

# Preliminary Report of Accident

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



PR001 06/07/2024

<b>1. Accident Type</b> F - Fatal Injury		<b>2. Accident Classification</b> 01 - Electrical		<b>3. Date/Time of Accident</b> 10/22/2022 11:45 AM		<b>4. Date/Time of Death</b> 10/22/2022 11:45 AM		<b>5. Fatal Case No</b> FAI-6236996-1	
<b>6. Mine Information</b>									
a) Mining Company Name:		Wilson Creek Energy LLC							
b) Mine Name:		Acosta Deep Mine							
c) Parent of Mining Company:		Quintana Capital Group GP Ltd et al							
<b>7. Mine Location Information</b>				<b>8. Mine ID Number</b>		<b>9. Union</b>			
a) City Friedens		b) County Somerset		c) State PA		36-09893		No	
<b>10. Primary Mineral Mined</b> Bituminous Coal Underground Mining				<b>11. Number of Employees</b>		c) Open Pit/Quarry		d) Mill/Prep Plant	
				a) Total 97		b) Underground 92		e) Other 5	
<b>12. Contractor Name</b>						<b>13. Contractor Union</b>		<b>14. Contractor ID Number</b>	
<b>15. Contractor Address</b>									
a) City		b) County		c) State		d) Zip Code			
<b>16. Number of Contractor Employees</b>									
a) Total		b) Underground		c) Open Pit/Quarry		d) Mill/Prep Plant		e) Other	
<b>17. Number of Persons in Mine at Time of Accident</b>				<b>18. Number of Persons Unaccounted for</b>					
a) Mine Employees 11				b) Contractor Employees		a) Mine Employees 0			
						b) Contractor Employees			
<b>19. Accident Location</b> 01 - Underground								<b>20. Mining Height</b> 3 Feet 6 Inches	
<b>21. Nonfatal Injuries</b>		<b>22. Fatal Injuries</b> 1							
<b>23. Victims Information</b>									
Sean Dennehy									
a) First Name Sean		a) MI		a) Last Name Dennehy		b) Age 46		c) Regular Job Title Mine Examiner	
d) Activity at Time of Accident		Employee Mine Employee							
<b>24. Mining Experience</b>									
a) Total Experience 14 Years 47 Weeks 5 Days		b) Experience at the Mine 3 Years 20 Weeks 0 Days		c) Experience at the Activity at the Time of the Accident 3 Years 9 Weeks 5 Days		d) Experience with Contractor 0 Years 0 Weeks 0 Days			
<b>25. Autopsy Performed</b> Yes									
		If Yes, Location Windber Pathology Lab							
<b>26. Mine Telephone No.</b> (814) 443-1505									
<b>27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)</b> A mine examiner was fatally injured when he contacted energized components in a 480-Volt AC float switch electrical box, while standing in a sump, in an outby area of the mine.  <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>									
<b>28. Equipment Manufacturer</b>					<b>29. Model</b>				
<b>30. District</b> C0200 - Mt. Pleasant District					<b>32. Field Office</b> C0205 - Indiana PA Field Office			<b>33. Event Number</b> 6236996	
<b>34. Accident Investigator</b>									
First Name Richard		MI L		Last Name Gindlesperger					
<b>35. MSHA Person Notified</b>									
First Name Randy		MI		Last Name Caramellino		Date/Time Notified 10/22/2022 12:43 PM			
<b>36. Type of Report</b> Initial		<b>37. Name of Preparer</b> Full Name Susan Sikora				Date Prepared 10/24/2022			
<b>38. Reason for Amendment</b>									