

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Machinery		3. Date/Time of Accident 10/04/2013 01:10 PM		4. Date/Time of Death 10/04/2013 01:39 PM		5. Fatal Case No 15	
6. Mine Information :									
a) Mining Company Name McElroy Coal Company			b) Mine Name McElroy Mine			c) Parent of Mining Company CONSOL Energy Inc			
7. Mine Location : a) City Cameron			b) County Marshall		c) State WV		8. Mine ID Number: 46-01437		9. Union: YES
10. Primary Mineral Mined: BITUMINOUS COAL UNDERGROUND		11. Number of Mine Employees:		a) Total 1013	b) Underground 875	c) Open Pit/Quarry		d) Mill/Prep Plant 100	e) Other 38
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		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:		b) Contractor Employees:			a) Mine Employees:		b) Contractor Employees:		
19) Location of Accident								20. Mining Height:	
<input type="checkbox"/> 01-Underground	<input type="checkbox"/> 02-Surface at Underground	<input type="checkbox"/> 03-Open Pit	<input type="checkbox"/> 06-Dredge Mining	<input type="checkbox"/> 07-Advance Mining	<input type="checkbox"/> 08-Retreat Mining	<input type="checkbox"/> 30-Mill/Prep Plant	<input checked="" type="checkbox"/> Other (specify) LW Set Up Face	Feet	Inches
								7	0
21. Nonfatal Injuries:		22. Fatal Injuries: 1							
23. Victim Information :									
a) Name Roger R. King				b) Age 62					
c) Regular Job Title: Longwall Maint. Coordinator				d) Activity at Time of Accident: Longwall Maint. Coordinator				<input checked="" type="checkbox"/> Mine Employee	
24. Experience :									
Years	Weeks	Days	Years	Weeks	Days	Years	Weeks	Days	Years
a) Total:	42	0	0	b) at the mine:	17	0	0	c) at activity (23d)	16
	0	0			0	0	0	d) with Contractor	0
	0	0			0	0	0		0
25. Autopsy Performed: If Yes, Location NO							26. Mine Telephone No.: (304) 686-4308		

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

On Friday, October 4, 2013, at approximately 1:10 p.m., a longwall maintenance coordinator was supervising the installation of face conveyor chain on the 8-B longwall set up face. A scoop was being used in conjunction with a sheave block and wire rope to pull the face conveyor chain down the longwall face (towards the tailgate). As the scoop was trammig (towards the headgate) and pulling face conveyor chain down the longwall conveyor pan line, the face conveyor chain became fouled. As the scoop continued to tram, the sheave assembly and wire rope broke loose from the anchoring point, causing them to be propelled forward, striking the victim in the back of the head. The victim was standing in the conveyor panline 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: McKissick			29. Model: 420 Snatch Block		
30. District: C0300 Morgantown		32. Field Office: St. Clairsville OH			33. Event Number: 6263073
34. Accident Investigator: William M. McLane			35. MSHA Person Notified: Gregory W. Fetty		Date 10/05/2013
					Time 01:40 P
36. Type of Report: Amended		37. Name of Preparer and Date Prepared LS for Carlos Mosley Acting DM			Date 07/11/2014
38. Reason For Amendment: Accident Classification changed from Powered Haulage to Machinery.					