## Preliminary Report of Accident



## PR001 08/09/2024

1. Accident Type F - Fatal Injury	2. Accident Classification 12 - Powered Haulage	3. Date/Time of 08/05/2024 5		4. Date/Time of Death 08/07/2024 3:00 PM		5. Fatal Case No FAI-F009717-1	
6. Mine Information a) Mining Company Name: b) Mine Name: c) Parent of Mining Company:	ACI Tygart Valley Leer Mine Arch Resources Inc						
7. Mine Location Information a) City GRAFTON	<b>b) County c</b> Taylor	) State ₩V	8. Mine ID Num 46-09192	ber 9. Unic No		ภ	
<b>10. Primary Mineral Mined</b> Bituminous Coal Underground Mining		11. Number of I a) Total 526			c) Open Pit/Quarry d) Mill/Prep Plant		e) Other 44
12. Contractor Name	·	13. C		13. Contractor Union		14. Contractor ID Number	
15. Contractor Address a) City	b) County	c) State		d) Zip Code			
16. Number of Contractor Employ a) Total	yees b) Underground	c) Open	Pit/Quarry	d) Mill/Prep Plant			e) Other
17. Number of Persons in Mine at a) Mine Employeesb) C125		18. Number of Persons Unaccounted for a) Mine Employees 0					
<b>19. Accident Location</b> 01-08 - Underground Retreat M	ining					20. Mining Height 7 Feet Inches	
<b>21. Nonfatal Injuries</b>	22. Fatal Injuries						
23. Victims Information	1						
William J Crandell a) First Name a William	) <b>MI a) Last Name</b> J Crandell		<b>gular Job Title</b> otorman	d) Activity at Time of Acc Rerailing Power Car on		<b>Employee</b> Mine Employee	
24. Mining Experience a) Total Experience 11 Years 2 Weeks 5 Days	b) Experience at the Mine 11 Years 2 Weeks 5 Days	c) Experience at t 11 Years 2 Wee		Time of the Accident		erience with Contracto ears Weeks Days	r
25. Autopsy Performed Yes	<b>If Yes, Location</b> Charleston, WV						
<b>26. Mine Telephone No.</b> (304) 265-9700							
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) On August 5, 2024, a miner was struck in the head while using an air lifting bag to rerail a longwall electrical power car. On August 7, 2024, the miner died from his injuries.							
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 thecause of the accident.							
28. Equipment Manufacturer		29. Model					
30. District C0300 - Morgantown District		32. Field Office C0303 - Brid	geport WV Field O	ffice		33. Event Number F009717	
34. Accident Investigator First Name Louis	MI Last Name V Bernatowicz						
35. MSHA Person Notified First Name Benjamin	MI Last Name Hall		Date/Time Not 08/05/2024 6:0				
36. Type of Report Initial	37. Name of Preparer Full Name Louis V Bernatowicz	<b>Date F</b> 08/05/	Prepared 2024				
38. Reason for Amendment							