Part 50 Reportable Accidents MSHA Form 7000-1

U.S. Department of Labor



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U.S. Department of Labor





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Section A—Identification Data	Approved for	Use Through December	r 31, 2004, OMB Number 1219-	0007
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Section B—Complete for Each Reportable Accide			- 1-1	
Accident Code (circle applicable code—see instructio 04 – Inundation 05 – Gas or E	•			
09 – Outburst 10 – Impound	-	•		
2. Name of Investigator 3. Date Inve	stigation Started	4. Steps Taken to	Prevent Recurrence of Accident	
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● Section C—Complete for Each Reportable Accide	nt, injury or iliness			····
5. Circle the Codes Which Best Describe Where Accider	t/Injury/Illiness Occurred (see	instructions)	J-7.2.	·····
(a) Surface Location: 02-Surface at Underground Mine	30-Mill, Preparation Plant,	tc. 03-Strip/Open Pit	Mine 04-Surface Auger Operat	ion
05-Culm Bank/Refuse Pile 06-Dredge Mining 12-	-Other Surface Mining 17-In	dependent Shops (with	own MSHA ID) 99-Office Facili	ties
(b) Underground Location: 01-Vertical Shaft 02-Slop	e/Inclined Shaft 03-Face	14 Intersection 05-L	Inderground Shop/Office 06-O	ther
(c) Underground Mining Method: 01-Longwall 02-Sho	twall 03-Conventional Stopin	ig 6 Continuous Minir	ng 06-Hand 07-Caving 08-O	ther
6. Date of Accident 7. Time of Accider	at 8. Time S	nift Started		
Month Day Year	□ am	⊿am		7
12 05 05	pm 6	90		8
9. Describe Fully the Conditions Contributing to the Acci				
An Unintentional roof Sall was				
in the "& Entry & Blocks in by	spad station "	8997 The fal	1 Measured	
18'W X 7'14'gh x 19' Long	· · · · · · · · · · · · · · · · · · ·	······································		
		***************************************	water the control of	
10. Equipment Involved Type	Manufacti	ırer	Model Number	10
NOTE NIA	NIA		WIA	Man
11. Name of Witness to Accident/Injury/Illness	12. Numb	er of Reportable Injuries es Pesula g from This	or	
13. Name of Injured/III Employee	14. Sex		15. Date of Birth	12
	, A	fale	Month Day Yea	
N/A		emale	10/14	16
16. Last Four Digits of Social 17. Regular Job Titl Security Number		neck if this [] jury/Illness	19. Check if this Injury/Illness resulted in permanent disa	hility 17
NIA		sulted in death.	include amputation, loss o إلى ال	fuse, ———
20. What Directly Inflicted Injury or Illness?	<u>////</u> 4	n of Jaluary or Honor	permanent total disability	20
20. What Directly innected injury or limess?	21. Natur	e of Injury or Illness		21
22. Part of Body Injured 23. Occupational Illness	(circle Applicable code-see i		21-Occupational Skin Dise	eases 22
or Affected 22-Dust Diseases of		Conditions (toxic agen	ts) 24-Poisoning (toxic materi	als) 24
#3 / // SE Dispersors / obvinis	al agents) 26 (septiment)	repeated trauma)	29-Other	
N//4 25-Disorders (physic	ar agomo, zo popujo		***	
24. Employee's Work Activity When	Experience	Years	Weeks	
~~~~~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>			Weeks For Official	Use Only
24. Employee's Work Activity When	Experience	Title		Ш <b>sa</b> Only
24. Employee's Work Activity When	Experience 25. Experience in This Job	Title	Design Type	Lise pniy
24. Employee's Work Activity When Injury or Illness Occurred  N  Section D—Return to Duty Information	Experience 25. Experience in This Jot 26. Experience at This Mir 27. Total Mining Experience	Title	Design Type Acciden Type Acciden Class	
