## **Preliminary Report of Accident**



## PR001 09/07/2023

1. Accident Type F - Fatal Injury	2. Accident Classification 12 - Powered Haulage	3. Date/Time of Accident 08/30/2023 6:50 AM		4. Date/Time of Death 08/30/2023 10:00 AM		5. Fatal Case No FAI-6918980-1		
6. Mine Information a) Mining Company Name: b) Mine Name: c) Parent of Mining Company:	No 4 Mine							
7. Mine Location Information a) City BROOKWOOD	<b>b) County c)</b> Tuscaloosa	AL	8. Mine ID Num 01-01247	ber	9. Union Yes			
10. Primary Mineral Mined Bituminous Coal Underground M	lining	11. Number of E a) Total 393	Employees b) Underground 311	d c) Open Pit/Quarry 0	/ d	<b>i) Mill/Prep Plant</b> 62	e) Other 20	
12. Contractor Name				13. Contractor Union		14. Contractor ID Nu	mber	
15. Contractor Address a) City	b) County	c) State		d) Zip Code				
16. Number of Contractor Employ a) Total	yees b) Underground	c) Open I	Pit/Quarry	d) Mill/Pre	ep Plant		e) Other	
17. Number of Persons in Mine at Time of Accident a) Mine Employees 8718. Number of Persons Unaccounted for a) Mine Employees 018. Number of Persons Unaccounted for a) Mine Employees b) Contractor Employees 0								
<b>19. Accident Location</b> 01 - Underground						20. Mining Height 7 Feet 6 Inches		
21. Nonfatal Injuries	22. Fatal Injuries				I			
23. Victims Information								
Aaron W Haley								
a) First Name a	) MI a) Last Name		gular Job Title	d) Activity at Time of Acci		Employee		
Aaron 24. Mining Experience a) Total Experience 14 Years 26 Weeks 0 Days	24. Mining Experience a) Total Experience at the Mine c) Experience at the Activity at the Time of the Accident d) Experience with Contractor   14 Years 26 Weeks 0 3 Years 2 Weeks 3 Days 3 Years 2 Weeks 3 Days Years 2 Weeks 3 Days							
25. Autopsy Performed Yes	<b>If Yes, Location</b> Tuscaloosa							
26. Mine Telephone No. (205) 554-6403								
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) A miner died when he was struck by a component on a belt conveyor take-up unit that broke.								
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 Syntron		29. Model						
<b>30. District</b> M3000 - Birmingham District		32. Field Office M3661 - Birm	ningham AL Field C	Office (A)		<b>33. Event Number</b> 6918980		
34. Accident Investigator First Name Timothy	MI Last Name R, Stockman							
35. MSHA Person Notified First Name Rory	MI Last Name Smith		Date/Time Not 08/30/2023 7:2					
36. Type of Report Initial	37. Name of Preparer Full Name Timothy R, Stockman	<b>Date P</b> 08/30/2	Prepared 2023					
38. Reason for Amendment								