

Preliminary Report of Accident

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



PR001 03/27/2023

1. Accident Type F - Fatal Injury		2. Accident Classification 12 - Powered Haulage		3. Date/Time of Accident 03/22/2023 8:45 AM		4. Date/Time of Death 03/22/2023 8:45 AM		5. Fatal Case No FAI-7026231-1	
6. Mine Information									
a) Mining Company Name:		Century Mining LLC							
b) Mine Name:		Longview Mine							
c) Parent of Mining Company:		American Metals & Coal International Inc. et al							
7. Mine Location Information						8. Mine ID Number		9. Union	
a) City Volga		b) County Barbour		c) State WV		46-09447		No	
10. Primary Mineral Mined Bituminous Coal Underground Mining				11. Number of Employees					
				a) Total 208		b) Underground 195		c) Open Pit/Quarry	
								d) Mill/Prep Plant 13	
								e) Other	
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									
a) Mine Employees 50		b) Contractor Employees							
18. Number of Persons Unaccounted for									
a) Mine Employees 0		b) Contractor Employees							
19. Accident Location 01 - Underground								20. Mining Height 8 Feet 6 Inches	
21. Nonfatal Injuries 2		22. Fatal Injuries 1							
23. Victims Information									
Cecil Barker									
a) First Name Cecil	a) MI	a) Last Name Barker	b) Age 62	c) Regular Job Title Surveyor	d) Activity at Time of Accident Riding in Personnel Carrier			Employee Mine Employee	
24. Mining Experience									
a) Total Experience 17 Years 45 Weeks 2 Days		b) Experience at the Mine 0 Years 45 Weeks 2 Days		c) Experience at the Activity at the Time of the Accident 17 Years 45 Weeks 2 Days			d) Experience with Contractor 0 Years 0 Weeks 0 Days		
25. Autopsy Performed Yes									
If Yes, Location Charleston, WV									
26. Mine Telephone No. (304) 457-7026									
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)									
A miner died when a battery powered personnel carrier he was riding on overturned. Another miner riding on the personnel carrier accidentally actuated the emergency stop causing the personnel carrier to drift backwards down a grade. The personnel carrier overturned after striking the coal rib, pinning the victim beneath it. The victim was not riding in a designated seating area.									
<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 Not listed Grace Equipment Company				29. Model Stryker					
30. District C0300 - Morgantown District				32. Field Office C0303 - Bridgeport WV Field Office				33. Event Number 7026231	
34. Accident Investigator									
First Name Nicholas		MI K		Last Name Blevins					
35. MSHA Person Notified									
First Name Michael		MI		Last Name Stark		Date/Time Notified 03/22/2023 9:04 AM			
36. Type of Report Initial		37. Name of Preparer Full Name Michael P Stark				Date Prepared 03/23/2023			
38. Reason for Amendment									