

Preliminary Report of Accident

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



PR001 04/09/2026

1. Accident Type F - Fatal Injury		2. Accident Classification 12 - Powered Haulage		3. Date/Time of Accident 04/03/2026 10:30 AM		4. Date/Time of Death 04/03/2026 10:30 AM		5. Fatal Case No FAI-F0143E4-1																																											
6. Mine Information																																																			
a) Mining Company Name:		Ohio County Coal Resources, Inc.																																																	
b) Mine Name:		Ohio County Mine																																																	
c) Parent of Mining Company:		ACNR Holdings, Inc																																																	
7. Mine Location Information				8. Mine ID Number		9. Union																																													
a) City DALLAS		b) County Marshall		c) State WV		46-01436																																													
10. Primary Mineral Mined Bituminous Coal Underground Mining				11. Number of Employees		c) Open Pit/Quarry		d) Mill/Prep Plant																																											
				a) Total 492		b) Underground 396		72																																											
								e) Other 24																																											
12. Contractor Name					13. Contractor Union			14. Contractor ID Number																																											
15. Contractor Address																																																			
a) City		b) County			c) State		d) Zip Code																																												
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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 160		b) Contractor Employees			a) Mine Employees		b) Contractor Employees																																												
19. Accident Location 08 - Retreat Mining								20. Mining Height 8 Feet 0 Inches																																											
21. Nonfatal Injuries 0		22. Fatal Injuries 1																																																	
23. Victims Information																																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">a) First Name</th> <th style="width: 5%;">a) MI</th> <th style="width: 20%;">a) Last Name</th> <th style="width: 10%;">b) Age</th> <th style="width: 15%;">c) Regular Job Title</th> <th style="width: 20%;">d) Activity at Time of Accident</th> <th style="width: 25%;">Employee</th> </tr> </thead> <tbody> <tr> <td>Darin</td> <td></td> <td>Reece</td> <td>36</td> <td>Section Supervisor</td> <td>Supervisor Longwall Set-up</td> <td>Mine Employee</td> </tr> <tr> <td colspan="7">24. Mining Experience</td> </tr> <tr> <td colspan="2">a) Total Experience 18 Years 0 Weeks 0 Days</td> <td colspan="2">b) Experience at the Mine 11 Years 36 Weeks 0 Days</td> <td colspan="2">c) Experience at the Activity at the Time of the Accident 17 Years 24 Weeks 0 Days</td> <td>d) Experience with Contractor 0 Years 0 Weeks 0</td> </tr> <tr> <td colspan="7">25. Autopsy Performed</td> </tr> <tr> <td colspan="2">No</td> <td colspan="5">If Yes, Location</td> </tr> </tbody> </table>										a) First Name	a) MI	a) Last Name	b) Age	c) Regular Job Title	d) Activity at Time of Accident	Employee	Darin		Reece	36	Section Supervisor	Supervisor Longwall Set-up	Mine Employee	24. Mining Experience							a) Total Experience 18 Years 0 Weeks 0 Days		b) Experience at the Mine 11 Years 36 Weeks 0 Days		c) Experience at the Activity at the Time of the Accident 17 Years 24 Weeks 0 Days		d) Experience with Contractor 0 Years 0 Weeks 0	25. Autopsy Performed							No		If Yes, Location				
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No		If Yes, Location																																																	
26. Mine Telephone No.																																																			
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) On April 3, 2026, a miner died after a scoop backed into another scoop that was transporting a longwall shield. This collision caused the longwall shield to shift and pin the miner, who was working underneath it. <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 Caterpillar				29. Model SH650 VFD																																															
30. District C0300 - Morgantown District				32. Field Office C0305 - St. Clairsville OH Field Office				33. Event Number F0143E4																																											
34. Accident Investigator																																																			
First Name Joedy		MI N	Last Name Gutta																																																
35. MSHA Person Notified																																																			
First Name Tyler		MI	Last Name Peddicord			Date/Time Notified 04/03/2026 11:14 AM																																													
36. Type of Report Initial		37. Name of Preparer Full Name Joedy N Gutta			Date Prepared 04/07/2026																																														
38. Reason for Amendment																																																			