24. Employee's Work Activity When Injury or Illness Occurred  Section D—Return to Duty Information  28. Permanently Transferred or 29. Date Ret	Experience  25. Experience in This Jot  26. Experience at This Mir  27. Total Mining Experienc  Answ  urned to Regular Job  30. Nu	e /// e /// e /// e /// e /// e /// er 30 & 31 when case mber of Days 31. Numb	Description Type Accident Type Accident Class For Official Accident Type Accident Class Someoned Char	
24. Employee's Work Activity When Injury or Illness Occurred  Section D—Return to Duty Information  28. Permanently Transferred or 29. Date Ret	Experience  25. Experience in This Jot  26. Experience at This Mir  27. Total Mining Experience  Answ  urned to Regular Job  spacity (or item 28)	e /// e // e /// e //	For Official Design Type Acciden Type Acciden Type Acciden Class Scheduled Char Kenner	
24. Employee's Work Activity When Injury or Illness Occurred  Section D—Return to Duty Information  28. Permanently Transferred or Terminated (if checked, complete items 29, 20, 8, 31)	Experience  25. Experience in This Jot  26. Experience at This Mir  27. Total Mining Experience  Answ  urned to Regular Job spacity (or item 28)  30. Nu Aw	e /// e // e /// e //	Description Type Accident Type Accident Class For Official Accident Type Accident Class Someoned Char	ge
24. Employee's Work Activity When Injury or Illness Occurred  Section D—Return to Duty Information  28. Permanently Transferred or Terminated (if checked, complete items 29, 20, 8, 31)	Experience  25. Experience in This Jot  26. Experience at This Mir  27. Total Mining Experience  Answ  urned to Regular Job  spacity (or item 28)	e /// e // e /// e //	is closed er of Days ched Work (if none, but the control of the co	ge
24. Employee's Work Activity When Injury or Illness Occurred  Section D—Return to Duty Information  28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31)  W//A  Person Completing Form (name)  Lames A. Schoonover	Experience  25. Experience in This Jot  26. Experience at This Mir  27. Total Mining Experience  Answ  urned to Regular Job  pacity (or item 28)  Day  Year  (if	e /// e // e /// e //	is closed er of Days ched Work (if none, but the control of the co	ge
24. Employee's Work Activity When Injury or Illness Occurred  Section D—Return to Duty Information  28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31)  Month  Person Completing Form (name)	Experience  25. Experience in This Jot  26. Experience at This Mir  27. Total Mining Experience  Answ  Irned to Regular Job  Ipacity (or item 28)  Day  Title  Sefety Dept  Area Code and Phone Num	e e er 30 & 31 when case mber of Days 31. Numb Activity Activity experiences.	is closed er of Days ched Work (if none, but the control of the co	ge
24. Employee's Work Activity When Injury or Illness Occurred  Section D—Return to Duty Information  28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31)  W//A  Person Completing Form (name)  Lames A. Schoonover	Experience  25. Experience in This Jot  26. Experience at This Mir  27. Total Mining Experienc  Answ  arned to Regular Job  apacity (or item 28)  Day  Title  Safety Dept	e e er 30 & 31 when case mber of Days 31. Numb Activity Activity experiences.	is closed er of Days ched Work (if none, but the control of the co	ge

### U.S. Department of Labor

Mine Safety and Health Administration

Page 2 MAIL THIS COPY TO YOUR LOCAL MSHA DISTRICT OFFICE.



Section A—Identification Data	Арр	roved for Use Through	December 31, 2004	I, OMB Number 1219-0007	
MSHA ID Number Contractor ID	Report Category		1	Check here if report pertains to contractor.	
46-08791	Metal/Nonmetal Mining	Coal Mi	ning	postanto to constactor.	
tine Name	Company I				
SAGO Section B—Complete for Each Repo		n. n.q. Co. Tuc.			
