

Preliminary Report of Accident

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



PR001 10/29/2020

1. Accident Type F - Fatal Injury		2. Accident Classification 07 - Fall of Roof or Back		3. Date/Time of Accident 10/27/2020 1:00 PM		4. Date/Time of Death 10/27/2020 3:19 PM		5. Fatal Case No			
6. Mine Information											
a) Mining Company Name:		Kimmel's Mining, Inc									
b) Mine Name:		Williamstown Mine #1									
c) Parent of Mining Company:		Scott B Kimmel									
7. Mine Location Information											
a) City WILLIAMSTOWN			b) County Dauphin			c) State PA		8. Mine ID Number 36-09435		9. Union No	
10. Primary Mineral Mined Anthracite Mining				11. Number of Employees							
				a) Total 8		b) Underground 7		c) Open Pit/Quarry		d) Mill/Prep Plant	
										e) Other 1	
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 Employees											
a) Total		b) Underground		c) Open Pit/Quarry		d) Mill/Prep Plant		e) Other			
17. Number of Persons in Mine at Time of Accident						18. Number of Persons Unaccounted for					
a) Mine Employees 7			b) Contractor Employees			a) Mine Employees 0			b) Contractor Employees		
19. Accident Location 08 - Retreat Mining									20. Mining Height 3 Feet 4 Inches		
21. Nonfatal Injuries			22. Fatal Injuries 1								
23. Victims Information											
Daniel F Shoener											
a) First Name Daniel		a) MI F	a) Last Name Shoener		b) Age 37	c) Regular Job Title Miner			d) Activity at Time of Accident Digging Hitch		Employee Mine Employee
24. Mining Experience											
a) Total Experience 1 Years 40 Weeks 0 Days			b) Experience at the Mine 1 Years 40 Weeks 0 Days			c) Experience at the Activity at the Time of the Accident 1 Years 40 Weeks 0 Days			d) Experience with Contractor Years Weeks Days		
25. Autopsy Performed No		If Yes, Location									
26. Mine Telephone No. (570) 516-0973											
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) A miner died while installing roof support when a section of the roof approximately 8 feet by 8 feet by 2 feet thick fell on him. <i>The information provided in this notice is based on preliminary data ONLY and does not represent final determination regarding the nature of the incident or conclusions regarding the cause of the accident.</i>											
28. Equipment Manufacturer						29. Model					
30. District C0200 - Mt. Pleasant District						32. Field Office C0208 - Frackville PA Field Office			33. Event Number 4313214		
34. Accident Investigator											
First Name Thomas			MI	Last Name Leshko							
35. MSHA Person Notified											
First Name Michael			MI P	Last Name Kelley			Date/Time Notified 10/27/2020 1:33 PM				
36. Type of Report Initial			37. Name of Preparer Full Name Thomas Leshko			Date Prepared 10/27/2020					
38. Reason for Amendment											