## PR001 30-Dec-14

## **Preliminary Report of Accident**

## U.S. Department of Labor

Mine Safety and Health Administration



1. Accident Type:	Accident Type: 2. Accident Classification				3, Date/Time	3. Date/Time of Accident 4. Date/I			5. Fatal Case No	
Fatal Injury	Fatal Injury Other Accident				04/18/20	04/18/2014 05:30 AM 04/18/2014			16	
6. Mine Information		<del></del>	. ,	•	<u>, I., and and and and and and and and and and</u>			······································	<u> </u>	
a) Mining Company Name b) Mine Name						c) Parent of Mining Company				
Law River Company, LLC Crown Hill Dock						LW Hamilton; Warren Hylton				
7. Mine Location : a) City b) Cour				ounty	c) State 8. Mine ID			Number: -9. Union:		
Hansford			Kanawha	1	WV	WV 4		2	NO	
10. Primary Minera	al Mined:	11.1	Number of Mine	•	b) Underground	c) Open Pit	(Quarry d	Mill/Prep Plant	e) Other	
BITUMINOUS			Employees:	6	0		0	0	0	
12, Contractor Name:  Allied Security						13. Union 14. Contractor ID Numb NO J1M				
15, Contractor Add		itv			b) County		c) State		p Code	
	Dunbar	,		K	anawha		WV		064	
16, Number of Con-		a) Tota	nl b)	Undergroun		en Pit/Quarry		Prep Plant	e) Other	
	,,,	, - 0.,	,	0	, -, -, -, -, -, -, -, -, -, -, -, -,	0	<b>,</b>	0	0	
17. Number of Pers	ons in Mine at Time of	Accident:	·.		18. Number	of Persons Unac	counted For:		***************************************	
a) Mine Employees	: 0	b) Cont	ractor Employe	es; 1	a) Mine I	Employees:	0 b)	Contractor Emp	oloyees: 0	
19) Location of Acc	I <sup>-</sup>			[]					20. Mining Height	
1 01-Undergrou	-	03-Oper	*		ance Mining	30-Mill/Prep	\	Other (specify)	Feet Inches	
02-Surface at			ge Mining	U 08-Retr	eat Mining	X 99-Office Fa	cility		0 0	
21, Nonfatal Injurie	222	. Fatal Inju	ries: 1					,		
23. Victim Informa	tion :	a) Nam	e		b) Age					
	To	mmy E. I	Reynolds		58					
c) Regular Job Title			d) Activity	y at Time of A						
Security	· · · · · · · · · · · · · · · · · · ·				Security		·····		ontractor Employe	
24. Experience :	Years Weeks Days	15	Years We	. *		Years Weel	Ĭ.		Years Weeks Days	
a) Total:	12 0 0 med: If Yes, Loc	b) at the r	nine: 12 (	) 0 0	at activity (23d)	12 0	0 d) w	ith Contractor	12 0 0	
	arleston, WV State I		xaminer				1	04) 595-1452		
	Accident (include equipn			ion in the mi	na and status of w	ecus and recover	<u>-1</u>			
•	1, a security guard o		-		•		•	w diversion di	tch at the base of	
berm along a roa	adway. He was four	nd with his	face submer	ged in appi	oximately 12 in					
"Drowning" and	that a contributory c	ondition w	as "marked a	Icohol intox	dication."					
A request for de	termination of charg	eability wa	as submitted t	o the Agen	icy's Review Co	mmittee on Ju	ine 11, 2014.	The case was	not determined to	
	December 22, 2014									
	•									
The information or	ovided in this notice is b	ased on neo	liminary data O	NLV and doe	s not represent fin	al determinations	recarding the no	ture of the incide	ent or conclusions	
regarding the cause			istimian į datai O	1121 1110 1100						
28. Equipment Mar	nufacturer;					29. Model:				
30, District: 32, Field Office;							33 1	vent Number:		
C0400 Mt. Hope			DE, FRIG OIII		Carbon WV	bon WV		6302681		
34. Accident Invest	igator:		<u> </u>	35, MSHA	Person Notified;		I	Date	Time	
Andrew J. Se	edlock			Roy	Baker		04/	18/2014	06:13 A	
36, Type of Report	:	37. Na	me of Preparer	and Date Pre	pared:			Date		
Amended				Thomas C	C. Clark			12/30/2014		
38. Reason For Am										
The case was	not determined to b	e chargea	ble until Dece	mber 22, 2	2014.					