

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Machinery		3. Date/Time of Accident 07/27/2012 04:15 AM		4. Date/Time of Death 07/27/2012 07:00 PM		5. Fatal Case No 12				
6. Mine Information :												
a) Mining Company Name Coal River Mining LLC			b) Mine Name Fork Creek No 10 Mine			c) Parent of Mining Company James O Bunn; Franklin D Robertson						
7. Mine Location :		a) City Sumercro		b) County Boone		c) State WV		8. Mine ID Number: 46-09325		9. Union: NO		
10. Primary Mineral Mined: BITUMINOUS COAL UNDERGROUN			11. Number of Mine Employees:		a) Total 110	b) Underground 105	c) Open Pit/Quarry		d) Mill/Prep Plant	e) Other 5		
12. Contractor Name:						13. Union		14. Contractor ID Number:				
15. Contractor Address:			a) City		b) County		c) State		d) Zip Code			
16. Number of Contractor Employees:			a) Total 14	b) Underground 14	c) Open Pit/Quarry		d) Mill/Prep Plant	e) Other				
17. Number of Persons in Mine at Time of Accident:					18. Number of Persons Unaccounted For:							
a) Mine Employees: 23		b) Contractor Employees: 2			a) Mine Employees: 0		b) Contractor Employees: 0					
19) Location of Accident								20. Mining Height:				
<input checked="" type="checkbox"/> 01-Underground	<input type="checkbox"/> 03-Open Pit		<input checked="" type="checkbox"/> 07-Advance Mining		<input type="checkbox"/> 30-Mill/Prep Plant		<input type="checkbox"/> Other (specify)		Feet	Inches		
<input type="checkbox"/> 02-Surface at Underground	<input type="checkbox"/> 06-Dredge Mining		<input type="checkbox"/> 08-Retreat Mining		<input type="checkbox"/> 99-Office Facility				10	0		
21. Nonfatal Injuries: 0			22. Fatal Injuries: 1									
23. Victim Information :					a) Name Johnny M. Bryant, II		b) Age 35					
c) Regular Job Title: Move Crew			d) Activity at Time of Accident: Moving Continuous Mining Machine				<input checked="" type="checkbox"/> Mine Employee					
24. Experience :		Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days				
a) Total:	1	9	4	b) at the mine:	1	9	4	c) at activity (23d)	1	9	4	d) with Contractor
25. Autopsy Performed: If Yes, Location						26. Mine Telephone No.: (304) 756-1281						

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

On July 27, 2012, at approximately 4:14 a.m., a 35-year old midnight shift move crew member received crushing injuries when he was caught between the continuous mining machine conveyor boom and the right rib in the No. 4 Entry on the No. 2 Section. The continuous mining machine was being operated by the crew supervisor and being set up for the day shift when the accident occurred.

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: Joy Machinery Co. (Joy Manufacturing Co)			29. Model: 12CM12-11			
30. District: C0400 Mt. Hope		32. Field Office: Madison WV			33. Event Number: 6297169	
34. Accident Investigator: Gary Huffman			35. MSHA Person Notified: Joseph C. Mackowiak		Date 07/27/2012	Time 04:45 A
36. Type of Report: Initial		37. Name of Preparer and Date Prepared Joseph Mackowiak			Date 07/27/2012	
38. Reason For Amendment:						