Information :  |  |  |                               |   |               |   |                     |   |                         |   |                         |                    |               |   |  |
| a) Mining Company Name<br>McCoy Elkhorn Coal Corp.                 |  |  | b) Mine Name<br>KC #1         |   |               | c) Parent of Mining Company<br>James River Coal Company |                     |   |                         |   |                         |                    |               |   |  |
| 7. Mine Location :   |  | a) City<br>Mousie                                    |                               | b) County<br>Knott  |               | c) State<br>KY  |                     | 8. Mine ID Number:<br>15-18747            |                         | 9. Union:<br>NO   |                         |                    |               |   |  |
| 10. Primary Mineral Mined:<br>BITUMINOUS                           |  |  | 11. Number of Mine Employees: |   | a) Total<br>5 |   | b) Underground<br>0 |   | c) Open Pit/Quarry<br>0 |   | d) Mill/Prep Plant<br>0 |                    | e) Other<br>0 |   |  |
| 12. Contractor Name:<br>T&B Transport                              |  |  |                               |   |               | 13. Union<br>NO   |                     | 14. Contractor ID Number:<br>A242         |                         |   |                         |                    |               |   |  |
| 15. Contractor Address:  |  | a) City<br>Prestonsburg                              |                               | b) County<br>Floyd  |               | c) State<br>KY  |                     | d) Zip Code<br>41653                      |                         |   |                         |                    |               |   |  |
| 16. Number of Contractor Employees:                                |  | a) Total<br>5  |                               | b) Underground<br>0   |               | c) Open Pit/Quarry<br>0                                 |                     | d) Mill/Prep Plant<br>0                   |                         | e) Other<br>0   |                         |                    |               |   |  |
| 17. Number of Persons in Mine at Time of Accident:                 |  |  |                               |   |               | 18. Number of Persons Unaccounted For:                  |                     |   |                         |   |                         |                    |               |   |  |
| a) Mine Employees:   |  | b) Contractor Employees:                             |                               | 5   |               | a) Mine Employees:                                      |                     | b) Contractor Employees:                  |                         | 0   |                         | 0                  |               |   |  |
| 19) Location of Accident   |  |  |                               |   |               |   |                     |   |                         | 20. Mining Height:                                      |                         |                    |               |   |  |
| <input type="checkbox"/> 01-Underground                            |  | <input type="checkbox"/> 03-Open Pit                 |                               | <input type="checkbox"/> 07-Advance Mining                            |               | <input type="checkbox"/> 30-Mill/Prep Plant             |                     | <input type="checkbox"/> Other (specify)  |                         | Feet  |                         | Inches             |               |   |  |
| <input checked="" type="checkbox"/> 02-Surface at Underground      |  | <input type="checkbox"/> 06-Dredge Mining            |                               | <input type="checkbox"/> 08-Retreat Mining                            |               | <input type="checkbox"/> 99-Office Facility             |                     |   |                         |   |                         |                    |               |   |  |
| 21. Nonfatal Injuries:   |  | 22. Fatal Injuries:                                  |                               | 1   |               |   |                     |   |                         |   |                         |                    |               |   |  |
| 23. Victim Information :   |  |  |                               |   |               |   |                     |   |                         |   |                         |                    |               |   |  |
| a) Name<br>Delmer Miller   |  |  |                               | b) Age<br>61  |               |   |                     |   |                         |   |                         |                    |               |   |  |
| c) Regular Job Title:<br>Torchman                                  |  |  |                               | d) Activity at Time of Accident:<br>Dismantling stacker conveyor belt |               |   |                     |   |                         | <input checked="" type="checkbox"/> Contractor Employee |                         |                    |               |   |  |
| 24. Experience :   |  | Years Weeks Days                                     |                               | Years Weeks Days  |               | Years Weeks Days  |                     | Years Weeks Days                          |                         |   |                         |                    |               |   |  |
| a) Total:  |  | 20   |                               | b) at the mine:   |               | 3   |                     | c) at activity (23d)                      |                         | 3   |                         | d) with Contractor |               | 3 |  |
| 25. Autopsy Performed: If Yes, Location<br>YES Frankfort, Kentucky |  |  |                               |   |               |   |                     | 26. Mine Telephone No.:<br>(606) 946-2805 |                         |   |                         |                    |               |   |  |

## 27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):

The victim was in the process of dismantling the conveyor stacker belt from the surface area of an inactive underground coal mine. When the victim completed the final torch cut from the elevated upslope stacker frame support beam that contained the counter-weight, the structure fell contacting the walkway (catwalk) where the victim was located down slope. This section of the walkway (catwalk), approximately 25 feet in length, broke loose from the main structure causing the victim to fall approximately 20 feet to his death.

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:                                   |  |                              |  |                 |  |
| 30. District:<br>C0600 Pikeville                |  | 32. Field Office:<br>Hindman KY                        |  |  |  | 33. Event Number:<br>4202292 |  |                 |  |
| 34. Accident Investigator:<br>Steven D. Caudill |  |  |  | 35. MSHA Person Notified:<br>Robert M. Bates |  | Date<br>04/25/2012           |  | Time<br>09:43 A |  |
| 36. Type of Report:<br>Initial                  |  | 37. Name of Preparer and Date Prepared:<br>John Godsey |  |  |  | Date<br>04/25/2012           |  |                 |  |
| 38. Reason For Amendment:                       |  |  |  |  |  |                              |  |                 |  |