

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Fall of Roof or Back		3. Date/Time of Accident 10/11/2010 10:30 AM		4. Date/Time of Death 10/11/2010 12:05 PM		5. Fatal Case No 45							
6. Mine Information :															
a) Mining Company Name Kingston Mining, Inc.			b) Mine Name Kingston No 1			c) Parent of Mining Company Alpha Natural Resources LLC									
7. Mine Location :		a) City Scarbro		b) County Fayette		c) State WV		8. Mine ID Number: 46-08625		9. Union: NO					
10. Primary Mineral Mined: BITUMINOUS		11. Number of Mine Employees:		a) Total 99	b) Underground 92	c) Open Pit/Quarry		d) Mill/Prep Plant	e) Other 7						
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 checked="" type="checkbox"/> 01-Underground	<input type="checkbox"/> 02-Surface at Underground	<input type="checkbox"/> 03-Open Pit	<input type="checkbox"/> 06-Dredge Mining	<input checked="" type="checkbox"/> 07-Advance Mining	<input type="checkbox"/> 08-Retreat Mining	<input type="checkbox"/> 30-Mil/Prep Plant	<input type="checkbox"/> 99-Office Facility	<input type="checkbox"/> Other (specify)	Feet 5	Inches 0					
21. Nonfatal Injuries: 0		22. Fatal Injuries: 1													
23. Victim Information :		a) Name William R. Dooley			b) Age 56										
c) Regular Job Title: Roof Bolter Operator				d) Activity at Time of Accident: Roof Bolter Operator				<input checked="" type="checkbox"/> Mine Employee							
24. Experience :		Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days							
a) Total:	31	0	0	b) at the mine:	9	20	0	c) at activity (23d)	0	0	0	d) with Contractor	0	0	0
25. Autopsy Performed: If Yes, Location NO								26. Mine Telephone No.: (304) 469-3930							

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):
On October 11, 2010, at approximately 10:30 a.m., an accident occurred on the No. 1 section. A brow measuring 71-1/4" long, by 38" wide, and 0-7" thick fell, striking a 56-year old roof bolter operator on the head. The victim died shortly thereafter.

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:				29. Model:			
30. District: C0400 Mt. Hope		32. Field Office: Mt. Hope WV				33. Event Number: 6285490	
34. Accident Investigator: Thomas C. Clark			35. MSHA Person Notified: Luther Marrs			Date 10/11/2010	Time 10:37 A
36. Type of Report: Amended		37. Name of Preparer and Date Prepared: Thomas C. Clark				Date 10/12/2010	
38. Reason For Amendment: Correct time of death, experience and accident investigator.							