Preliminary Report of Accident

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



PR001 02/19/2025

	ccident Type 2. Accident - Fatal Injury 17 - Mach		ication	3. Date/Time of 02/12/2025 9:2		4. Date/Time of Death 02/12/2025 9:22 AM		5. Fatal Case No FAI-F006D69-1		
a) l b) l	6. Mine Information a) Mining Company Name: CCU Coal and Construction LLC b) Mine Name: CCU Sexton Strip c) Parent of Mining Company: Charles C Ungurean									
a)				8. Mine ID Number 9 33-04577 OH			9. Unio	D. Union No		
10. Primary Mineral Mined Bituminous Coal And Lignite Surface Mining			11. Number of Employees a) Total b) Underground c) Open Pit/Quarry 13 13			у	d) Mill/Prep Plant	e) Other		
12. Contractor Name				13. Contractor Union				14. Contractor ID Number		
	ontractor Address 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 b) Contractor Employees 12 18. Number of Persons Unaccounted for a) Mine Employees b) Contractor Employees 12										
	ccident Location 3 - Open Pit							20. Mining Height Feet Inches		
21. N	onfatal Injuries	22. Fatal Injuries								
23. Victims Information										
	Edward J Blomquist									
	<u> </u>) MI a) Last Nar J Blomqui			gular Job Title Il Operator	d) Activity at Time of Acc Operating Drill	cident	Employee Mine Employee		
	24. Mining Experience a) Total Experience 46 Years 0 Weeks 0 Days					erience with Contracto ears 0 Weeks 0	r			
	25. Autopsy Performed Yes		ocation eland, OH							
	line Telephone No. (40) 294-5633									
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) A miner died when the ground beneath the highwall drill failed, causing it to overturn and fall off the highwall.										
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 thecause of the accident.										
	quipment Manufacturer riltech			29. Model DM 45						
	district 0300 - Morgantown District			32. Field Office C0305 - St. Clairsville OH Field Office				33. Event Number F006D69		
Fi	ccident Investigator irst Name pedy	MI	Last Name Gutta							
Fi	ISHA Person Notified irst Name ohn	МІ	Last Name Dye		Date/Time Not 02/12/2025 9:5					
	ype of Report itial 37. Name of Preparer Full Name Michael P Stark			Date P 02/18/2	repared 2025					
20 D	assan for Amandment									