Preliminary Report of Accident

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

PR001 08/12/2021

1. Accident Type F - Fatal Injury	2. Accident Classification 12 - Powered Haulage	3. Date/Time of Accident 08/11/2021 5:05 AM		Time of Death 2021 6:12 AM	5. Fatal Case No FAI-6281414-1
6. Mine Information a) Mining Company Name: b) Mine Name: c) Parent of Mining Company:	Carter Roag Coal Company Star Bridge Preparation Plant Metinvest B V	-Rail Load			
7. Mine Location Information			• • • • • • • • • • • • • • • • • • •	D Number	9. Union
a) City Mill Creek	b) County Randolph	c) State WV	46-06	736	No
10. Primary Mineral Mined		11. Number of Employees	:		:
Bituminous Coal Underground I	Mining	a) Total b) 28	Underground	c) Open Pit/Quarry	d) Mill/Prep Plant e) Other 28
12. Contractor Name HWM Truck Lines, Inc.			13. Cont	ractor Union	14. Contractor ID Number E467
15. Contractor Address a) City Summersville	b) C	county	c) State WV	d) Zip 266	
16. Number of Contractor Employ	/ees				
a) Total 20	b) Underground	c) Open Pit/Quarry		d) Mill/Prep Plant	e) Other 20
17. Number of Persons in Mine at a) Mine Employees	Time of Accident b) Contractor Employees 20	18. Number of Persons Un a) Mine Employees 0		tor Employees	
19. Accident Location 00 - Other Haul road between Plant and Mines #5 marker pull off area					20. Mining Height Feet Inches
21. Nonfatal Injuries	22. Fatal Injuries				
23. Victims Information					

a) First Name	a) MI	a) Last Name	b) Age	c) Regular Job Title	d) Activity at Time of Accident	Employee
Timothy		Collins	53	Truck Driver	Truck Driver	Contractor Employee
4. Mining Expe	rience					
		h) Evnorie	ence at the	Mine c) Experience	at the Activity at the Time of the Accident	d) Experience with Contractor
a) Total Expension	rience	u) ⊏xperie	ence at the	willie c/ Experience	at the Monthly at the Thine of the Modiacine	u, =xpo
a) Total Expension 10 years 34 \		, .	4 Weeks 4 l	, ,	Weeks 4 Days	2 Years 34 Weeks 4 Days
, .	Weeks 4 Da	, .	4 Weeks 4 I	, ,	•	, .

26. Mine Telephone No.

(304) 255-9030 x 1004

27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)

While conducting a pre-operational examination of his truck, a contract truck driver was struck by the rear wheels of the truck when it rolled forward.

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.

28. Equipment Manufacturer Not listed International Truck and Engine Corporati			29. Model Paystar 56000i 6x4			
30. District C0300 - Morgantown District			32. Field Office	33. Event Number		
			C0303 - Bridgeport WV Field Office	6281414		
34. Accident Investigator						
First Name	MI	Last Name				
Joedy	N	Gutta				
35. MSHA Person Notified						
First Name	MI	Last Name	Date/Time Notified			
Spens		William	08/11/2021 6:16 AM			
36. Type of Report	37. Name of Preparer					
Initial	Full Name		Date Prepared			
	Michael P Stark		08/12/2021			