## **Preliminary Report of Accident**

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



## PR001 08/01/2024

1. Accident Type F - Fatal Injury	2. Accident Classification 12 - Powered Haulage	3. Date/Time of Accident 07/25/2024 9:51 PM		4. Date/Time of Death 07/25/2024 9:51 PM		<b>5. Fatal Case No</b> FAI-F009293-1	
6. Mine Information a) Mining Company Name: b) Mine Name: c) Parent of Mining Company:	Atlantic Carbon Group, Inc. Hazleton Shaft American Anthracite SPV I, L	LC					
7. Mine Location Information a) City HAZLE TOWNSHIP		8. Mine ID Num State 36-08766 PA		ber 9. Un			
10. Primary Mineral Mined Anthracite Mining		11. Number of E a) Total 49	Employees b) Undergroun	d c) Open Pit/Quarr	у	d) Mill/Prep Plant 46	e) Other
12. Contractor Name				13. Contractor Union		14. Contractor ID Nu	mber
15. Contractor Address a) City	b) County	c) State		d) Zip Code			
16. Number of Contractor Employ a) Total	/ees b) Underground	c) Open Pit/Quarry		d) Mill/Prep Plant			e) Other
17. Number of Persons in Mine at a) Mine Employees b) C	t Time of Accident Contractor Employees	18. Number of Persons Unaccou a) Mine Employees		inted for b) Contractor Employees			
19. Accident Location 30 - Mill/Prep Plant						20. Mining Height 0 Feet 0 Inches	
21. Nonfatal Injuries	22. Fatal Injuries						
23. Victims Information							
Brian A Brotzman							
	MI a) Last Name A Brotzman		gular Job Title	d) Activity at Time of Acc Shoveling material off b		Employee yor Mine Employee	
24. Mining Experience a) Total Experience b) Experience at the Mine 1 Years 21 Weeks 1 Days  c) Experience at the Activity at the Time of the Accident 1 Years 21 Weeks 1 Days							
25. Autopsy Performed Yes	If Yes, Location Hanover Township,	PA					
<b>26. Mine Telephone No.</b> (570) 450-0900							
	de equipment involved, the exact				belt conv	vevor shoveling material	off the belt
	or unexpectedly rolled backward.		,			· - , - · · · · · · · · · · · · · · · ·	
The information provided in this thecause of the accident.	notice is based on preliminary data	ONLY and does not	t represent final det	ermination regarding the nat	ure of the	e incident or conclusions	regarding
28. Equipment Manufacturer		29. Model					
30. District C0200 - Mt. Pleasant District		32. Field Office C0208 - Frac	ckville PA Field Offi	ce		<b>33. Event Number</b> F009293	
34. Accident Investigator First Name Christian	MI Last Name B Epting						
35. MSHA Person Notified First Name Patrick	MI Last Name Boylan		<b>Date/Time Not</b> 07/25/2024 10:				
36. Type of Report Initial	37. Name of Preparer Full Name Stephen J Kowalick	<b>Date F</b> 07/25/2	Prepared 2024				
38. Reason for Amendment							