## PR001

09/10/2019

## **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	3. Date/Time of Accident:			e of Death	5	5. Fatal Case No	
Fatal Injury	Powered Haulage			09/0	09/05/2019 02:52 PM			19 02:52 1	PM	19	
6. Mine Information :	•						•		-		
a) Mining Company Name		<b>b</b> ) I	Mine Name				e) Pam	ent of Mining C	'omna	nv	
WARRIOR COAL LLC			ARDINAL				c) I ui	in or mining c	ompa	,	
7. Mine Location :				c) <b>S</b>	c) State 8. Mine ID Number:				9. Union:		
7. Wine Location .	.,,		OPKINS	K			5-17216		NO		
10. Primary Mineral Mined:		11. Number of Mir	ne a) Total	b) Undergro	und c) (	Open Pit/Q	uarry d) l	Mill/Prep Plant		e) Other	
BITUMINOUS COAL UN	DERGROUND M	Employees:	433	415				•		18	
12. Contractor Name:						13. Unio	n:	14. Contrac	ctor ID	Number:	
15. Contractor Address: a) City			b) County			•	c) State	ate d) Zip Code			
16. Number of Contractor En	aployees: a) Total b) Undergr			und c	Open Pit/Qu	uarry	d) Mill/P	d) Mill/Prep Plant		e) Other	
17. Number of Persons in Mi	ne at Time of Accid	lent:		18. Nu	nber of Perso	ns Unacco	ınted For:				
a) Mine Employees: 134		b) Contractor Employ	ees:	a) M	ine Employee	es:	b) (	Contractor Emp	oloyees	s:	
19) Location of Accident:		İ							2	20. Mining Height:	
01-Underground	, H	03-Open Pit	_	Advance Mining	=	)-Mill/Prep )-Office Fa		Other (specify)		Feet Inches	
02-Surface at Under	ground	06-Dredge Mining	08-1	Retreat Mining		-Office Fa	cinty			6 3	
21. Nonfatal Injuries:		22. Fatal Injuries:									
23. Victim Information : a)	Name							b) Age			
	eremy L. Eld	der						<b>b) Age</b> 39			
c) Regular Job Title:		d) Activ	ity at Time of	f Accident:				X Mi	ine En	ıployee	
Miner Helper Miner Helper						Contractor Employee					
•	eeks Days	Years W	eeks Days			ars Weeks l	Days		Years	Weeks Days	
a) Total:	0 <b>b</b> )	at the mine:	2 4	c) at activity (2	3d) 10	0 0	d) with	h Contractor			
25. Autopsy Performed: If Yes, Location YES Louisville, KY						<b>26. Mine Telephone No.:</b> (270) 249-3100					
110	LOUISVIII	e, ki					(270) 24	9-3100			
27. Description of Accident (i A continuous mix		, , , , , , , , , , , , , , , , , , ,		· ·		•	•	erv-nower	ed s	COOD	
The victim was	in the #3 er	ntry behind a	wing cur	tain that	provided	ventil	ation to t	he #3 rigl	nt c	rosscut	
that was being and struck the									eft	crosscut,	
The information provided in t	hia nation ia hagad	on analiminam data O	MI V and da	og met wennegent	final datamai		audina tha natuun	o of the inciden	t am aa	naluciona	
regarding the cause of the acc		on premimary data O	INL I and do	es not represent	imai deterim	nations reg	arumg the natur	or the inciden	t or co	nciusions	
28. Equipment Manufacture	" Caterpilla	ar SU488 modif:	ied by Ma	atrix	29. M	Iodel: B5	24-M-2				
30. District:				32. Field Office:			-		22	Event Number:	
C1000 - Madisonvil	lle, KY					lle KY 1	Field Offic	e:e		84563	
34. Accident Investigator:	-,			A Person Notified						Fime:	
on Account investigator:				am L. Barnv				ate: 9/05/2019		03:00 PM	
36. Type of Report:	I	37. Name of Prepare									
Initial		William L. Ba		_	19)						
38. Reason For Amendment:											