Preliminary Report of Accident

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

PR001 05/19/2021

1. Applicant Type	2. Accident Classification	3. Date/Time of Accident	4. Date/Time of Death	5. Fatal Case No
1. Accident Type F - Fatal Injury	07 - Fall of Roof or Back	05/14/2021 1:00 PM	05/14/2021 2:55 PM	FAI-6244501-1
6. Mine Information a) Mining Company Name: b) Mine Name: c) Parent of Mining Company:	Rosebud Mining Company Kocjancic J Clifford Forrest III	!	-	!
7. Mine Location Information			8. Mine ID Number	9. Union
a) City Brockway	b) County Jefferson	c) State PA	36-09436	No
10. Primary Mineral Mined		11. Number of Employees		-
Bituminous Coal Underground Mining		a) Total b) Underground c) Open Pit/Quarry		d) Mill/Prep Plant e) Other 0 2
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	c) Open Pit/Quarry d) Mill/Prep Plant	
17. Number of Persons in Mine at T a) Mine Employees b 12	Time of Accident) Contractor Employees	18. Number of Persons Unaccou a) Mine Employees	nted for b) Contractor Employees	
19. Accident Location 07 - Advance Mining				20. Mining Height 3 Feet 8 Inches
21. Nonfatal Injuries	22. Fatal Injuries			
23. Victims Information				
Joseph G Guzzo				
, ,		ular Job Title d) Activity at Ti		Employee Mine Employee
24. Mining Experience a) Total Experience 11 Years 0 Weeks 0 Days	b) Experience at the Mine 2 Years 0 Weeks 0 Days	c) Experience at the Activity at the 9 Years 0 Weeks 0 Days		perience with Contractor ears 0 Weeks 0 Days
25. Autopsy Performed No	If Yes, Location			
26. Mine Telephone No. (814) 265-0912				
mining machine to mine coal in th	erator died after he was struck by roome No. 1 entry on the 001 MMU.	k that fell from the roof. At the time of	recovery operations) the accident, the victim was under unsermination regarding the nature of the in	
28. Equipment Manufacturer		29. Model		

30. District			32. Field Office	33. Event Number
C0200 - Mt. Pleasant District		C0205 - Indiana PA Field Office	6244501	
34. Accident Investigator				·
First Name	MI	Last Name		
James	С	Miller		
35. MSHA Person Notified				
First Name	MI	Last Name	Date/Time Notified	
Dennis		Zeanchock	05/14/2021 1:22 PM	
36. Type of Report	37. Name of	Preparer		
Initial	Full Name)	Date Prepared	
	James C Miller		05/14/2021	