PR001 03-Jul-13

Preliminary Report of Accident

U.S. Department of Labor

Mine Safety and Health Administration



| Accident Type: 2. Accident Classif | | sification | | 3. Date/Time | of Accident | 4. Date/ | Time of Dea | ath | 5. Fatal Case No |
|--|------------------|-------------------------|--------------------------------|--|----------------------|-------------|--------------|---|-------------------------|
| Fatal Injury Powered Haulage | | | | 07/02/20 | /I 07/0 | 2/2013 | 10 | | |
| 6. Mine Information : | | | | | | | | | |
| a) Mining Company Name | | b) Mine Name | | | | c) Parent o | f Mining C | Company | |
| Peabody Midwest Mining. | LLC | Wildcat Hills | Mine-Undera | round | | Peabody | J | | |
| 7. Mine Location : | a) City | | ounty | c) State | | <u>_</u> | D Number: | | 9. Union: |
| Eldo | Saline | , IL | IL I | | 11-03156 | | NO | | |
| 10. Primary Mineral Mined: | | | 11. Number of Mine a) Total b) | | c) Open P | | | | |
| BITUMINOUS COAL UND | DERGROUND | Employees: | 240 | 234 | | | | • | 6 |
| 2. Contractor Name: | | . | | | 13. U | Jnion | | 14. Contrac | ctor ID Number: |
| 5. Contractor Address: | | b) County | | | c) State d) Zip Code | | | | |
| 6. Number of Contractor Emp | oloyees: | a) Total b | Underground | c) Op | en Pit/Quarry | | d) Mill/Pre | ep Plant | e) Other |
| | | | | | | | | | |
| 17. Number of Persons in Mine | at Time of Acci | dent: | | 18. Number | of Persons Un | ccounted F | or: | | |
| <u> </u> | 57 | b) Contractor Employ | es: 0 | a) Mine | Employees: | 0 | b) Co | ontractor Emp | ployees: 0 |
| 9) Location of Accident | | | | | | | | | 20. Mining Heig |
| | | 03-Open Pit | ce Mining | | | | er (specify) | Feet Inches | |
| 02-Surface at Undergroun | in and | 06-Dredge Mining | 08-Retrea | t Mining | 99-Office 1 | racility | | | 6 0 |
| 1. Nonfatal Injuries: | 0 22. Fa | tal Injuries: 1 | | | | | | | |
| 3. Victim Information : | | a) Name nial Clarida | | b) Age 35 | | | | | |
| r) Regular Job Title: | | | y at Time of Ac | | | | | X M | line Employee |
| Continuous Miner | | | | | us Miner Ope | | | | |
| 4. Experience: Years We | • | Years We | • | | Years We | | | | Years Weeks Days |
| a) Total: 11 1 | | | B 0 c): | at activity (23d) | 10 | 0 0 | | Contractor | 0 0 0 |
| 5. Autopsy Performed: | If Yes, Location | n | | | | 26. Mii | ne Telephoi | | |
| YES To be annou | ncea | | | | | | (618) |) 273-8604 | |
| atal accident occurred 7/ crosscut between entry No | | | | inned a perso | n between th | e battery | end bum | per and the | coal rib in the las |
| The information provided in this notice is based on preliminary data ONLY and does not regarding the cause of the accident. 28. Equipment Manufacturer: Stamler 30. District: CO800 Vincennes Benton | | | | | | | | | |
| regarding the cause of the accidence of | Stamle | er | ce: Bentor | n IL | 29. Model: | ns regardin | BH 33. Even | 18 H nt Number: 4253 | 517 |
| regarding the cause of the accidence of the accident Investigator: | Stamle | er | ce: Bentor 35. MSHA Pe | n IL erson Notified: | | ns regardin | BH 33. Even | 18 H nt Number: 4253 | 517 Time |
| egarding the cause of the accidence of the accidence of the second of th | Stamle | 32. Field Off | Bentor 35. MSHA Pe | n IL erson Notified: n Miller | | ns regardin | BH 33. Even | 18 H nt Number: 4253 nte 2013 | 517 |
| egarding the cause of the accident Equipment Manufacturer: 0. District: C0800 Vincer 4. Accident Investigator: | Stamle | er | Bentor 35. MSHA Pe | n IL erson Notified: n Miller ired: | | ns regardin | BH 33. Even | 18 H nt Number: 4253 | 517 Time 12:38 PM |