

Preliminary Report of Accident U. S. Department of Labor
Mine Safety and Health Administration



1. Accident Type Fatal Injury		2. Accident Classification Powered Haulage		3. Date/Time of Accident 12/08/2015 @07:53		a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>		4. Date/Time of Death 12/08/2015@07:53		a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>		5. Fatal Case 11	
6. Mine Information: a) Mining Company Name: M-Class Mining, LLC b) Mine Name: MC #1 c) Parent of Mining Company: Coalfield Transport Inc; Foresight Energy/Murray Energy													
7. Mine Location information:		a) City Macedonia		b) County Franklin		c) State IL		8. Mine ID Number 11-03189		9. Union Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
10. Primary Mineral Mined Bituminous Coal Underground		11. Number of Employees		a) Total 401		b) Underground 323		c) Open Pit or Quarry		d) Mill/Prep Plant		e) Other	
12. Contractor Name:				13. Union		Yes <input type="checkbox"/> No <input type="checkbox"/>		14. Contractor ID Number					
15. Contractor Address:				a) City/Town		b) County		c) State		d) Zip Code			
16. Number of Contractor Employees				a) Total		b) Underground		c) Open Pit or 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 96							b) Contractor Employees						
19. Mark Code which best describes where accident occurred:												20. Mining Height	
<input checked="" type="checkbox"/> 01 - Underground		<input type="checkbox"/> 03 - Open Pit Mine		<input type="checkbox"/> 07 - Advance Mining		<input type="checkbox"/> 30 - Mill/Prep Plant							
<input type="checkbox"/> 02 - Surface at Underground		<input type="checkbox"/> 06 - Dredge Mining		<input type="checkbox"/> 08 - Retreat Mining		<input type="checkbox"/> 99 - Office Facility							
Other(specify)													
21. Number of Nonfatal Injuries or Illnesses 0				22. Number of Fatal Injuries 1									
23. Victim Information: a) Name Tyler D. Rath b) Age 20													
c) Regular Job Title Supplyman								d) Activity at time of Accident Supplyman				e) <input checked="" type="checkbox"/> Mine Employee <input type="checkbox"/> Contractor Employee	
24. Mining Experience				a) Total Experience 2 yrs. 0 wks. 6 days		b) Experience at the Mine 1 yr. 27 wks. 1 day		c) Experience at the Activity at the time of the Accident 1 yr. 11 wks 1 day		d) Experience with Contractor			
25. Autopsy Performed				If Yes, Location Franklin County Hospital, Benton, IL				26. Mine Telephone No. 618-435-2491					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
27. Description of Accident: (include equipment involved, the exact location in the mine of the fatality, and status of rescue and recovery operations, if (if additional space is needed; use continuation or reverse side of form)													

At approximately 7:53 pm CST on December 8, 2015, a 20-year-old supplyman was fatally injured while hauling a longwall face conveyor chain on a shield trailer pulled by a diesel tractor down a 9 (nine) degree slope haulage/belt travelway that was approximately 2,900 ft. long. The victim was unable to negotiate the left turn at the crosscut at the bottom of the slope and impacted the coal rib. The 5th wheel trailer connection on the tractor broke on impact and the trailer traveled over the tractor and sheared off the canopy of the operator's compartment. The victim received fatal blunt force injuries.

The information provided in this notice is based on preliminary data ONLY and does not represent final determinations regarding the nature of the incident or conclusions regarding the cause of the fatality. (continued)

28. Equipment Manufacturer Fletcher				29. Model 3885AD							
30. District 0800		31. Subdistrict		32. Field Office Marion		33. Event Number 4254494					
34. Accident Investigator Harry Wilcox				35. MSHA Person Notified Eddie Kane		Date 12/08/2015		Time 08:39		a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	
36. <input checked="" type="checkbox"/> (a) Initial Report <input type="checkbox"/> (b) Amended Report		37. Signature Title						DATE:			
38. Reason for Amendment:											