

Preliminary Report of Accident

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



PR001 05/22/2026

1. Accident Type F - Fatal Injury		2. Accident Classification 06 - Fall of Face, Rib, Pillar or Highwall		3. Date/Time of Accident 05/19/2026 9:45 PM		4. Date/Time of Death 05/19/2026 09:45 PM		5. Fatal Case No FAI-F012928-1	
6. Mine Information a) Mining Company Name: Consol Pennsylvania Coal Company LLC b) Mine Name: Bailey Mine c) Parent of Mining Company: Core Natural Resources Inc									
7. Mine Location Information a) City: WIND RIDGE b) County: Greene c) State: PA				8. Mine ID Number 36-07230			9. Union No		
10. Primary Mineral Mined Bituminous Coal Underground Mining				11. Number of Employees a) Total: 700 b) Underground: 668		c) Open Pit/Quarry		d) Mill/Prep Plant	e) Other: 32
12. Contractor Name					13. Contractor Union			14. Contractor ID Number	
15. Contractor Address a) 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: 171 b) Contractor Employees				18. Number of Persons Unaccounted for a) Mine Employees b) Contractor Employees					
19. Accident Location 01 - Underground							20. Mining Height 9 Feet 0 Inches		
21. Nonfatal Injuries 2		22. Fatal Injuries 1							
23. Victims Information									
Zachary Wolfe									
a) First Name Zachary		a) MI	a) Last Name Wolfe		b) Age 34	c) Regular Job Title Assistant Shift Foreman		d) Activity at Time of Accident Setting roof to floor support	Employee Mine Employee
24. Mining Experience a) Total Experience 13 Years 1 Weeks 3 Days		b) Experience at the Mine 13 Years 1 Weeks 3 Days			c) Experience at the Activity at the Time of the Accident 0 Years 0 Weeks 0 Days			d) Experience with Contractor 0 Years 0 Weeks 0	
25. Autopsy Performed No		If Yes, Location							
26. Mine Telephone No. (724) 706-1101									
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) A miner died and two miners were injured after being struck by a section of the rib. <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 C0300 - Morgantown District					32. Field Office C0305 - St. Clairsville OH Field Office			33. Event Number F012928	
34. Accident Investigator First Name: Nicholas MI: K Last Name: Blevins									
35. MSHA Person Notified First Name: Larry MI: Last Name: Johnson Date/Time Notified: 05/19/2026 10:36 PM									
36. Type of Report Initial		37. Name of Preparer Full Name: Nicholas K Blevins Date Prepared: 05/19/2026							
38. Reason for Amendment									