## PR001 27-Oct-10

## **Preliminary Report of Accident**

## U.S. Department of Labor

Mine Safety and Health Administration

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1. Accident Type:	2. Accident Cl	assification			3. Date/Tim	e of Accid	lent	4. Date/Time of De	eath	5. Fatal Ca	ise No	
Fatal Injury	Powered Haulage			10/27/20	2010 07:50 AM 10/		10/27/2010	10/27/2010 07:50 AM				
6. Mine Information :	•				-			•		-		
a) Mining Company Name b) Mine Name						c) Parent of Mining Company						
River View Coal LLC	River	River View Mine				A	e Partners L	P				
7. Mine Location : a) City			b) County			c) State 8. Mine l			ID Number: 9. Union:			
Waverly		ι	Union		KY	<i>(</i>		15-19374	15-19374		NO	
10. Primary Mineral Mined:			•		) Underground	nd c) Open Pit/Quarry		Quarry d) M	d) Mill/Prep Plant		e) Other	
BITUMINOUS COAL UN	IDERGROUN	Mine Em	ployees:	514	498						16	
12. Contractor Name:							13. Uni	on	14. Contrac	tor ID Numb	oer:	
15. Contractor Address:	a) City	,		b	) County			c) State	d) Zi	p Code		
16 Number of Continueton Fac	- playease	a) Total	P) .	Undonground	a) ():	oen Pit/Qu	IAPPV	d) Mill/Pr	en Plant	e) Other		
16. Number of Contractor En	ipioyees;	a) Total		Underground 9				<u> </u>				
17. Number of Persons in Min	e at Time of Ac	cident:			18, Numbe	r of Perso	ns Unacc	ounted For:			_	
a) Mine Employees:	175	b) Contractor	Employees	s: 4	a) Mine	Employee	s:	0 ы Со	ntractor Emp	<u> </u>	0	
19) Location of Accident  X 01-Underground		03-Open Pit		X 07-Advance	. Mining	30_N	1ill/Prep	Plant Oth	er (specify)		ng Height:	
	<u>:</u>	•			_	_	Office Fac		er (speeny)	Feet 5	Inches O	
02-Surface at Undergrou	=	06-Dredge Min	ıng	08-Retreat	Mining		office rac			<u>_</u>		
21. Nonfatal Injuries:	0	atal Injuries:	1						,			
23. Victim Information:	Jam	a) Name es J. Falk			b) Age 39							
c) Regular Job Title: Miner Helper		d	l) Activity	at Time of Acci	ident: Installing	curtain			X M	ine Employ	yee	
					Years Weeks Days Years Weeks Days							
24. Experience : Years W	eeks Days	Y	ears Wee	ks Days		Yea	rs Weeks	s Days		Years Weeks	Days	
24. Experience: Years W a) Total: 4 32	-	Y b) at the mine:	ears Wee	•	activity (23d)		rs Weeks		Contractor	Years Weeks	o Days	
	-	o) at the mine:		•	activity (23d)				Contractor		•	
a) Total: 4 32 25. Autopsy Performed:	2 1 I	o) at the mine:	0 10	•	activity (23d)			0 d) with	Contractor		•	
a) Total: 4 32 25. Autopsy Performed:	If Yes, Locat KY Medical	o) at the mine: ion Examiners Of	0 10	() c) at			0 10	0 d) with 26. Mine Telepho (270	Contractor ne No.:		•	
a) Total: 4 32 25. Autopsy Performed: YES Madisonville	If Yes, Locate KY Medical Iclude equipment Inner helper wirking Section	e) at the mine: ion Examiners Of at involved, the examiners fatally injure to operating in the examiners.	0 10 fice sact locationsed, when	0 c) at	and status of re	escue and	0 10 recovery	0 d) with 26. Mine Telepho (270 operations): a ventilation curf	Contractor ne No.: ) 389-6700 cain outby th	0 0	0	
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