## PR001 20-Sep-18

## **Preliminary Report of Accident**

U.S. Department of Labor

Mine Safety and Health Administration



1. Accident Type: 2. Accident Classification					3. Date/Time of Accident 4. Date/		4. Date/Time of D	eath	5. Fatal Case No
Fatal Injury Fire					09/07/2018 03:44 AM		09/12/2018 07:00 PM		7
6. Mine Information :	<u> </u>				<u> </u>				
a) Mining Company Name b) Mine Name						c	Parent of Mining	Company	
Peabody Bear Run Mining LLC Bear Run Mine					Peabody Energy				
7. Mine Location : a) City			b) County		c) State	c) State 8. M		r:	9. Union:
Carlisle			Sullivan		IN	IN		12-02422	
10. Primary Mineral Mine	ed:	11.	Number of Mine Employees:	a) Total l	o) Underground	c) Open Pit/	Quarry d) !	Mill/Prep Plant	e) Other
BITUMINOUS			Employees.	619	0		560	50	9
12. Contractor Name:  Custom Staffing Industrial Servi						13. Uni	ion NO		tor ID Number:
15. Contractor Address: a) City			.cs	1	o) County		c) State	L02	p Code
	ŕ	<i></i>			•		ŕ	,	•
16. Number of Contractor	Evansville	a) Tot	tal h)	Van Underground	dergurgh	en Pit/Quarry	IN d) Mill/P		715 e) Other
10. Number of Contractor	Employees.	<i>a)</i> 10	93	0	Субр	93	u) Million	0	0
17. Number of Persons in	Mine at Time of	Accident:	90		18. Number	of Persons Unacc	ounted For:		0
a) Mine Employees:	200	b) Cor	ntractor Employe	es: 20	a) Mine E	Employees:	0 ы)	Contractor Emp	oloyees: 0
19) Location of Accident			<u> </u>						20. Mining Height:
01-Underground		Х 03-Ор	en Pit	07-Advanc	e Mining	30-Mill/Prep	PlantOt	her (specify)	Feet Inches
02-Surface at Underground 00		06-Dre	6-Dredge Mining 08-Retreat		Mining 99-Office Facil		ility		4 6
21. Nonfatal Injuries:	0	2. Fatal Inj	uries:						
23. Victim Information :	Ŭ	a) Nar			b) Age				
	R	obert A. C	Grostefon		60				
c) Regular Job Title:			d) Activity	y at Time of Acc	ident:				
End Dump D	river				Operating	End Dump			ontractor Employee
24. Experience : Year	s Weeks Days		Years Wee	eks Days		Years Week	s Days		Years Weeks Days
a) Total: 1		b) at the	mine: 1 13	3 0 c) a	t activity (23d)	1 13		h Contractor	1 13 0
25. Autopsy Performed:	13 0 If Yes, Lo		mine: 1 13	3 () c) a	t activity (23d)	1 13	26. Mine Teleph	one No.:	1 13 0
25. Autopsy Performed: NO	If Yes, Lo	cation					26. Mine Teleph (81.		1 13 0
25. Autopsy Performed: NO 27. Description of Acciden	If Yes, Lo	cation	ed, the exact locat	ion in the mine,	and status of res	cue and recovery	26. Mine Teleph (81)	one No.: 2) 659-7100	
25. Autopsy Performed: NO 27. Description of Accider On September 7, 2018	If Yes, Lo	eation ment involvedriver was	ed, the exact locat	ion in the mine,	and status of res	scue and recovery	26. Mine Teleph (81: operations): or saw fire on the	one No.: 2) 659-7100 e truck. The b	oulldozer operator
25. Autopsy Performed: NO 27. Description of Acciden	If Yes, Lo  at (include equip B, a haul truck river and he sto	nent involvedriver was	ed, the exact locat transporting sp truck. While ex	ion in the mine,	and status of res	scue and recovery	26. Mine Teleph (81: operations): or saw fire on the	one No.: 2) 659-7100 e truck. The b	oulldozer operator
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38. Reason For Amendment:

Amended Accident Type due to victim passing away on 9/12/2018.