. Accident Code (circle applicable code—	see instructions) 01	- Death 02	! – Serious Injury ' – Explosives	03 – Entrapment Roof Fall	
			? - Offsite Injury		
Name of Investigator	3. Date Investigation Started  Month Day Year	,		Recurrence of Accident	
6	11 27 2005	Add, tionals	appost in the	e area	
Section C—Complete for Each Repor	table Accident, Injury or Illness				
. Circle the Codes Which Best Describe V a) Surface Location: 02-Surface at Und	* *	•	Open Pit Mine 04-	-Surface Auger Operation	
05-Culm Bank/Refuse Pile 06-Dredg	• •	,	•	• ,	
o) Underground Location: 01-Vertical St	naft 02-Slope/Inclined Shaft 03	Face 04 Intersection	n 05-Undergroui	nd Shop/Office 06-Other	
e) Underground Mining Method: 01-Long					
. Date of Accident 7. Ti	me of Accident 8	. Time Shift Started	······		
Month Day Year	□ am	m., 1	] am		7
	1:00 Em	100	] pm		8
Describe Fully the Conditions Contribution				# >	
An Unatational Roof Co					
37 Block, Return. Th			18 wide	Localed @ Spad 37	61
Torque tension 5' fods u				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-
		all was investig	uted if	Ь	N) production of the control of the
0. Equipment Involved	Type N	lanufacturer	Mo	del Number	1(
• •	4	WIA		NIA	Ma
1. Name of Witness to Accident/Injury/Illi	nes <b>\$</b>	2. Number of Reportab	le Injuries or	.1	
3. Name of Injured/III Employee		Illnesses Resulting f			
3. Name of Injured/III Employee	1	4. Sex		Date of Birth	
N/A		Male Female	14	onth Day Year	11
Last Four Digits of Social 17. R     Security Number	egular Job Title	18. Check if this Injury/Illness		ck if this injury/Illness Ited in permanent disability	17
AILA	11/A	resulted in death	incli)ر آرام	ude amputation, loss of use,	11
What Directly Inflicted Injury or Illness?	· · · · · · · · · · · · · · · · · · ·	1. Nature of Injury or II		rmanent total disability).	21
N/14	*	1) IA	11633		2
2. Part of Body Injured 23. Occupi	ational Illness (circle Applicable cod	le-see instructions)	21-4	Occupational Skin Diseases	2:
4 .		espiratory Conditions (t	oxic agents) 24-l	Poisoning (toxic materials)	2
	orders (physical agents) 26-D	isorders (repeated trau	na) 29⊣	Other	
Employee's Work Activity When Injury or Illness Occurred	Experience		Years Weeks		
#	25. Experience in	This Job Title		For Official Use O	ınly
11/1	26. Experience at	This Mine	NIX	Deglée	
NIF	27. Total Mining E	xperience	11	A GIGANT Type	j
Section D—Return to Duty Information	on	Answer 30 & 31 wh	en case is closed	A Control Class	
28. Permanently Transferred or Terminated (if checked,	29. Date Returned to Regular Job at Full Capacity (or item 28)	30. Number of Days			
complete items 29, 30, & 31)	Month Day Year	Away from Work (if none, enter 0)	Restricted Work Activity (if none,	Z C	
1)1/A	NA	NIA	enter 0	<u> </u>	
	1 /17 1			J   1461	
erson Completing Form (name)	Title	•			
	· -	ept			
erson Completing Form (name)  Sames A. Schoonover ate This Report Prepared (month, day, you	Safety K	e t one Number		1 1 () 1	

### B

### Mine Accident, Injury and Illness Report

### U.S. Department of Labor



Section A—Identification Data	Appr	oved for Use Through	December 31, 20	004, OMB Number 1219-0007	·
MSHA ID Number Contractor ID Repo	ort Category			Check here if report	
46-08791 DM	etal/Nonmetal Mining	☐ €6al M	lining	pertains to contractor.	
