PR001 05-Dec-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/Time of Accident 4. Date/1		4. Date/Time of De	eath	5. Fatal Case No		
Fatal Injury	Impounding	Dam	}	11/30/201	12 12:15 PM			19	
6. Mine Information:									
a) Mining Company Name b) Mine Name c) Parent of Mining Company									
Consolidation Coal Company Robinson Run No 95 CONSOL Energy Inc									
7. Mine Location : a) City		b) C	b) County		c) State 8. Mine I		D Number: 9. Union:		
Mannington		Marion	Marion		WV			YE\$	
10. Primary Mineral Mined: BITUMINOUS COAL UN		11. Number of Mine Employees:	, ,	Underground	c) Open Pit	(Quarry d) M	Iill/Prep Plant	e) Other	
12. Contractor Name:	DENGROOM	J	590	426	13. Ut		54	110 tor ID Number:	
12. Contractor Name:					13. 01	non	14. Contrac	tor ID Number:	
15. Contractor Address: a) City b)					c) State d) Zip Code				
16 Number of Contractor Employees at 16 Number o									
16. Number of Contractor Employees: a) Total b) Underground 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: 180 b) Contractor Employees: a) Mine Employees: 1 b) Contractor Employees:									
19) Location of Accident 01-Underground 03-Open Pit 07-Advance Mini					30-Mill/Pre	Plant X Oth	er (specify)	20. Mining Height: Feet Inches	
02-Surface at Underground 06-Dredge Mining			08-Retreat	- ;	99-Office Fa		Impoundme		
21. Nonfatal Injuries:		atal Injuries:	\overline{T}				•	<u> </u>	
	2	1	<u> </u>						
23. Victim Information: a) Name b) Age Markel J. Koon 58									
c) Regular Job Title:	·····	d) Activity	y at Time of Accid				Х м	ine Employee	
Mobile equipme				Mobile eq	uipment opera	ator			
	eeks Days	Years We	_		Years Wee	-		Years Weeks Days	
a) Total: 37 3 25. Autopsy Performed:	6 1 b) at the mine: 37 36	5 1 c) at :	activity (23d)	2 24	6 d) with	Contractor		
23. Autopsy i eriormeu.	ii ies, Locauo	,) 986-9600		
27. Description of Accident (in	nclude equipment	involved, the exact locat	tion in the mine. a	nd status of res	scue and recover	v onerations):	·····		
On Friday, November 30 Impoundment occurred a to 25 feet above the water saddle dam area when the near the face of the sadd these miners swam to she face was inside his equip the face area and was not seen to be supported to the saddle of t	th at approximate the Consol Ear's surface, and failure occurule dam looking fore and the others when it something the construction of the constru	ately 12:15 p.m., a n inergy, Robinson Ru id 70 feet back from rred. Three of the m g over and recognize her was located and slid into the impound	nassive failure n No. 95 Mine. the water's edginers and their d a failure was rescued by Nument and rema	of the upstre A section of ge, broke an equipment v about to occ atter Fort Fire ains unaccou	eam face of the face of the saddle of the saddle of the swept into the cur. They begand Rescue	e saddle dam for lam measuring a impoundment. F o the impoundme lan to run but we One bulldozer o	oproximately four miners ent. Two mi re pulled into operator wor	650 feet long, 20 were working in the ners were standing the water. One of king nearest the	
The information provided in t regarding the cause of the acc 28. Equipment Manufacturer	ident. :		NLY and does not	represent fina	l determinations		e of the incider	it or conclusions	
Caterpillar 30. District: 32. Field Office:					D6 33. Event Number:				
C0300 Morgantown		32 Field Offi	ce·			22 F	at Number		
		32. Field Offi	ce: Bridgepo	ort WV		33. Eve	nt Number: 62606	600	
C0300 Morg. 34. Accident Investigator:		32. Field Offi				Da	62606 ite	Time	
C0300 Morg 34. Accident Investigator: Michael P. Stark			Bridgepo 35. MSHA Pers Gregory	on Notified: W. Fetty			62606 ite 2012		
C0300 Morg. 34. Accident Investigator: Michael P. Stark 36. Type of Report:		32. Field Offi	Bridgepo 35. MSHA Pers Gregory	on Notified: W. Fetty d		Da	62606 ite	Time 12:49 P	