

Preliminary Report of Accident

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

PR001 06/05/2024

1. Accident Type F - Fatal Injury		2. Accident Classification 07 - Fall of Roof or Back		3. Date/Time of Accident 05/31/2024 4:21 PM		4. Date/Time of Death 05/31/2024 5:54 PM		5. Fatal Case No FAI-4411390-1		
6. Mine Information										
a) Mining Company Name:		Buchanan Minerals, LLC								
b) Mine Name:		Buchanan Mine #1								
c) Parent of Mining Company:		Coronado Coal LLC								
7. Mine Location Information					8. Mine ID Number		9. Union			
a) City Oakwood		b) County Buchanan		c) State VA	44-04856		No			
10. Primary Mineral Mined Bituminous Coal Underground Mining					11. Number of Employees		c) Open Pit/Quarry		d) Mill/Prep Plant	e) Other
					a) Total 711	b) Underground 620	0		50	41
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					18. Number of Persons Unaccounted for					
a) Mine Employees 142		b) Contractor Employees			a) Mine Employees 0		b) Contractor Employees			
19. Accident Location 07 - Advance Mining								20. Mining Height 7 Feet 1 Inches		
21. Nonfatal Injuries 0		22. Fatal Injuries 1								
23. Victims Information										
Brock A Jackson										
a) First Name Brock		a) MI A	a) Last Name Jackson		b) Age 27	c) Regular Job Title Utility Man		d) Activity at Time of Accident Walking between entries Operator	Employee Mine Employee	
24. Mining Experience										
a) Total Experience 3 Years 26 Weeks 0 Days		b) Experience at the Mine 1 Years 10 Weeks 4 Days			c) Experience at the Activity at the Time of the Accident 0 Years 28 Weeks 3 Days			d) Experience with Contractor 0 Years 0 Weeks 0 Days		
25. Autopsy Performed		If Yes, Location								
26. Mine Telephone No. (276) 284-6300										
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) A miner received fatal injuries from a rock fall while traveling under unsupported roof. The rock measured approximately nine feet by four feet by fourteen inches. <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					29. Model					
30. District C0500 - Norton District					32. Field Office C0502 - Vansant VA Field Office			33. Event Number 4411390		
34. Accident Investigator		MI	Last Name							
First Name										
35. MSHA Person Notified		MI	Last Name				Date/Time Notified			
First Name										
36. Type of Report Initial		37. Name of Preparer Full Name Michael Colley			Date Prepared 06/01/2024					
38. Reason for Amendment										