Mine Name	Company N				
SAGO ■ Section B—Complete for Each Reportable Acci		V.n.ingCo In I	<u>*</u>		
Accident Code (circle applicable code—see instruc			2 - Serious Injury	03 - Entrapment	
,	•		7 - Explosives	08)- Roof Fall	
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2 – Offsite Injury	***************************************	
	nvestigation Started	4. Step	s Taken to Preven	t Recurrence of Accident	
Month //	Day Year	Additional:	te annet eat	Lakier	
Section C—Complete for Each Reportable Acci	dent, Injury or Illness	THE CONTRACT OF	a por mi	AE MITELA	
5. Circle the Codes Which Best Describe Where Accidentation		red (see instructions)			
(a) Surface Location: 02-Surface at Underground N			Open Pit Mine (04-Surface Auger Operation	
05-Culm Bank/Refuse Pile 06-Dredge Mining	12-Other Surface Mining	17-Independent Si	nops (with own MS	SHA ID) 99-Office Facilities	
(b) Underground Location: 01-Vertical Shaft 02-S	Slope/Inclined Shaft 03-	-Face 04 ntersect	ion 05Undergro	ound Shop/Office 06-Other	
(c) Underground Mining Method: 01-Longwall 02-S	hortwall 03-Conventiona	al Stoping 05 Contir	uous Mining 06-	Hand 07-Caving 08-Other	
6. Date of Accident 7. Time of Acci	dent 8.	Time Shift Started			
Month Day Year	am	أر برروسو	Z am		7
11 27 2005 12:30	Diff.	7:00	pm		88
9. Describe Fully the Conditions Contributing to the A An Uniatentional Roof fall was	ccident/Injury/Illness, an discovered on			#4 Entry (Return	. γ
@ 39 Bleck, sped station # 378	1 The Coll	THE NOITE	High 2		y .
	ed in this area.		- 2.3K, 20	July Long	
7		Fall was In	vestigated b	11/ 6	7
				7 *	Western P.
10. Equipment Involved Type	M	anufacturer	!	Model Number	10
11. Name of Witness to Accident/Injury/Illness	12	2. Number of Reporta	ble Injuries or	10 / AT	Man
none		Illnesses Resulting	•	nce	
13. Name of Injured/III Employee	14	. Sex	1	5. Date of Birth	12
n/I A	AL D	☐ Male 4 ☐ Female	111111111111111111111111111111111111111	Month Day Year	14
16. Last Four Digits of Social 17. Regular Job	Title \(\int\)	18. Check if this		neck if this Injury/Illness	17
Security Number	<u> </u>	Injury/Illness resulted in deal	re	sulted in permanent disability is include amputation, loss of use,	18
N/A	·	1/4		permanent total disability).	19
20. What Directly Inflicted Injury or Illness?	2	Nature of Injury or	lliness		20 21
22. Part of Body Injured 23. Occupational Illne	ess (circle Applicable code	see instructions)	2:	I-Occupational Skin Diseases	22
or Affected 22-Dust Diseases		spiratory Conditions		4-Poisoning (toxic materials)	24
25-Disorders (phy	ysical agents) 29-Dis	ers (repeated trai	ıma) 29	Other	
24. Employeé's Work Activity When injury or Illness Occurred	Experience		Years Week	s	
,,	25. Experience in ¹	This Job Title		FOF OFFICIALLY SE OF	7
11/1	26. Experience at		N/K	<u> Tegree</u>	
NIT	27. Total Mining Ex	1		Accident Type	
Section D—Return to Duty Information 28. Permanently Transferred or 29. Date F	Returned to Regular Job	Answer 30 & 31 w		S dulad Shares	
Terminated (if checked, at Full	Capacity (or item 28)	30. Number of Days Away from Work	Restricted Wo		
complete items 29, 30, & 31) Mor	4 1 1371	(if none, epter 0)	Activity (if non enter 0)		
Person Completion Form (name)	N /FT	I NIH	1100 110/14		
Person Completing Form (name)	Title	2 1			
Date This Report Prepared (month, day, year)	Area Code and Pho				+
12/1/05	304-473-1				
MSHX Form 7000-1, Feb 00 (Revised)	A DICTRICT CETICS	•			
Page 2 MAIL THIS COPY TO YOUR LOCAL MSH.				T. Control of the con	



Mine Safety and Health Administration

Page 2 MAIL THIS COPY TO YOUR LOCAL MSHA DISTRICT OFFICE.



● Section A—Identification	Data	Approved for Use Thro	ough December 31, 200	4, OMB Number 1219-0007	
MSHA ID Number Contr	actor ID Report Category			Check here if report pertains to contractor.	
46-08791	Metai/Nonme		al Mining	pertains to contractor.	
