Preliminary Report of Accident PR001 08/15/2019

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



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1. Accident Type F - Fatal Injury	2. Accident Classification 01 - Electrical	3. Date/Time of Accident 08/07/2019 8:05 AM	4. Date/Time of Death 08/07/2019 8:05 AM	5. Fatal Case No 15
6. Mine Information a) Mining Company Name: b) Mine Name: c) Parent of Mining Company:	Kanawha Eagle Mining, LLC South Hollow Prep Plant and Loa Blackhawk Mining LLC	1		
7. Mine Location Information a) City Winifrede	b) County Kanawha	c) State WV	8. Mine ID Number 46-03085	9. Union No
10. Primary Mineral Mined		11. Number of Employees	1	
		a) Total b) Underg	ground c) Open Pit/Quarry	d) Mill/Prep Plant e) Other 40 0
12. Contractor Name			13. Contractor Union	14. Contractor ID Number
15. Contractor Address a) City	b) County	c) State	d) Zip Code	
16. Number of Contractor Employ a) Total	yees b) Underground	c) Open Pit/Quarry	d) Mill/Prep Plant	e) Other
17. Number of Persons in Mine at a) Mine EmployeesI2020	t Time of Accident b) Contractor Employees 0	18. Number of Persons Unaccount a) Mine Employees 0	nted for b) Contractor Employees 0	
19. Accident Location 30 - Mill/Prep Plant				20. Mining Height Feet Inches
21. Nonfatal Injuries	22. Fatal Injuries			
23. Victims Information	1			
Michael S Davis				
a) First Name a) MI a Michael S	, , , ,	gular Job Title d) Activity at nt Electrician Electrical	Fime of Accident	Employee Mine Employee
24 Mining Experience				
24. Mining Experience a) Total Experience 16 Years 21 Weeks 3 Da	b) Experience at the Mine ys 14 Years 21 Weeks 3 Days	c) Experience at the Activity at 7 Years 28 Weeks 5 Days		xperience with Contractor Years 0 Weeks 0 Days
25. Autopsy Performed If Yes, Location				
Yes Charleston, West Virginia				
26. Mine Telephone No. (304) 837-5400 x 0653				
27. Description of Accident (inclu	de equipment involved. the exact	location in the mine, and status an	d recovery operations)	
On August 7, 2019, at approxim	nately 8:05 a.m. a 42-year-old Plant E	Electrician, with 15-years of experienc cuit breaker located on the 8th floor in	e received fatal injuries when he can	
The information provided in this the cause of the accident.	s notice is based on preliminary data	ONLY and does not represent final de	termination regarding the nature of t	he incident or conclusions regarding
28. Equipment Manufacturer Not listed Allen Bradley		29. Model 1502-VC4DBDA-0		
30. District C0400 - Mt. Hope, WV		32. Field Office C0406 - Madison WV Field Offi	се	33. Event Number 6315451
34. Accident Investigator				
First Name John	MI Last Name L Stone, Jr.			
35. MSHA Person Notified				
First Name Pamela	MI Last Name Wilson	Date/Time No 08/07/2019 8:		
36. Type of Report Initial	37. Name of Preparer Full Name Joseph R Presley	Date Prepared		
	JUSEDILIK FLESIEV	08/08/2019		