

Preliminary Report of Accident

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



PR001 03/06/2025

1. Accident Type F - Fatal Injury		2. Accident Classification 06 - Fall of Face, Rib, Pillar or Highwall		3. Date/Time of Accident 02/28/2025 2:50 PM		4. Date/Time of Death 02/28/2025 2:50 PM		5. Fatal Case No FAI-F0081AC-1																																				
6. Mine Information a) Mining Company Name: Marfork Coal Company, LLC b) Mine Name: Black Eagle c) Parent of Mining Company: Alpha Metallurgical Resources Inc																																												
7. Mine Location Information a) City WHITESVILLE b) County Raleigh c) State WV				8. Mine ID Number 46-09550		9. Union No																																						
10. Primary Mineral Mined Bituminous Coal Underground Mining				11. Number of Employees a) Total 209 b) Underground 195 c) Open Pit/Quarry d) Mill/Prep Plant e) Other 14																																								
12. Contractor Name Wright Concrete Underground LLC						13. Contractor Union No		14. Contractor ID Number P667																																				
15. Contractor Address a) City Pikeville b) County c) State KY d) Zip Code 41501																																												
16. Number of Contractor Employees a) Total 3 b) Underground 3 c) Open Pit/Quarry d) Mill/Prep Plant e) Other																																												
17. Number of Persons in Mine at Time of Accident a) Mine Employees 65 b) Contractor Employees 3				18. Number of Persons Unaccounted for a) Mine Employees b) Contractor Employees																																								
19. Accident Location 01 - Underground								20. Mining Height 5 Feet 8 Inches																																				
21. Nonfatal Injuries		22. Fatal Injuries 1																																										
23. Victims Information																																												
<table border="1"> <tr> <th>a) First Name</th> <th>a) MI</th> <th>a) Last Name</th> <th>b) Age</th> <th>c) Regular Job Title</th> <th>d) Activity at Time of Accident</th> <th>Employee</th> </tr> <tr> <td>Billy</td> <td>S</td> <td>Stalker</td> <td>46</td> <td>Seal construction worker</td> <td>Seal preparation</td> <td>Contractor Employee</td> </tr> <tr> <td colspan="7">24. Mining Experience</td> </tr> <tr> <td colspan="2">a) Total Experience 28 Years Weeks Days</td> <td colspan="2">b) Experience at the Mine Years 1 Weeks 2 Days</td> <td colspan="2">c) Experience at the Activity at the Time of the Accident 10 Years Weeks Days</td> <td>d) Experience with Contractor 10 Years Weeks</td> </tr> <tr> <td colspan="7">25. Autopsy Performed If Yes, Location</td> </tr> </table>										a) First Name	a) MI	a) Last Name	b) Age	c) Regular Job Title	d) Activity at Time of Accident	Employee	Billy	S	Stalker	46	Seal construction worker	Seal preparation	Contractor Employee	24. Mining Experience							a) Total Experience 28 Years Weeks Days		b) Experience at the Mine Years 1 Weeks 2 Days		c) Experience at the Activity at the Time of the Accident 10 Years Weeks Days		d) Experience with Contractor 10 Years Weeks	25. Autopsy Performed If Yes, Location						
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26. Mine Telephone No. (304) 854-3026																																												
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) A contractor died when a piece of the coal rib fell and struck him. <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 C0400 - Beckley District				32. Field Office C0401 - Beckley Field Office				33. Event Number F0081AC																																				
34. Accident Investigator First Name Daniel		MI L		Last Name Smith																																								
35. MSHA Person Notified First Name Lisa		MI		Last Name Mercado		Date/Time Notified 02/28/2025 2:52 PM																																						
36. Type of Report Initial		37. Name of Preparer Full Name Daniel L Smith			Date Prepared 03/03/2025																																							
38. Reason for Amendment																																												