Mine Name SAGO	Λ.,	Company Name Kel W U Mining!	Tien		
	Each Reportable Accident Imme		o Luc.		
Accident Code (circle application	dation 05 - Gas or Dust Igniti		02 - Serious Injury 07 - Explosives	03 - Entrapment 08 Roof Fall	
09 - Outl 2. Name of Investigator	, , , , , , , , , , , , , , , , , , ,		12 - Offsite Injury Steps Taken to Prevent I	Popuroppo of Appidont	
2. Name of filvestigator	3. Date Investigation Month Day		Tunnel Liner		
Section C—Complete for	Each Reportable Accident, Injury	or lliness	TOTAL SUPPOR	I IN THE ATEU	
	et Describe Where Accident/Injury/	·····	ine)		
	rface at Underground Mine 30-Mi			-Surface Auger Operation	
	e 06-Dredge Mining 12-Other S	•		• ,	
	1-Vertical Shaft 02-Slope/Incline				
(c) Underground Mining Metho	od: 01-Longwall 02-Shortwall 03	-Conventional Stoping 05-Co	ntinuous Mining 06-Ha	and 07-Caving 08-Other	
6. Date of Accident	7. Time of Accident	8. Time Shift Started	<u> </u>	***	
Month Day Year	☐ am	or third states	Dam		7
11 25 05	845 pm	/ * **	D pm		8
	ns Contributing to the Accident/Inju				1
An uninternal ru	10 (Sall Was discour	measured 40' Loca	east plains, #	6 Entry (Track	/
1 Breaking spa	d 3919 this Fall	Meusused 40' Loss	1 x 20 w.de x	7 High Torque	
tension 5' rods w	erc used in this area.			· · · · · · · · · · · · · · · · · · ·	1
		Fall has been Inve	tigated by	. 6	
10. Equipment Involved	Туре	Manufacturer		odel Number	10
NONE	MA	NIA		11/14	Man
11. Name of Witness to Accide	ent/Injury/Illness	12. Number of Repo			
None_			ing from This Occurrence		
13. Name of Injured/III Employ	/ee	14. Sex	_	Date of Birth	12
N/H		////A□ Female		lonth Day Year	14
16. Last Four Digits of Social Security Number	17. Regular Job Title	18. Check if this Injury/Illnes		ck if this injury/Illness Ited in permanent disability	17 18
z 1)/14	A)//A	resulted in c	incl	ude amputation, loss of use, ermanent total disability).	19
20. What Directly Inflicted Injur	y or Illness?	21. Nature of Injury		The state of the s	20
NIA	·	NIV	4		21
22. Part of Body Injured or Affected	23. Occupational Illness (circle Ap	•	•	Occupational Skin Diseases	22
N/H	22-Dust Diseases of the Lung 25-Disorders (physical agents)- —- ····p···/,···	, • ,	Poisoning (toxic materials) Other	24
 Employee's Work Activity Value Injury or Illness Occurred 	Vhen Expe	rience	Years Weeks		
	25. E	xperience in This Job Title	111	FOR CHIROLOGICAL LIST CO	ا بربرو
NIA	26. E	xperience at This Mine	- N//-	Dedies	
10/1		tal Mining Experience		A cquern Type	1
Section D—Return to Dut			1 when case is closed	Acodent Class	
28. Permanently Transferre Terminated (if checked	at Full Capacity (or		ays 31. Number of Days ork Restricted Work		
complete items 29, 80,	& 31) Month Day,	//Year (if none, ente		non L	
N//+		NA	enter 0)		
Person Completing Form (nan	•				
James A. Sch	conouer SA	lety Kept			
Date This Report Prepared (m		ode and Phone Number			
MSH4 Farm 7000-1 Feb 00 (Dovingd)	773 1019			

U.S. Department of Labor



MSHA ID Number Contractor ID		Appr	roved for Use Throug	h December 31, 2004	, OMB Number 1219-0007	
	Report Cate				Check here if report	
111 06761	-	Ionmetal Mining	J Coal M		pertains to contractor.	
