## PR001 23-Feb-18

## **Preliminary Report of Accident**

## U.S. Department of Labor

Mine Safety and Health Administration

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1. Accident Type:	2. Accident Classification			3. Date/Time of Accident 4. Date/1		4. Date/Time of De	ath	5. Fatal Case No	
Fatal Injury	Electrical			02/21/2018 05:36 PM 02/2		02/21/2018	05:36 PM	2	
6. Mine Information :				•					
a) Mining Company Name	c) Parent of Mining Company								
Bundy Auger Mining, Inc	;	SHM52 Highw	all Miner	David D. Bundy					
7. Mine Location : a) City		b) County		c) State 8. Mine I		8. Mine ID Number	: 9	). Union:	
Rhodell		Raleigh		WV	V 4			NO	
10. Primary Mineral Mined:		11. Number of Mine	a) Total b)	Underground	c) Open Pit/	Quarry d) M	ill/Prep Plant	e) Other	
BITUMINOUS		Employees:	10	W	., .	10			
12. Contractor Name:						ion	14. Contract	Contractor ID Number:	
15. Contractor Address:	· ·· · · ·	b)	County		c) State	d) Zip	Code		
16. Number of Contractor En	aployees:	a) Total b)	Underground	c) Open	Pit/Quarry	d) Mill/Pr	ep Plant	e) Other	
17. Number of Persons in Mine at Time of Accident:  18. Number of Persons Unaccounted For:									
a) Mine Employees:	4	b) Contractor Employee	s: 0	a) Mine Em	ployees:	0 ы Со	ontractor Empl	oyees: 0	
19) Location of Accident		02 O Bis		Militar	30-Mill/Prep	DI . Mai		20. Mining Height:	
01-Underground	r	03-Open Pit					er (specify)	Feet Inches	
02-Surface at Undergrou		06-Dredge Mining	08-Retreat	vitaing	99-Office Fac	сшту підпі	all Mining Ma	3 0	
21. Nonfatal Injuries:	22. F	atal Injuries:		****					
23. Victim Information:	lomo	a) Name		b) Age					
c) Regular Job Title: Highwall Mining		· -	at Time of Acci		oting electric	ai system	X Mi	ne Employee	
24. Experience : Years W	eeks Days	Years Wee	ks Days		Years Week	s Days	,	ears Weeks Days	
a) Total: 21	b	) at the mine: 36	c) at	activity (23d)	36	d) with	Contractor		
25. Autopsy Performed:	If Yes, Location	n				26. Mine Telepho	ne No.:		
·		<del></del>		·		(304	) 872-5497		
27. Description of Accident (in On February 21, 2018, a victim was troubleshootin mining machine and conf	Highwall Minir	ng Machine Operator Il system that supplie	was fatally inj s electrical po	ured when he d	contacted or	ne phase of a 7,2			
The information provided in t		d on preliminary data ON	NLY and does no	t represent final d	leterminations	regarding the natur	e of the inciden	t or conclusions	
28. Equipment Manufacturer: Superior Highwall Miner					29. Model:	52	····	· · · · · · · · · · · · · · · · · ·	
30. District: 32. Field Office:						· · · · · · · · · · · · · · · · · · ·	at Number:		
C1200 Pineville Pineville			W	33. Eve	7004785				
34. Accident Investigator:	<del></del> -	i	35. MSHA Per	son Notified:	<del> </del>	Da	ite	Time	
Rex Hampton		·	Aaron	D. Cline		02/21/	2018	09:23 P	
36. Type of Report:		35 11 65	- 1 D-4- D			· · · · · · · · · · · · · · · · · · ·			
Amended Tracy Calloway							Date		
38. Reason For Amendment:	mended	37. Name of Preparer a	•				Date 02/23/2018	3	