

# Preliminary Report of Accident

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



PR001 07/08/2026

<b>1. Accident Type</b> F - Fatal Injury		<b>2. Accident Classification</b> 17 - Machinery		<b>3. Date/Time of Accident</b> 05/20/2026 10:21 AM		<b>4. Date/Time of Death</b> 05/20/2026 10:21 AM		<b>5. Fatal Case No</b> FAI-F014C7C-1	
<b>6. Mine Information</b>									
a) Mining Company Name:		Pine Branch Mining LLC							
b) Mine Name:		Combs Branch Job							
c) Parent of Mining Company:		Sev.en Global Investments a.s.							
<b>7. Mine Location Information</b>				<b>8. Mine ID Number</b>		<b>9. Union</b>			
a) City Chavies		b) County Perry		c) State KY		15-16883		No	
<b>10. Primary Mineral Mined</b> Bituminous				<b>11. Number of Employees</b>		c) Open Pit/Quarry		d) Mill/Prep Plant	
				a) Total 22		22		0	
b) Underground 0		e) Other 0							
<b>12. Contractor Name</b> Boyd Company						<b>13. Contractor Union</b> No		<b>14. Contractor ID Number</b> C1571	
<b>15. Contractor Address</b>									
a) City Louisville		b) County		c) State KY		d) Zip Code 40223			
<b>16. Number of Contractor Employees</b>									
a) Total 2		b) Underground 0		c) Open Pit/Quarry 0		d) Mill/Prep Plant 0		e) Other 2	
<b>17. Number of Persons in Mine at Time of Accident</b>					<b>18. Number of Persons Unaccounted for</b>				
a) Mine Employees 11		b) Contractor Employees 2			a) Mine Employees 0		b) Contractor Employees		
<b>19. Accident Location</b> 03 - Open Pit								<b>20. Mining Height</b> 3 Feet 4 Inches	
<b>21. Nonfatal Injuries</b> 0		<b>22. Fatal Injuries</b> 1							
<b>23. Victims Information</b>									
[Redacted Victim Information]									
a) First Name Preston		a) MI B	a) Last Name Pollard		b) Age 25	c) Regular Job Title Mechanic-Field Tech		d) Activity at Time of Accident Removing counter weight-CAT 992G Loader	
Employee Contractor Employee									
<b>24. Mining Experience</b>									
a) Total Experience 6 Years Weeks Days		b) Experience at the Mine 0 Years 4 Weeks 0 Days			c) Experience at the Activity at the Time of the Accident 1 Years Weeks Days			d) Experience with Contractor 6 Years Weeks	
<b>25. Autopsy Performed</b> Yes			If Yes, Location Frankfort, KY						
<b>26. Mine Telephone No.</b> (606) 438-1683									
<b>27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)</b> A contract miner died after the counterweight of a front-end loader fell on 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>									
<b>28. Equipment Manufacturer</b> Caterpillar					<b>29. Model</b> 992G				
<b>30. District</b> C0700 - Barbourville District					<b>32. Field Office</b> C0704 - Hazard KY Field Office			<b>33. Event Number</b> F014C7C	
<b>34. Accident Investigator</b>									
First Name Jeffrey		MI D	Last Name Brock						
<b>35. MSHA Person Notified</b>									
First Name Renee		MI	Last Name Hinkle			Date/Time Notified 05/20/2026 10:54 AM			
<b>36. Type of Report</b> Initial		<b>37. Name of Preparer</b> Full Name Jeffrey D Brock			Date Prepared 05/21/2026				
<b>38. Reason for Amendment</b>									