PR001 14-Sep-12

Preliminary Report of Accident

U.S. Department of Labor

Mine Safety and Health Administration

11.
(4)
1

1. Accident Type:		2. Accident Classification					3. Date/Time of Accident			nt	4. Date/Time of I	5. Fatal	Case	No	
Fatal Injury		Fall of Roof or Back					0	09/13/2012 03:30 PM			09/13/2012	1	15		
6. Mine Information	on:												. 7		
a) Mining Compan	ny Name			b) Min	e Name					c	Parent of Mining	Company			
Consolidation C	Coal Com	pany		Black	sville No	2				C	ONSOL Energ	y Inc			
7. Mine Location : a) City				b) Co	ounty	Ŋ	c) State			8. Mine ID Number: 9. Union:					
Wana				N	/lononga	lia		WV			46-01968			YES	
10. Primary Mineral Mined:				11. Number of Mine a) Total b Employees:				o) Underground c) Open			it/Quarry d) Mill/Prep Plan		e) Other		r
BITUMINOUS		DERGR	OUND	Emple	yees:	490)	427			0	49			4
12. Contractor Nar	me:									13. Uni	on	14. Contra	ctor ID Nu	mber	:
15. Contractor Add	dress:	a) City				b) Cour	nty			c) State	d) 2	Zip Code		
16. Number of Con	ntractor Em	ployees:	2	a) Total	b) 1	Undergrou	ınd	c) Ope	en Pit/Qua	rry	d) Mill/F	rep Plant	e) Othe	r	117
17. Number of Per	sons in Min	e at Time	of Accide	ent:			18	Number	of Person	s Unacc	ounted For:				-
a) Mine Employees		106) Contractor	Employee	s: 0		a) Mine E			•	Contractor Em	plovees:		0
19) Location of Acc				,		_		,						ining l	Height:
X 01-Undergrou	and		03	-Open Pit		07-Ad	lvance Min	ing	30-Mi	ill/Prep	Plant Ot	her (specify)	Feet	In	iches
02-Surface at	Undergrou	ınd	06	-Dredge Mir	ning	08-Re	treat Minir	ig [99-Of	fice Fac	eility			6	6
21. Nonfatal Injuri	ies:	-	22. Fata	l Injuries:	1	-2									i.
23. Victim Informa	ation :) Name E. Mock			1	6) Age							
c) Regular Job Titl					d) Activity	at Time o	f Accident:					X M	Mine Emp	loyee	
	al Inside L						G	eneral Ir							
24. Experience :		eeks Days			Years Wee	-				s Week			Years We		
a) Total:		2 3		t the mine:	3 25	6	c) at activ	ity (23d)	3	25		h Contractor	0 ()	0
25. Autopsy Perfor	rmea: row Colle		Location	ΡΔ							26. Mine Teleph	one No.: 4) 451-3233			
27. Description of A										_		4) 401-0200			96
On Thursday, S and another em Track Haulage. striking the victin	ployee we The victi	ere atten m and a	npting to	increase employee v	the vertic	cal cleara	ance betw	een the	track rai	I and t	he trolley wire	at 116 block	on the M	ain N	lorth
The information pregarding the cause 28. Equipment Ma	e of the acc	ident.	is based o	on preliminan	y data ON	ILY and de	oes not repi	resent fina	l determin 29. Mo		regarding the natu	ire of the incid	ent or conc	lusion	s
30. District:															
30. District:				32.	Field Offic	e:					33. Ev	ent Number:			
C0300	Morga	antown		32.	Field Offic		rgantown	WV			33. Ev		1834		
		antown		32.	Field Offic	Мо	rgantown A Person N				I	6264 Date	Tim		
C0300		antown		32.	Field Offic	Mo 35. MSH.		otified:	_DataTr	ac	I	6264			
C0300 34. Accident Invest	tigator:	antown	3	32. 1 37. Name of I	Preparer a	Mo 35. MSH. Ro nd Date Pr	A Person Nonald Tul	otified: anowski		ac	I	6264 Date	Tim 04:56 F		