PF	COOL	
28-1	Dec-18	

Preliminary Report of Accident

U.S. Department of Labor

Mine Safety and Health Administration



1. Accident Type:	2. Accident Classification				3. Date/Tim	3. Date/Time of Accident 4: Date/			Date/Time of Death		Case No	
Fatal Injury	Powered Ha	Powered Haulage				12/20/2018 03:00 AM			12/20/2018 03:33 AM		0	
6. Mine Information :					•			'	• -,,, -			
a) Mining Company Name b) Mine Name						c) Parent of Mining Company						
AK Coal Resources, Inc		Noi	rth Fork				AK	Steel Holding	Corporation			
7. Mine Location :	a) City		b) (County	c) State	e	8.	Mine ID Number	:	9. Union:		
	edens		Somerse		PA		_L_	36-10041			NO	
10. Primary Mineral Mined: BITUMINOUS COAL UN	IDERGROUNI		ber of Minoployees:	,	b) Underground	d c) Open	_	•	Iill/Prep Plant	e)	Other	
12. Contractor Name:				103	85	13	. Unior	0	0 14. Contrac	tou ID Noo	18	
12. Contractor Name.						13	. Cilibi	11	14. Contrac	ior iD Nui	noer:	
15. Contractor Address: a) City					b) County	· ·		c) State	d) Zip Code			
16. Number of Contractor Er	nployees:	a) Total	b) Underground	c) O _l	pen Pit/Quarry	y	d) Mill/Pı	ep Plant	e) Other	•	
17. Number of Persons in Mi	ne at Time of Acc	ident:			18 Numbe	18. Number of Persons Unaccounted For:						
a) Mine Employees:	24	b) Contract	tor Employe	ees: 0	1	Employees:	maccot	•	ontractor Emp	lovose	0	
19) Location of Accident		<i>5</i> , comme	or Employe	-	1 1) 11 1111	Linployees.		<u> </u>	ontractor Emp	- 1	ning Height:	
X 01-Underground		03-Open Pit		X 07-Adva	nce Mining	30-Mill/I	Prep Pl	lant Oth	er (specify)	Feet		
02-Surface at Undergro	und	06-Dredge N	/Iining	08-Retre	eat Mining	99-Office	e Facili	ity		3	3 7	
21. Nonfatal Injuries:	0 22. F	atal Injuries	: 1						· ·······			
23. Victim Information:	Nevir	a) Name I J. Hostei	tter		b) Age 35	***				·····		
c) Regular Job Title:			d) Activit	ty at Time of A		***		H-MILLON	ХМ	ine Empl	ovee	
Mobile Bridge C	perator				Mobile B	ridge Opera	tor			F	-,	
•	eeks Days		Years We	-		Years V	Veeks I	Days	7	Years Wee	ks Days	
a) Total: 5 2) at the mine	: 52	1 4 c)	at activity (23d)	4			Contractor	0 0	0	
25. Autopsy Performed: YES Somerset C	If Yes, Location	on						26. Mine Telepho (814	one No.:) 445-7585			
27. Description of Accident (i	nclude equipment	involved, th	e exact loca	tion in the min	e, and status of r	escue and reco	very o	perations):				
On December 20, 2018, accident. The accident of mine in the face of the N	at approximate	ely 3:00 a.r	n., a mine	er was crush	ed between a	mobile bridg	ge cor	nveyor and the	coal rib resuulage syster	ulting in a n was pr	a fatal eparing to	
The information provided in tregarding the cause of the acc		d on prelimir	ary data O	NLY and does	not represent fin	al determinati	ions re	garding the natur	e of the incider	t or concl	asions	
28. Equipment Manufacturer: Fairchild					29. Model	29. Model: Hi Cap XL 3X3						
30. District: C0200 New	Stanton	32	2. Field Offi		stown PA			33. Eve	nt Number: 62363	50		
34. Accident Investigator:		I		35. MSHA P	Person Notified:			Da	ıte	Time	2	
Richard L. Gindlespe	rger			Rand	lall C. Carame	ellino		12/20/		03:48 A		
36. Type of Report:		37. Name o	f Preparer	and Date Prep					Date			
Initial Richard L				Richard I	Gindlesperger			12/21/2018				

38. Reason For Amendment: