# Preliminary Report of Accident

**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

## 4. Date/Time of Death
- 08/11/2021 6:12 AM

## 5. Fatal Case No
- FAI-6281414-1

## 6. Mine Information
- **a)** Mining Company Name: Carter Roag Coal Company  
- **b)** Mine Name: Star Bridge Preparation Plant-Rail Load  
- **c)** Parent of Mining Company: Metinvest B V

## 7. Mine Location Information
- **a)** City: Mill Creek  
- **b)** County: Randolph  
- **c)** State: WV

## 8. Mine ID Number
- 46-06736

## 9. Union
- No

## 10. Primary Mineral Mined
- Bituminous Coal Underground Mining

## 11. Number of Employees
- **a)** Total: 28  
- **b)** Underground: 28  
- **c)** Open Pit/Quarry: 0  
- **d)** Mill/Prep Plant: 28  
- **e)** Other: 0

## 12. Contractor Name
- HWM Truck Lines, Inc.

## 13. Contractor Union
- No

## 14. Contractor ID Number
- E467

## 15. Contractor Address
- **a)** City: Summersville  
- **b)** County: Randolph  
- **c)** State: WV  
- **d)** Zip Code: 26651

## 16. Number of Contractor Employees
- **a)** Total: 20  
- **b)** Underground: 20  
- **c)** Open Pit/Quarry: 0  
- **d)** Mill/Prep Plant: 20  
- **e)** Other: 0

## 17. Number of Persons in Mine at Time of Accident
- **a)** Mine Employees: 10  
- **b)** Contractor Employees: 20

## 18. Number of Persons Unaccounted for
- **a)** Mine Employees: 0  
- **b)** Contractor Employees: 0

## 19. Accident Location
- 00 - Other  
- Haul road between Plant and Mines #5 marker pull off area

## 20. Mining Height
- Feet: 50  
- Inches: 0

## 21. Nonfatal Injuries
- 1

## 22. Fatal Injuries
- 1

## 23. Victims Information

<table>
<thead>
<tr>
<th>Timothy Collins</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a)</strong> First Name</td>
<td>Timothy</td>
</tr>
<tr>
<td><strong>b)</strong> MI</td>
<td>M</td>
</tr>
<tr>
<td><strong>c)</strong> Last Name</td>
<td>Collins</td>
</tr>
<tr>
<td><strong>d)</strong> Age</td>
<td>53</td>
</tr>
<tr>
<td><strong>e)</strong> Regular Job Title</td>
<td>Truck Driver</td>
</tr>
<tr>
<td><strong>f)</strong> Activity at Time of Accident</td>
<td>Truck Driver</td>
</tr>
<tr>
<td><strong>g)</strong> Experience at the Mine</td>
<td>10 years 34 Weeks 4 Days</td>
</tr>
<tr>
<td><strong>h)</strong> Experience at the Activity at the Time of the Accident</td>
<td>10 Years 34 Weeks 4 Days</td>
</tr>
<tr>
<td><strong>i)</strong> Experience with Contractor</td>
<td>2 Years 34 Weeks 4 Days</td>
</tr>
<tr>
<td><strong>j)</strong> Autopsy Performed</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>k)</strong> Location</td>
<td>Charleston, WV</td>
</tr>
</tbody>
</table>

## 24. Mining Experience
- **a)** Total Experience: 10 years 34 Weeks 4 Days  
- **b)** Experience at the Mine: 2 Years 34 Weeks 4 Days  
- **c)** Experience at the Activity at the Time of the Accident: 10 Years 34 Weeks 4 Days  
- **d)** Experience with Contractor: 2 Years 34 Weeks 4 Days

## 25. Autopsy Performed
- Yes

## 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

## 29. Model
- Paystar 56000i 6x4

## 30. District
- C0300 - Morgantown District

## 31. Field Office
- C0303 - Bridgeport WV Field Office

## 32. Event Number
- 6281414

## 33. Accident Investigator
- **First Name**: Joedy  
- **MI**: M  
- **Last Name**: Gutta

## 34. MSHA Person Notified
- **First Name**: Spens  
- **MI**: M  
- **Last Name**: William  
- **Date/Time Notified**: 08/11/2021 6:16 AM

## 35. Type of Report
- Initial

## 36. Name of Preparer
- **Full Name**: Michael P Stark  
- **Date Prepared**: 08/12/2021

## 37. Reason for Amendment

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*MSHA Form 7000-13, March 2019 (revised)*