

# Preliminary Report of Accident

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



PR001 07/08/2026

|                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                             |  |                                                                                      |  |                                                     |  |                                                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------|--|--------------------------------------------------------------------------------------|--|-----------------------------------------------------|--|------------------------------------------------|--|
| <b>1. Accident Type</b><br>F - Fatal Injury                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>2. Accident Classification</b><br>17 - Machinery         |  | <b>3. Date/Time of Accident</b><br>07/01/2026 6:10 PM                                |  | <b>4. Date/Time of Death</b><br>07/01/2026 06:10 PM |  | <b>5. Fatal Case No</b><br>FAI-6917474-1       |  |
| <b>6. Mine Information</b>                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                             |  |                                                                                      |  |                                                     |  |                                                |  |
| a) Mining Company Name:                                                                                                                                                                                                                                                                                                                                                                                                     |  | Warrior Met Coal BC, LLC                                    |  |                                                                                      |  |                                                     |  |                                                |  |
| b) Mine Name:                                                                                                                                                                                                                                                                                                                                                                                                               |  | Blue Creek Mine No. 1                                       |  |                                                                                      |  |                                                     |  |                                                |  |
| c) Parent of Mining Company:                                                                                                                                                                                                                                                                                                                                                                                                |  | Warrior Met Coal Intermediate Holdco LLC                    |  |                                                                                      |  |                                                     |  |                                                |  |
| <b>7. Mine Location Information</b>                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                             |  | <b>8. Mine ID Number</b>                                                             |  | <b>9. Union</b>                                     |  |                                                |  |
| a) City<br>BROOKWOOD                                                                                                                                                                                                                                                                                                                                                                                                        |  | b) County<br>Tuscaloosa                                     |  | c) State<br>AL                                                                       |  | 01-03448                                            |  | No                                             |  |
| <b>10. Primary Mineral Mined</b><br>Bituminous Coal Underground Mining                                                                                                                                                                                                                                                                                                                                                      |  |                                                             |  | <b>11. Number of Employees</b>                                                       |  |                                                     |  |                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                             |  | a) Total<br>273                                                                      |  | b) Underground<br>254                               |  | c) Open Pit/Quarry                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                             |  |                                                                                      |  | d) Mill/Prep Plant                                  |  | e) Other<br>19                                 |  |
| <b>12. Contractor Name</b>                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                             |  |                                                                                      |  | <b>13. Contractor Union</b>                         |  | <b>14. Contractor ID Number</b>                |  |
| <b>15. Contractor Address</b>                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                             |  |                                                                                      |  |                                                     |  |                                                |  |
| a) City                                                                                                                                                                                                                                                                                                                                                                                                                     |  | b) County                                                   |  | c) State                                                                             |  | d) Zip Code                                         |  |                                                |  |
| <b>16. Number of Contractor Employees</b>                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                             |  |                                                                                      |  |                                                     |  |                                                |  |
| a) Total                                                                                                                                                                                                                                                                                                                                                                                                                    |  | b) Underground                                              |  | c) Open Pit/Quarry                                                                   |  | d) Mill/Prep Plant                                  |  | e) Other                                       |  |
| <b>17. Number of Persons in Mine at Time of Accident</b>                                                                                                                                                                                                                                                                                                                                                                    |  |                                                             |  | <b>18. Number of Persons Unaccounted for</b>                                         |  |                                                     |  |                                                |  |
| a) Mine Employees<br>81                                                                                                                                                                                                                                                                                                                                                                                                     |  | b) Contractor Employees                                     |  | a) Mine Employees<br>0                                                               |  | b) Contractor Employees                             |  |                                                |  |
| <b>19. Accident Location</b><br>08 - Retreat Mining                                                                                                                                                                                                                                                                                                                                                                         |  |                                                             |  |                                                                                      |  |                                                     |  | <b>20. Mining Height</b><br>8 Feet 0 Inches    |  |
| <b>21. Nonfatal Injuries</b>                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>22. Fatal Injuries</b><br>1                              |  |                                                                                      |  |                                                     |  |                                                |  |
| <b>23. Victims Information</b>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                             |  |                                                                                      |  |                                                     |  |                                                |  |
| Justin Calloway                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                             |  |                                                                                      |  |                                                     |  |                                                |  |
| a) First Name<br>Justin                                                                                                                                                                                                                                                                                                                                                                                                     |  | a) MI                                                       |  | a) Last Name<br>Calloway                                                             |  | b) Age<br>23                                        |  | c) Regular Job Title<br>Electrician            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                             |  |                                                                                      |  |                                                     |  | d) Activity at Time of Accident<br>Electrician |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                             |  |                                                                                      |  |                                                     |  | Employee<br>Mine Employee                      |  |
| <b>24. Mining Experience</b>                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                             |  |                                                                                      |  |                                                     |  |                                                |  |
| a) Total Experience<br>2 Years 32 Weeks 4 Days                                                                                                                                                                                                                                                                                                                                                                              |  | b) Experience at the Mine<br>0 Years 37 Weeks 6 Days        |  | c) Experience at the Activity at the Time of the Accident<br>0 Years 37 Weeks 6 Days |  | d) Experience with Contractor<br>0 Years 0 Weeks 0  |  |                                                |  |
| <b>25. Autopsy Performed</b><br>Yes                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                             |  |                                                                                      |  |                                                     |  |                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                             |  | If Yes, Location<br>Montgomery AL                           |  |                                                                                      |  |                                                     |  |                                                |  |
| <b>26. Mine Telephone No.</b><br>(659) 289-7003                                                                                                                                                                                                                                                                                                                                                                             |  |                                                             |  |                                                                                      |  |                                                     |  |                                                |  |
| <b>27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)</b><br>A miner died after a longwall shield collapsed onto him.<br><br><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> |  |                                                             |  |                                                                                      |  |                                                     |  |                                                |  |
| <b>28. Equipment Manufacturer</b><br>Joy Machinery Co. (Joy Manufacturing Co)                                                                                                                                                                                                                                                                                                                                               |  |                                                             |  | <b>29. Model</b><br>2I380F RS12027                                                   |  |                                                     |  |                                                |  |
| <b>30. District</b><br>M3000 - Birmingham District                                                                                                                                                                                                                                                                                                                                                                          |  |                                                             |  | <b>32. Field Office</b><br>M3671 - Birmingham AL Field Office (B)                    |  |                                                     |  | <b>33. Event Number</b><br>6917474             |  |
| <b>34. Accident Investigator</b>                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                             |  |                                                                                      |  |                                                     |  |                                                |  |
| First Name<br>Miller                                                                                                                                                                                                                                                                                                                                                                                                        |  | MI<br>C                                                     |  | Last Name<br>Craig                                                                   |  |                                                     |  |                                                |  |
| <b>35. MSHA Person Notified</b>                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                             |  |                                                                                      |  |                                                     |  |                                                |  |
| First Name<br>Thomas                                                                                                                                                                                                                                                                                                                                                                                                        |  | MI                                                          |  | Last Name<br>Chatham                                                                 |  | Date/Time Notified<br>07/01/2026 6:22 PM            |  |                                                |  |
| <b>36. Type of Report</b><br>Initial                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>37. Name of Preparer</b><br>Full Name<br>Miller C. Craig |  |                                                                                      |  | Date Prepared<br>07/01/2026                         |  |                                                |  |
| <b>38. Reason for Amendment</b>                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                             |  |                                                                                      |  |                                                     |  |                                                |  |