

# Preliminary Report of Accident



1. Accident Type: Fatal Injury	2. Accident Classification Machinery	3. Date/Time of Accident 11/23/2013 04:00 PM	4. Date/Time of Death 11/23/2013 04:00 PM	5. Fatal Case No 20
-----------------------------------	---	---	--	------------------------

6. Mine Information :

a) Mining Company Name American Energy Corporation	b) Mine Name Century Mine	c) Parent of Mining Company Robert E. Murray
---	------------------------------	---

7. Mine Location :	a) City Beallsville	b) County Monroe	c) State OH	8. Mine ID Number: 33-01070	9. Union: NO
--------------------	------------------------	---------------------	----------------	--------------------------------	-----------------

10. Primary Mineral Mined: BITUMINOUS COAL UNDERGROUN	11. Number of Mine Employees:	a) Total 698	b) Underground 609	c) Open Pit/Quarry	d) Mill/Prep Plant	e) Other 89
--	-------------------------------	-----------------	-----------------------	--------------------	--------------------	----------------

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
-------------------------------------	----------	----------------	--------------------	--------------------	----------

17. Number of Persons in Mine at Time of Accident:	18. Number of Persons Unaccounted For:
a) Mine Employees: 143	a) Mine Employees: 0
b) Contractor Employees: 0	b) Contractor Employees: 0

19) Location of Accident	20. Mining Height:
<input checked="" type="checkbox"/> 01-Underground	Feet Inches
<input type="checkbox"/> 02-Surface at Underground	4 6
<input type="checkbox"/> 03-Open Pit	
<input type="checkbox"/> 04-Advance Mining	
<input type="checkbox"/> 05-Mill/Prep Plant	
<input type="checkbox"/> 06-Dredge Mining	
<input checked="" type="checkbox"/> 07-Retreat Mining	
<input type="checkbox"/> 08-Office Facility	

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

23. Victim Information :	a) Name Ryan Lashley	b) Age 32
--------------------------	-------------------------	--------------

c) Regular Job Title: Shieldman	d) Activity at Time of Accident: Shieldman	<input checked="" type="checkbox"/> Mine Employee
------------------------------------	---	---

24. Experience :	Years Weeks Days	Years Weeks Days	Years Weeks Days	Years Weeks Days
a) Total:	5 2 1	b) at the mine:	5 2 1	c) at activity (23d):
				4 12 0
				d) with Contractor

25. Autopsy Performed: If Yes, Location	26. Mine Telephone No.: (740) 926-9152
---	---

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

On November 23, 2013, at approximately 4:00 p.m., a longwall shieldman with was struck by a high pressure hydraulic hose or hydraulic fluid resulting in a fatality. The accident occurred near the 144 shield on the 2 West Longwall Section. The shearer was mining towards the head and as the No. 144 shield advanced, a hydraulic hose extending from the panline to a shield control unit got caught between the pontoon and the mine floor. The victim actuated the panline push from a shield control unit and stepped over the hydraulic hose. As the panline pushed forward, it severed the hydraulic hose. A portion of the hose was caught beneath the pontoon with a 23 inch section stick out from beneath the pontoon. The end of the hose nearest the panline broke at the fitting where it was connected to the valve bank. The valve bank discharged hydraulic fluid at a high pressure, striking the victim causing fatal injuries. A miner trainee actuated the emergency stop on the longwall face and notified the headgate operator who called for emergency medical technicians (EMT's). The EMT's did not detect vital signs when they attended to the victim. The victim was transported by ambulance to Barnesville General Hospital where he was pronounced dead on arrival.

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: Lewis & Goetz	29. Model: 25 MM Hydraulic Hose
--	------------------------------------

30. District: C0300 Morgantown	32. Field Office: St. Clairsville OH	33. Event Number: 6263233
-----------------------------------	---	------------------------------

34. Accident Investigator: Frank Thomas	35. MSHA Person Notified: Richard Show [DataTrac]	Date 11/23/2013	Time 04:07 P
--	--	--------------------	-----------------

36. Type of Report: Initial	37. Name of Preparer and Date Prepared DL for Bob E. Cornett, DM <i>Bke</i>	Date 11/25/2013
--------------------------------	--	--------------------

38. Reason For Amendment:
---------------------------