PR001 23-Jun-17

Preliminary Report of Accident

U.S. Department of Labor Mine Safety and Health Administration



1. Accident Type: 2. Accident Classifica			ition		3. Date/Tim	3. Date/Time of Accident		4. Date/Time of Death		5. Fatal Case No
Fatal Injury Powered Haulag					06/19/20	17 06:26	РМ	06/19/2017	09:30 PM	9
6. Mine Information :										<u>' </u>
a) Mining Company Name			b) Mine Name			c)	Parent of Mining C	ompany		
Oak Grove Resources LLC			Oak Grove M		ERP Com			uels, LLC		
7. Mine Location : a) City			b) (County	c) State	c) State 8. Mine I				9. Union:
Hueytown			Jefferso		AL			01-00851		YES
10. Primary Mineral Mine BITUMINOUS COAL			Number of Mine Employees:	,	b) Underground	c) Ope	n Pit/C	Quarry d) M	ill/Prep Plant	e) Other
12. Contractor Name:	UNDERGR	JUND	Employees.	411	330		2 7/ 1		51	30
12. Contractor Name:						1.	3. Unio	n	14. Contrac	ctor ID Number:
15. Contractor Address: a) City					o) County		c) State	State d) Zip Code		
		, 0,			b) County			c) State	u) Zi	ip Code
16. Number of Contractor	Employees:	a) To	tal h	Underground	c) Or	oen Pit/Quarr	70	d) Mill/Pre	n Plant	e) Other
		a, 10		, chaor ground	c, 0 ₁	,	3	<i>a)</i> 141111/2 14	PITAIR	c, omer
17. Number of Persons in I	Mine at Time	of Accident:			18. Numbe	r of Persons I	Unacco	ounted For:		
a) Mine Employees:	73	b) Coi	ntractor Employe	es: 0	a) Mine	Employees:		0 b) Co	ntractor Emp	oloyees: 0
19) Location of Accident										20. Mining Height:
X 01-Underground 03-Open Pit 07-Advance						30-Mill/	Prep F	Plant Othe	r (specify)	Feet Inches
02-Surface at Underg	round	06-Dre	dge Mining	08-Retre	at Mining	99-Offic	e Faci	lity		7 0
21. Nonfatal Injuries:	1	22. Fatal Inj	uries:							
23. Victim Information :	'	a) Nat		1	b) Age			····		-
		Marius She			32					
c) Regular Job Title:			d) Activit	y at Time of A	ccident:				ХМ	line Employee
Preshift Exam	niner				Preshift E	Examiner				
			Years We	*	Years Weeks Days				Years Weeks Days	
a) Total: 8	37	b) at the	mine: 37	(c)	at activity (23d)		37		Contractor	
25. Autopsy Performed:	If Yes, I	ocation						26. Mine Telephon		
YES Montgom	ery, AL							(205)	436-7122	
27. Description of Accident		-					-			
On Tuesday, June 19, control on a long grade										
transported to the Univ										
injuries.	Ť				•					
The information provided i	la aluta aratar t	hased on nre	aliminary data Ol	NLY and does	not renresent fin:	al determinat	ions re	garding the nature	of the incider	et or conclusions
regarding the cause of the	in this notice is	nasca on pre	Jiiiiiai y wata Oi							
28. Equipment Manufacturer: Brookville										
28. Equipment Manufactur	er:					29. Mode		BDC	-20UP	
	er:		32, Field Offi	ce:		Г		1		
30. District:	er:				mer AL	Г		1	-20UP Number: 44986	
30. District:	er: E			Besse		Г		1	Number: 44986	
30. District: C1100 Birt	er: E			Besse 35. MSHA Pe	mer AL	Г		33. Even	Number: 44986	552
30. District: C1100 Birn 34. Accident Investigator: Philip A. Ingram 36. Type of Report:	rer: E	Brookville		Besse 35. MSHA Po Keith and Date Prepa	mer AL erson Notified: Chaney	Г		33. Even	Number: 44986	Time
30. District: C1100 Birr 34. Accident Investigator: Philip A. Ingram 36. Type of Report:	er: E	Brookville	32. Field Offi	Besse 35. MSHA Po Keith	mer AL erson Notified: Chaney	Г		33. Even	Number: 44986 e 017	752 Time 06:45 P