46-08791 Mine Name		Company N		minig		
5AG0	Anti	, ,	Laure Co. I	-a,~		
Section B—Complete for Each Report				- //-		
1. Accident Code (circle applicable code—s				02 - Serious Injury	03 - Entrapment	
, , ,)5 - Gas or Dust			07 - Explosives	08 - Roof Fall	
	0 – Impounding	-		12 – Offsite Injury		
2. Name of Investigator	3. Date Investig	gation Started	4. Ster	ps Taken to Prevent F	lecurrence of Accident	
	Month Day	Year				
● Section C—Complete for Each Report						
5. Circle the Codes Which Best Describe W	here Accident/In	njury/Illness Occur	red (see instructions))		
(a) Surface Location: 02-Surface at Unde	rground Mine 3	30-Mill, Preparation	n Plant,etc. 03-Strip	Open Pit Mine 04-	Surface Auger Operation	
05-Culm Bank/Refuse Pile 06-Dredge	∍ Mining 12-Ot	her Surface Mining	j 17-Independent S	hops (with own MSH	A ID) 99-Office Facilities	
(b) Underground Location: 01-Vertical Sh	aft 02-Slope/i	nclined Shaft (03	Face 04-Intersect	tion 05-Undergrour	id Shop/Office 06-Other	
(c) Underground Mining Method: 01-Longs						
	ne of Accident	 .		·····		
	ne or accident	o. Tam	Time Shift Started	□ am	Address	
	?:15 t	pm	2:30	D bw □ a	чарам	
9. Describe Fully the Conditions Contributin		F-1				
and the second s	-		•	•	44 . 4 . 4 . 4 . 4 . 4	
Tojuced was pulling me		AS C. M.O.	was backing	Continuous	MINER OUT SE	
cut when a coal rib fell	51 LKINGL	ے کی	<u>.</u>			
						
	Туре	M	anufacturer	Мо	del Number	10
none	MA		MA		NIH	Man
11. Name of Witness to Accident/Injury/Illn	ess	7.	2. Number of Reports	able Injuries or I from This Occurrenc	<u> </u>	
13. Name of Injured/III Employee		1.	4. Sex		Date of Birth	
10. Hamo of Highest in Employee			F. OCX	p		12
· / -		A STATE OF THE STA	6 1	Livi	onth Day Year	16
	gular Job Title			[] 19 Chec		
16 Last Four Digits of SociaLJ ""17 Po	gum ovo me				le if this toises / Ethoop	
16. Last Four Digits of Social 17. Re Security Number	-1	L] 18. Check if this Injury/Illness		k if this Injury/Illness ted in permanent disability	17
	- Constitution of the Cons	L.		resul th. (inclu	ted in permanent disability de amputation, loss of use,	17 18
Security Number	- 1	<u></u>	Injury/Illness resulted in dea	resul th. (inclu & pe	ted in permanent disability 📉	17 18 19
Security Number L L Security Number L Sec	_		Injury/Illness resulted in dea 1. Nature of Injury or	resul th. (inclu & per Illiness	ted in permanent disability de amputation, loss of use,	17 18 19 20
Security Number L L L L L L L L L L L L L	tional Illness (cir		Injury/Illness resulted in dea 1. Nature of Injury or Struck-be	resul (inclu & per Illness	ted in permanent disability ude amputation, loss of use, rmanent total disability).	17 18 19 20 21
Security Number Lownar Directly Inflicted Injury or Illness? Coal Rib 22. Part of Body Injured 23. Occupa		cle Applicable code	Injury/Illness resulted in dea 1. Nature of Injury or Struck-bee-see instructions)	resul (inclu & per Illness	ted in permanent disability ide amputation, loss of use, rmanent total disability).	17 18 19 20 21 22
