

Preliminary Report of Accident

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



PR001 03/22/2023

1. Accident Type F - Fatal Injury		2. Accident Classification 07 - Fall of Roof or Back		3. Date/Time of Accident 03/18/2023 2:05 AM		4. Date/Time of Death 03/18/2023 2:40 AM		5. Fatal Case No FAI-7023059-1	
6. Mine Information									
a) Mining Company Name:		Hamilton County Coal, LLC							
b) Mine Name:		Mine No. 1							
c) Parent of Mining Company:		Alliance Resource Partners LP							
7. Mine Location Information						8. Mine ID Number		9. Union	
a) City DAHLGREN		b) County Hamilton		c) State IL		11-03203		No	
10. Primary Mineral Mined Bituminous Coal Underground Mining				11. Number of Employees					
				a) Total 338		b) Underground 318		c) Open Pit/Quarry 0	
								d) Mill/Prep Plant 0	
								e) Other 20	
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 82		b) Contractor Employees			a) Mine Employees 0		b) Contractor Employees		
19. Accident Location 01 - Underground								20. Mining Height 8 Feet 10 Inches	
21. Nonfatal Injuries 0		22. Fatal Injuries 1							
23. Victims Information									
Cameron R Fourez									
a) First Name Cameron	a) MI R	a) Last Name Fourez	b) Age 41	c) Regular Job Title Roof Bolter	d) Activity at Time of Accident Building cribs			Employee Mine Employee	
24. Mining Experience									
a) Total Experience 8 Years 16 Weeks 0 Days		b) Experience at the Mine 1 Years 25 Weeks 0 Days		c) Experience at the Activity at the Time of the Accident 1 Years 25 Weeks 0 Days			d) Experience with Contractor 0 Years 0 Weeks 0 Days		
25. Autopsy Performed Yes		If Yes, Location							
26. Mine Telephone No. (618) 648-2600									
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) A miner died when a section of roof fell while he and other miners were building cribs during the recovery of longwall shields. <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 C0800 - Vincennes District				32. Field Office C0802 - Marion IL Field Office				33. Event Number 7023059	
34. Accident Investigator									
First Name Bub		MI		Last Name Whitfield					
35. MSHA Person Notified									
First Name Donnie		MI		Last Name Lewis		Date/Time Notified 03/18/2023 12:37 AM			
36. Type of Report Initial		37. Name of Preparer Full Name Bub Whitfield			Date Prepared 03/19/2023				
38. Reason for Amendment									