Preliminary Report of Accident

U.S. Department of Labor



25-Mar-14			port		Mine	e Safety a	nd Health Administrat	tion 💜		
1. Accident Type: 2	2. Accident Classification			3. Date/Time of	3. Date/Time of Accident		ïme of Death	5. Fatal Case No		
Fatal Injury	Machinery			03/25/2014	01:45 AM	03/2	5/2014 02:59 AM	3		
6. Mine Information :						-				
a) Mining Company Name b) Mine Name				c) Parent of Mining Company						
Gibson County Coal LLC Gibson Mine			Alliance Resource Partners LP							
7. Mine Location :	a) City	b) C	ounty	c) State		8. Mine ID	Number:	9. Union:		
Princ	eton	Gibson		IN		12	-02215	NO		
10. Primary Mineral Mined:		11. Number of Mine	a) Total	b) Underground	c) Open Pit/	Quarry	d) Mill/Prep Plan	t e) Other		
BITUMINOUS COAL UND	ERGROUND	Employees:	376	350			26			
12. Contractor Name:					13. Uni	ion	14. Contra	ctor ID Number:		
15. Contractor Address:	a) City			b) County		c) Sta	te d) Z	Zip Code		
16. Number of Contractor Empl 17. Number of Persons in Mine			Undergroun	nd c) Open	Pit/Quarry Persons Unacc		d) Mill/Prep Plant r:	e) Other		
a) Mine Employees: 52 b) Contractor Employees:				a) Mine Em	a) Mine Employees: 0 b) Contractor Employees:					
19) Location of Accident X 01-Underground 02-Surface at Underground	d 00	3-Open Pit 6-Dredge Mining	X 07-Adv	vance Mining] 30-Mill/Prep] 99-Office Fac		Other (specify)	20. Mining Height: Feet Inches 6		
21. Nonfatal Injuries:	0 22. Fata	al Injuries: 1								
23. Victim Information :	a) Name		b) Age						
	Timoth	y W. Memmer		41						
c) Regular Job Title: d) Activity at Time of Accident:							XN	Aine Employee		
Mechanic Trainee				Mechanic Tr	ainee					
24. Experience : Years Weel	r -	Years Wee	eks Days		Years Week	s Days		Years Weeks Days		
a) Total: 23	3 b) a	t the mine: 23	33	c) at activity (23d)	23	3	d) with Contractor			
25. Autopsy Performed: If Yes, Location YES Princeton, IN						26. Min	26. Mine Telephone No.: (812) 385-1816			

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

On Tuesday, March 25, 2014, at approximately 1:45 a.m. (CDT), a mechanic trainee was fatally injured while working on an Auxier Welding Inc. belt feeder located on the No. 4 working section. The victim was in the process of cutting through the inner left-side side plate, and when the cut was completed, the cat frame pivoted upward, pinning the victim between the cat track and frame of the feeder. The side plates connect the hopper jack assembles to the cat frame.

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: Not lis	ted	29. Model: AF41-50DD-GIB-950V				
30. District: C0800 Vincennes	32. Field Offic	ce: Vincennes IN		33. Event Number: 6456437		
34. Accident Investigator: Dustin Galloway		35. MSHA Person Notified: Wilbur Deuel		Date 03/25/2014	Time 02:09 AM	
36. Type of Report: Initial	37. Name of Preparer a	nd Date Prepared: Wilbur Deuel		Date 03/25/2014		

38. Reason For Amendment: