

# Preliminary Report of Accident

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



PR001 07/25/2024

<b>1. Accident Type</b> F - Fatal Injury		<b>2. Accident Classification</b> 12 - Powered Haulage		<b>3. Date/Time of Accident</b> 07/12/2024 11:10 PM		<b>4. Date/Time of Death</b> 07/23/2024 8:18 PM		<b>5. Fatal Case No</b> FAI-F00D54E-1																																																		
<b>6. Mine Information</b>																																																										
a) Mining Company Name:		Pocahontas Coal Company, LLC																																																								
b) Mine Name:		Wyco Surface Mine																																																								
c) Parent of Mining Company:		Metinvest B V																																																								
<b>7. Mine Location Information</b>				<b>8. Mine ID Number</b>		<b>9. Union</b>																																																				
a) City BECKLEY		b) County Wyoming		c) State WV		46-09627		No																																																		
<b>10. Primary Mineral Mined</b> Bituminous Coal And Lignite Surface Mining				<b>11. Number of Employees</b>		<b>c) Open Pit/Quarry</b>		<b>d) Mill/Prep Plant</b>																																																		
				a) Total 50		50		e) Other																																																		
<b>12. Contractor Name</b>					<b>13. Contractor Union</b>			<b>14. Contractor ID Number</b>																																																		
<b>15. Contractor Address</b>																																																										
a) City		b) County			c) State		d) Zip Code																																																			
<b>16. Number of Contractor Employees</b>																																																										
a) Total		b) Underground			c) Open Pit/Quarry		d) Mill/Prep Plant		e) Other																																																	
<b>17. Number of Persons in Mine at Time of Accident</b>					<b>18. Number of Persons Unaccounted for</b>																																																					
a) Mine Employees 20		b) Contractor Employees			a) Mine Employees 0		b) Contractor Employees																																																			
<b>19. Accident Location</b> 03 - Open Pit								<b>20. Mining Height</b> Feet Inches																																																		
<b>21. Nonfatal Injuries</b>		<b>22. Fatal Injuries</b> 1																																																								
<b>23. Victims Information</b>																																																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">a) First Name</th> <th style="width: 5%;">a) MI</th> <th style="width: 20%;">a) Last Name</th> <th style="width: 10%;">b) Age</th> <th style="width: 15%;">c) Regular Job Title</th> <th style="width: 20%;">d) Activity at Time of Accident</th> <th style="width: 25%;">Employee</th> </tr> </thead> <tbody> <tr> <td>Ashley</td> <td></td> <td>Cogar</td> <td>34</td> <td>Truck Driver</td> <td>Walking to truck</td> <td>Mine Employee</td> </tr> <tr> <td colspan="7"><b>24. Mining Experience</b></td> </tr> <tr> <td colspan="2">a) Total Experience</td> <td colspan="2">b) Experience at the Mine</td> <td colspan="2">c) Experience at the Activity at the Time of the Accident</td> <td colspan="1">d) Experience with Contractor</td> </tr> <tr> <td colspan="2">1 Years 48 Weeks 0 Days</td> <td colspan="2">0 Years 17 Weeks 0 Days</td> <td colspan="2">0 Years 17 Weeks 0 Days</td> <td colspan="1">Years Weeks Days</td> </tr> <tr> <td colspan="7"><b>25. Autopsy Performed</b></td> </tr> <tr> <td colspan="7">If Yes, Location</td> </tr> </tbody> </table>										a) First Name	a) MI	a) Last Name	b) Age	c) Regular Job Title	d) Activity at Time of Accident	Employee	Ashley		Cogar	34	Truck Driver	Walking to truck	Mine Employee	<b>24. Mining Experience</b>							a) Total Experience		b) Experience at the Mine		c) Experience at the Activity at the Time of the Accident		d) Experience with Contractor	1 Years 48 Weeks 0 Days		0 Years 17 Weeks 0 Days		0 Years 17 Weeks 0 Days		Years Weeks Days	<b>25. Autopsy Performed</b>							If Yes, Location						
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<b>26. Mine Telephone No.</b> (304) 774-0199																																																										
<b>27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)</b> A truck driver was seriously injured after being struck by the bucket of a front-end loader. On July 23, 2024, the truck driver died from her injuries.  <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>																																																										
<b>28. Equipment Manufacturer</b> Caterpillar					<b>29. Model</b> 993K																																																					
<b>30. District</b> C1200 - Pineville District					<b>32. Field Office</b> C1201 - Pineville WV Field Office			<b>33. Event Number</b> F00D54E																																																		
<b>34. Accident Investigator</b>																																																										
First Name Aaron		MI D	Last Name Cline																																																							
<b>35. MSHA Person Notified</b>																																																										
First Name Kenneth		MI	Last Name Butcher			Date/Time Notified 07/13/2024 12:43 AM																																																				
<b>36. Type of Report</b> Initial		<b>37. Name of Preparer</b> Full Name Aaron D Cline			Date Prepared 07/24/2024																																																					
<b>38. Reason for Amendment</b>																																																										