

Preliminary Report of Accident

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



PR001 09/09/2024

1. Accident Type F - Fatal Injury		2. Accident Classification 07 - Fall of Roof or Back		3. Date/Time of Accident 09/06/2024 6:00 PM		4. Date/Time of Death 09/06/2024 6:00 PM		5. Fatal Case No FAI-F006C67-1		
6. Mine Information										
a) Mining Company Name:		Mingo Logan Coal LLC								
b) Mine Name:		Mountaineer II Mine								
c) Parent of Mining Company:		Arch Resources Inc								
7. Mine Location Information			8. Mine ID Number			9. Union				
a) City		b) County		c) State		46-09029			No	
SHARPLES		Logan		WV						
10. Primary Mineral Mined				11. Number of Employees			c) Open Pit/Quarry		d) Mill/Prep Plant	
Bituminous Coal Underground Mining				a) Total		b) Underground	0		0	e) Other
				375		300			75	
12. Contractor Name					13. Contractor Union			14. Contractor ID Number		
15. Contractor Address				c) State			d) Zip Code			
a) City		b) County								
16. Number of Contractor Employees			c) Open Pit/Quarry			d) Mill/Prep Plant		e) Other		
a) Total		b) Underground								
17. Number of Persons in Mine at Time of Accident				18. Number of Persons Unaccounted for						
a) Mine Employees		b) Contractor Employees		a) Mine Employees		b) Contractor Employees				
75				0						
19. Accident Location								20. Mining Height		
01 - Underground								6 Feet 4 Inches		
21. Nonfatal Injuries		22. Fatal Injuries								
0		1								
23. Victims Information										
Gary A Chapman										
a) First Name		a) MI	a) Last Name		b) Age	c) Regular Job Title		d) Activity at Time of Accident	Employee	
Gary		A	Chapman		33	Continuous Mining Machine Operator		Operating Continuous Mining Machine	Mine Employee	
24. Mining Experience				b) Experience at the Mine		c) Experience at the Activity at the Time of the Accident		d) Experience with Contractor		
a) Total Experience				0 Years 26 Weeks 2 Days		2 Years 0 Weeks 0 Days		Years Weeks Days		
12 Years 6 Weeks 0 Days										
25. Autopsy Performed			If Yes, Location							
26. Mine Telephone No.										
(304) 369-7500										
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)										
A miner died after being struck by a rock from a roof fall while traveling under unsupported roof.										
<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					32. Field Office			33. Event Number		
C1200 - Pineville District					C1203 - Logan WV Field Office			F006C67		
34. Accident Investigator			MI			Last Name				
First Name				J		Milum				
Paul										
35. MSHA Person Notified			MI			Last Name		Date/Time Notified		
First Name				F		Calloway		09/06/2024 6:15 PM		
Tracy										
36. Type of Report		37. Name of Preparer			Date Prepared					
Initial		Full Name			09/06/2024					
		Paul J Milum								
38. Reason for Amendment										