Security Number Lownar Directly Inflicted Injury or Illness? Coal Rib 22. Part of Body Injured 23. Occupa or Affected 22-Dus	tional Illness (cir t Diseases of the orders (physical	cle Applicable code Lungs 23-Re	Injury/Illness resulted in dea 1. Nature of Injury or Struck-bee-see instructions) / espiratory Conditions	resul (inclu & per Illiness 21–0 (toxic agents) 24–F	ted in permanent disability ude amputation, loss of use, rmanent total disability).	17 18 19 20 21
Security Number Low What Directly Inflicted Injury or Illness? Coal P.b 22. Part of Body Injured 23, Occupa or Affected 22–Dus 6 25–Disc	t Diseases of the	cle Applicable code Lungs 23-Re agents) 26-Dis	Injury/Illness resulted in dea 1. Nature of Injury or Struck-bee-see instructions)	resul (inclu & pe. Illness (toxic agents) 24–F uma) 29–C	ted in permanent disability ide amputation, loss of use, rmanent total disability). Decupational Skin Diseases Poisoning (toxic materials)	17 18 19 20 21 22
Security Number Low Precity Inflicted Injury or Illness? Coal P. Low Precity Inflicted Injury or Illness? 22. Part of Body Injured or Affected 22-Dus	t Diseases of the orders (physical a	cle Applicable code e Lungs 23-Re agents) 26-Dis Experience	Injury/Illness resulted in dea 1. Nature of Injury or Struck-beese instructions) / espiratory Conditions sorders (repeated trains)	resul (inclu & per Illiness 21–0 (toxic agents) 24–F	ted in permanent disability ide amputation, loss of use, rmanent total disability). Decupational Skin Diseases Poisoning (toxic materials) Other	17 18 19 20 21 22 24
Security Number Coal Pib 22. Part of Body Injured or Affected 22-Dus 24. Employee Work Activity When	t Diseases of the orders (physical a	cle Applicable code e Lungs 23-Re agents) 26-Dis Experience 25. Experience in	Injury/Illness resulted in dea 1. Nature of Injury or Struck-bee-see instructions) / espiratory Conditions sorders (repeated training Job Title	th. resul (inclustre per lines for the per lines	ted in permanent disability de amputation, loss of use, rmanent total disability). Decupational Skin Diseases Poisoning (toxic materials) Other	17 18 19 20 21 22 24
Security Number Coal Rib 22. Part of Body Injured 23. Occupa or Affected 22–Dus 25–Discus 24. Employee Work Activity When Injury or Illness Occurred	t Diseases of the orders (physical a	cle Applicable code e Lungs 23-Re agents) 26-Dis Experience	Injury/Illness resulted in dea 1. Nature of Injury or Struck-bee-see instructions) / espiratory Conditions sorders (repeated training Job Title	resul (inclu & pe. Illness (toxic agents) 24–F uma) 29–C	ted in permanent disability de amputation, loss of use, rmanent total disability). Decupational Skin Diseases Poisoning (toxic materials) Other	17 18 19 20 21 22 24
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U.S. Department of Labor



Section A—Identification Dat	ta	Approved for Use Through	n December 31, 2004, O	MB Number 1219-0007	
MSHA ID Number Contracto	or ID Report Category			Check here if report pertains to contractor.	
46-08791	Metal/Nonmeta	al Mining Coal N	Mining 1	Jerians to contractor.	
Mine Name	4	Company Name	1 7		
SAGO Complete for Each	ch Reportable Accident Immed		OINC.		
