

# Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Powered Haulage		3. Date/Time of Accident 08/31/2010 05:20 PM		4. Date/Time of Death 08/31/2010		5. Fatal Case No 43		
6. Mine Information :										
a) Mining Company Name Triad Underground Mining, L.L.C.			b) Mine Name Freelandville Underground			c) Parent of Mining Company James River Coal Company				
7. Mine Location :		a) City Edwardsport		b) County Knox		c) State IN		8. Mine ID Number: 12-02316		9. Union: NO
10. Primary Mineral Mined: BITUMINOUS COAL UNDERGROUND		11. Number of Mine Employees:		a) Total 65	b) Underground 62	c) Open Pit/Quarry 0		d) Mill/Prep Plant 0	e) Other 3	
12. Contractor Name: Dewey's Super Transport, Inc.					13. Union NO		14. Contractor ID Number: Q254			
15. Contractor Address:			a) City SPENCER		b) County OWEN		c) State IN		d) Zip Code 46460	
16. Number of Contractor Employees:		a) Total 16		b) Underground 0		c) Open Pit/Quarry 16		d) Mill/Prep Plant 0	e) Other 0	
17. Number of Persons in Mine at Time of Accident:					18. Number of Persons Unaccounted For:					
a) Mine Employees: 0		b) Contractor Employees: 0			a) Mine Employees: 0		b) Contractor Employees: 0			
19) Location of Accident								20. Mining Height:		
<input type="checkbox"/> 01-Underground		<input type="checkbox"/> 03-Open Pit		<input type="checkbox"/> 07-Advance Mining		<input type="checkbox"/> 30-Mill/Prep Plant		<input type="checkbox"/> Other (specify)		
<input checked="" type="checkbox"/> 02-Surface at Underground		<input type="checkbox"/> 06-Dredge Mining		<input type="checkbox"/> 08-Retreat Mining		<input type="checkbox"/> 99-Office Facility		Feet 5	Inches 0	
21. Nonfatal Injuries: 0		22. Fatal Injuries: 1								
23. Victim Information :										
a) Name Brian W. Mason					b) Age 25					
c) Regular Job Title: Truck Driver					d) Activity at Time of Accident: Truck Driver					
<input checked="" type="checkbox"/> Contractor Employee										
24. Experience :										
Years Weeks Days			Years Weeks Days			Years Weeks Days			Years Weeks Days	
a) Total:		16 3	b) at the mine:		16 3	c) at activity (23d)		16 3	d) with Contractor 16 3	
25. Autopsy Performed: If Yes, Location							26. Mine Telephone No.: (812) 328-2491			

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

At approximately 5:20 pm, a Volvo 40 ton articulating truck was traveling along a haulage road. The truck was rounded a slight curve on a 3.5% grade, traveled up the embankment for 11 feet 6 inches, and steered abruptly back across the haulage road impacting the 63 inch high berm. The truck traveled across the berm and fell 72 feet to the mine floor below. The victim was extracted from the truck by EMS and airlifted to the Methodist Hospital in Indianapolis, IN. where he later died from his injuries.

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: Volvo				29. Model: A40D				
30. District: C0800 Vincennes		32. Field Office: Vincennes IN			33. Event Number: 4471076			
34. Accident Investigator: William L. Faulkner				35. MSHA Person Notified: Ron Hays		Date 08/31/2010		Time 05:55 PM
36. Type of Report: Initial		37. Name of Preparer and Date Prepared: William L. Faulkner				Date 09/01/2010		
38. Reason For Amendment:								