

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Fall of Roof or Back		3. Date/Time of Accident 08/15/2011 05:50 AM		4. Date/Time of Death 08/15/2011 08:26 AM		5. Fatal Case No 14		
6. Mine Information :										
a) Mining Company Name Mingo Logan Coal Company			b) Mine Name Mountaineer II Mine			c) Parent of Mining Company Arch Coal Inc				
7. Mine Location :		a) City Sharples		b) County Logan		c) State WV		8. Mine ID Number: 46-09029		9. Union: NO
10. Primary Mineral Mined: BITUMINOUS COAL UNDERGROUND			11. Number of Mine Employees:		a) Total 305	b) Underground 280	c) Open Pit/Quarry		d) Mill/Prep Plant	e) Other 25
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 25		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: 69		b) Contractor Employees: 25		a) Mine Employees: 0		b) Contractor Employees: 0				
19) Location of Accident									20. Mining Height:	
<input checked="" type="checkbox"/> 01-Underground	<input type="checkbox"/> 02-Surface at Underground	<input type="checkbox"/> 03-Open Pit	<input type="checkbox"/> 04-Dredge Mining	<input type="checkbox"/> 05-Advance Mining	<input type="checkbox"/> 06-Retreat Mining	<input type="checkbox"/> 07-Office Facility	<input type="checkbox"/> 08-Mill/Prep Plant	<input type="checkbox"/> 09-Other (specify)	Feet	Inches
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	0
21. Nonfatal Injuries: 0		22. Fatal Injuries: 1								
23. Victim Information :				a) Name Charles M. Hall		b) Age 46				
c) Regular Job Title: Move Crew			d) Activity at Time of Accident: Building Cribs			<input checked="" type="checkbox"/> Mine Employee				
24. Experience :		Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days		
a) Total:		5 40 0		b) at the mine:		4 40 0		c) at activity (23d)		d) with Contractor
25. Autopsy Performed: If Yes, Location						26. Mine Telephone No.: (304) 369-7562				

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):
At approximately 5:50 a.m., on August 15, 2011, a roof fall occurred on the longwall face (009-0 Mechanized Mining Unit), which struck Charles M. Hall, move crew worker, causing fatal injuries. The victim was struck by falling rock while building a wooden crib in the face area near the No. 7 shield during a longwall equipment move.

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:		
30. District: C0400 Mt. Hope		32. Field Office: Madison WV			33. Event Number:
34. Accident Investigator: Clifford Adkins		35. MSHA Person Notified: Larry Cook		Date 08/15/2011	Time 06:33 A
36. Type of Report: Initial		37. Name of Preparer and Date Prepared: Clifford Adkins			Date 08/15/2011
38. Reason For Amendment:					