PR001
21-Aug-14

Preliminary Report of Accident

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

1. Accident Type:	2. Accident Classification	3. Date/Time of Accident	4. Date/Time of Death	5. Fatal Case No
Fatal Injury	Electrical	08/20/2014 10:55 AM	08/20/2014 12:29 PM	09

6. Mine Information :

a) Mining Company Name	b) Mine Name	c) Parent of Mining Company
CONSOL Buchanan Mining Company LLC	Buchanan Mine #1	CONSOL Energy Inc

7. Mine Location : a) City	b) County	c) State	8. Mine ID Number:	9. Union:
Raven	Buchanan	VA	44-04856	NO

10. Primary Mineral Mined:	11. Number of Mine Employees: a) Total	b) Underground	c) Open Pit/Quarry	d) Mill/Prep Plant	e) Other
BITUMINOUS COAL UNDERGROUND	398	357		41	

12. Contractor Name:	13. 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
13	13			

17. Number of Persons in Mine at Time of Accident: a) Mine Employees:	b) Contractor Employees:	18. Number of Persons Unaccounted For: a) Mine Employees:	b) Contractor Employees:
82	13	0	0

19) Location of Accident

X 01-Underground	03-Open Pit	X 07-Advance Mining	30-Mill/Prep Plant	Other (specify)	
02-Surface at Underground	06-Dredge Mining	08-Retreat Mining	99-Office Facility		

20. Mining Height: Feet 7 Inches 9

21. Nonfatal Injuries:	22. Fatal Injuries:
0	1

23. Victim Information : a) Name	b) Age
Michael J. Justice	41

c) Regular Job Title:	d) Activity at Time of Accident:	X Mine Employee
Maintenance Supervisor	Maintenance Supervisor	

24. Experience :	Years	Weeks	Days		Years	Weeks	Days		Years	Weeks	Days		Years	Weeks	Days
a) Total:	19	3	4	b) at the mine:	4	3	4	c) at activity (23d)	2	15	0	d) with Contractor			

25. Autopsy Performed:	If Yes, Location	26. Mine Telephone No.:
YES	Richmond, VA	(276) 498-6027

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):

The victim was fatally electrocuted while troubleshooting a Fletcher DDR-15A roof bolting machine on 24 Right section. The panel cover was removed from the machine and the victim was working inside the energized panel when the accident occurred.

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 accident.

28. Equipment Manufacturer:	29. Model:
Fletcher	DDR-15A

30. District:	32. Field Office:	33. Event Number:
C0500 Norton	Vansant VA	4412976

34. Accident Investigator:	35. MSHA Person Notified:	Date	Time
Dennis A. Shortt	Scott M. Beverly	08/20/2014	11:10 A

36. Type of Report:	37. Name of Preparer and Date Prepared:	Date
Initial	Rhonda Hays	08/21/2014

38. Reason For Amendment: