

Preliminary Report of Accident

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



PR001 03/07/2022

1. Accident Type F - Fatal Injury		2. Accident Classification 06 - Fall of Face, Rib, Pillar or Highwall		3. Date/Time of Accident 03/02/2022 11:00 AM		4. Date/Time of Death 03/02/2022 12:06 PM		5. Fatal Case No FAI-6237220-1			
6. Mine Information											
a) Mining Company Name:		LCT Energy, LP									
b) Mine Name:		Maple Springs Mine									
c) Parent of Mining Company:		JAZ Ventures LP et al									
7. Mine Location Information						8. Mine ID Number		9. Union			
a) City Hollsopple		b) County Somerset		c) State PA		36-09973		No			
10. Primary Mineral Mined Bituminous Coal Underground Mining				11. Number of Employees							
				a) Total 50		b) Underground 45		c) Open Pit/Quarry		d) Mill/Prep Plant	e) Other 5
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 21		b) Contractor Employees			a) Mine Employees 0		b) Contractor Employees				
19. Accident Location 01-07 - Underground Advance Mining								20. Mining Height 4 Feet 0 Inches			
21. Nonfatal Injuries		22. Fatal Injuries 1									
23. Victims Information											
Paul L Springer											
a) First Name Paul		a) MI L	a) Last Name Springer		b) Age 44	c) Regular Job Title Scoop Operator		d) Activity at Time of Accident Standing at roof bolting machine		Employee Mine Employee	
24. Mining Experience											
a) Total Experience 15 Years 0 Weeks 0 Days		b) Experience at the Mine 0 Years 21 Weeks 4 Days			c) Experience at the Activity at the Time of the Accident 0 Years 21 Weeks 4 Days			d) Experience with Contractor Years Weeks Days			
25. Autopsy Performed		If Yes, Location									
26. Mine Telephone No. (814) 479-5151											
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) A miner was fatally injured when a piece of rock from a brow along the mine rib fell and struck 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 C0205 - Indiana PA Field Office			33. Event Number 6237220			
34. Accident Investigator											
First Name William		MI J	Last Name Kibler, Jr.								
35. MSHA Person Notified											
First Name Michael		MI	Last Name Kelley			Date/Time Notified 03/02/2022 11:29 AM					
36. Type of Report Initial		37. Name of Preparer			Date Prepared						
		Full Name William J Kibler, Jr.			03/04/2022						
38. Reason for Amendment											