

# Preliminary Report of Accident



1. Accident Type: Fatal Injury	2. Accident Classification Powered Haulage	3. Date/Time of Accident 11/23/2010 12:15 AM	4. Date/Time of Death 11/23/2010 12:15 AM	5. Fatal Case No 47
6. Mine Information :				
a) Mining Company Name Rex Coal Company, Inc.		b) Mine Name Rex Strip #1		c) Parent of Mining Company
7. Mine Location :			8. Mine ID Number:	9. Union:
a) City LOUELLEN		b) County Harlan	c) State KY	15-19069 NO
10. Primary Mineral Mined:	11. Number of Mine Employees:		11. Number of Mine Employees:	
	a) Total 19	b) Underground	c) Open Pit/Quarry 19	d) Mill/Prep Plant e) Other
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: 8		b) Contractor Employees:		a) Mine Employees: b) Contractor Employees:
19) Location of Accident				20. Mining Height:
<input type="checkbox"/> 01-Underground <input checked="" type="checkbox"/> 03-Open Pit <input type="checkbox"/> 07-Advance Mining <input type="checkbox"/> 30-Mill/Prep Plant <input type="checkbox"/> Other (specify)				Feet    Inches
<input type="checkbox"/> 02-Surface at Underground <input type="checkbox"/> 06-Dredge Mining <input type="checkbox"/> 08-Retreat Mining <input type="checkbox"/> 99-Office Facility				
21. Nonfatal Injuries:		22. Fatal Injuries: 1		
23. Victim Information :				
a) Name Rhett Mosley			b) Age 32	
c) Regular Job Title: Service Man			d) Activity at Time of Accident: Service Man	
<input checked="" type="checkbox"/> Mine Employee				
24. Experience :				
Years Weeks Days		Years Weeks Days		Years Weeks Days
a) Total: 6 0 0		b) at the mine: 1 26 0		c) at activity (23d) 5 0 0
				d) with Contractor
25. Autopsy Performed: If Yes, Location			26. Mine Telephone No.: (606) 837-3791	

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

A Mack DM-600 tandem axle lube truck was descending a grade into the active work area of the mine when the operator lost control of the truck and either jumped or was thrown from the vehicle. The truck struck an embankment and overturned on its left side resulting in fatal crushing injuries to the victim. He was pronounced dead at the scene by the coroner.

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: Mack		29. Model: DM-600	
30. District: C0700    Barbourville		32. Field Office: Harlan, KY	
33. Event Number: 4442779			
34. Accident Investigator: David A. Faulkner		35. MSHA Person Notified: Dennis J. Cotton	
		Date 11/23/2010	Time 12:44 A
36. Type of Report: Initial		37. Name of Preparer and Date Prepared David A. Faulkner	
		Date 11/23/2010	
38. Reason For Amendment:			