

Preliminary Report of Accident

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



PR001 01/31/2025

1. Accident Type F - Fatal Injury	2. Accident Classification 06 - Fall of Face, Rib, Pillar or Highwall	3. Date/Time of Accident 01/29/2025 7:20 AM	4. Date/Time of Death 01/29/2025 7:20 AM	5. Fatal Case No FAI-6323087-1					
6. Mine Information a) Mining Company Name: Lexington Coal Company, LLC b) Mine Name: Twilight Mtr Surface Mine c) Parent of Mining Company:									
7. Mine Location Information a) City Twilight		b) County Boone	c) State WV	8. Mine ID Number 46-08645	9. Union No				
10. Primary Mineral Mined Bituminous		11. Number of Employees a) Total 33			b) Underground 33	c) Open Pit/Quarry 33	d) Mill/Prep Plant	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 26		b) Contractor Employees		18. Number of Persons Unaccounted for a) Mine Employees 0					b) Contractor Employees
19. Accident Location 03 - Open Pit							20. Mining Height Feet Inches		
21. Nonfatal Injuries		22. Fatal Injuries 1							
23. Victims Information									
Steven Allen Fields									
a) First Name Steven		a) MI Allen	a) Last Name Fields	b) Age 55	c) Regular Job Title Drill Operator		d) Activity at Time of Accident Operating Drill	Employee Mine Employee	
24. Mining Experience a) Total Experience 20 Years Weeks Days		b) Experience at the Mine Years 8 Weeks Days		c) Experience at the Activity at the Time of the Accident Years 8 Weeks Days			d) Experience with Contractor Years Weeks		
25. Autopsy Performed		If Yes, Location							
26. Mine Telephone No. (304) 443-2096									
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) A miner died after a portion of the highwall collapsed onto the cab of the drill he was operating. 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 Atlas Copco				29. Model DML-45					
30. District C0400 - Beckley District				32. Field Office C0406 - Madison WV Field Office				33. Event Number 6323087	
34. Accident Investigator First Name Joshua		MI A	Last Name McNeely						
35. MSHA Person Notified First Name Lisa		MI	Last Name Mercado		Date/Time Notified 01/29/2025 7:49 AM				
36. Type of Report Initial		37. Name of Preparer Full Name Timothy L Workman			Date Prepared 01/29/2025				
38. Reason for Amendment									