Preliminary Report of Accident

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

PR001 07/02/2026

1. Accident Type	2. Accident Classification	3. Date/Time of Accident	4. Date/Time of Death	5. Fatal Case No
F - Fatal Injury	06 - Fall of Face, Rib, Pillar or Highwall	05/19/2026 9:45 PM	05/19/2026 09:45 PM	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			8. Mine ID Number	9. Union
a) City	**b) County**	**c) State**		
WIND RIDGE	Greene	PA	36-07230	No

10. Primary Mineral Mined	11. Number of Employees				
	a) Total	**b) Underground**	**c) Open Pit/Quarry**	**d) Mill/Prep Plant**	**e) Other**
Bituminous Coal Underground Mining	700	668			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		18. Number of Persons Unaccounted for	
a) Mine Employees	**b) Contractor Employees**	**a) Mine Employees**	**b) Contractor Employees**
171			

19. Accident Location	20. Mining Height
01 - Underground	9 Feet 0 Inches

21. Nonfatal Injuries	22. Fatal Injuries
2	1

23. Victims Information

Zachary Wolfe

a) First Name	a) MI	a) Last Name	b) Age	c) Regular Job Title	d) Activity at Time of Accident	Employee
Zachary		Wolfe	34	Assistant Shift Foreman	Setting roof to floor support	Mine Employee

24. Mining Experience

a) Total Experience	b) Experience at the Mine	c) Experience at the Activity at the Time of the Accident	d) Experience with Contractor
13 Years 1 Weeks 3 Days	13 Years 1 Weeks 3 Days	13 Years 1 Weeks 3 Days	0 Years 0 Weeks 0

25. Autopsy Performed	If Yes, Location
No	

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.

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.

28. Equipment Manufacturer	29. Model

30. District	32. Field Office	33. Event Number
C0300 - Morgantown District	C0305 - St. Clairsville OH Field Office	F012928

34. Accident Investigator

First Name	MI	Last Name
Nicholas	K	Blevins

35. MSHA Person Notified

First Name	MI	Last Name	Date/Time Notified
Larry		Johnson	05/19/2026 10:36 PM

36. Type of Report	37. Name of Preparer	
	Full Name	**Date Prepared**
Initial	Nicholas K Blevins	05/19/2026

38. Reason for Amendment