Accident Code (circle applicable			02 - Serious Injury	03 - Entrapment	
1. Accident Code (circle applicable 04 – Inundatio	•		07 - Explosives	Roof Fall	
09 - Outburs	•		12 - Offsite Injury		
2. Name of Investigator	3. Date Investigation S	started 4. Step	os Taken to Prevent Recu	rrence of Accident	
6 I		Year 2005 Set	Floor to Post	Support	
● Section C—Complete for Eac		or lilness			
5. Circle the Codes Which Best De	escribe Where Accident/Injury/III	ness Occurred (see instructions)			
(a) Surface Location: 02-Surface	e at Underground Mine 30-Mill,	Preparation Plant, etc. 03-Strip	/Open Pit Mine 04-Sur	rface Auger Operation	
	06-Dredge Mining 12-Other Su				
(b) Underground Location: 01-Vi					
(c) Underground Mining Method:	01-Longwall 02-Shortwall 03-	Conventional Stoping 05-Contil	nuous Mining 06-Hand	07-Caving 08-Other	
6. Date of Accident	7. Time of Accident	8. Time Shift Started			
Month Day Year	am		Z am		7
10 26 2005	12:30 Pm	600	pm		8
Describe Fully the Conditions C				War ta a	
_	roof fall was d.			^	
	Astation # 3762	, , , , , , , , , , , , , , , , , , , ,			
5' 4 x 30' Long x 18'		as Supported with	3 Torque 1	cusion bolts,	
Guers, 2 e bearing	pietes (8.18") 4	ndwas develop	ea 5.51-01		
10. Equipment Involved	Type W/A	Manufacturer	Model	Number	10 Man
	WA	W/A-	W/-	' 1	10 Man
11. Name of Witness to Accident/	M/A Injury/Illness	W/A- 12. Number of Report Illnesses Refultife	whether the state of the state		Man
11. Name of Witness to Accident/	M/A Injury/Illness	12. Number of Reports Illnesses Refulting 14. Sex	able Injuries or From This Occurrence	te of Birth	Man 12
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11. Name of Witness to Accident/ 13. Name of Injured/Ill'Employee MA 16. Last Four Digits of Social	M/A Injury/Illness	12. Number of Reports Illnesses Refulting 14. Sex	able Injuries or from This Occurrence 15. Dat Monti	te of Birth	Man 12
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11. Name of Witness to Accident/ 13. Name of Injured/III Employee 16. Last Four Digits of Social Security Number 20. What Directly Inflicted Injury of Affected 21. Employee's Work Activity Whe Injury or Illness Occurred 22. Part of Body Injured or Affected 23. Employee's Work Activity Whe Injury or Illness Occurred 24. Employee's Work Activity Whe Injury or Illness Occurred 25. Permanently Transferred of Terminated (if checked, complete jtems 29, 30, & 3) 26. Person Completing Form (name) 27. March S. A. Selfor Date This Report Prepared (month 10 30 0 S) MSHA Form 7000-1, Feb 00 (Rev.)	Injury/Illness Injury/Illness Injury/Illness Injury/Illness In Illness (circle Apple 22-Dust Diseases of the Lung 25-Disorders (physical agents) Injury/Illness Injury/Illness Injury/Illness Injury/Illness Illness Injury/Illness Illness Illness Illness Illness Injury/Illness Illness Ill	12. Number of Reports illnesses Reductions 14. Sex Male Female	ible Injuries or from This Occurrence 15. Dat Montiful M	te of Birth Day Year this Injury/Illness in permanent disability amputation, loss of use, anent total disability). upational Skin Diseases coning (toxic materials) er For Official Use Only Action Class School Charge Kerword	12 14 16 17 18 19 20 21 22 24

Mine Accident, Injury and Illness Report U.S. Department of Labor



Section A—Identification Data		Anaroved for Use Through	December 31 20	004, OMB Number 1219-0007	
MSHA ID Number Contractor ID	Report Category	hpproved for Ose Tradaga	, December 01, 20	Check here if report	
46:08791	Metal/Nonmetal Minin	g Coal M	lining	pertains to contractor.	
Mine Name		ny Name			
SAGO MINE			CO INC		
Section B—Complete for Each Reportation					
	ee instructions) 5 – Gas or Dust Ignition 5 – Impounding Dam	06 – Mine Fire 0	2 – Serious Injury 7 – Explosives 2 – Offsite Injury	03 - Entrapment 08 - Roof Fall	
	3. Date Investigation Started			t Recurrence of Accident	
~	Month Day Year				
● Section C—Complete for Each Reports	ble Accident, Injury or Illne	ss			
5. Circle the Codes Which Best Describe Wh	ere Accident/Injury/Illness O	ccurred (see instructions)			
(a) Surface Location: 02-Surface at Under	ground Mine 30-Mill, Prepar	ation Plant,etc. 03-Strip	Open Pit Mine (4-Surface Auger Operation	
05-Culm Bank/Refuse Pile 06-Dredge	Mining 12-Other Surface Mi	ning 17-Independent Si	nops (with own MS	HA ID) 99-Office Facilities	
(b) Underground Location: 01-Vertical Share	ft 02-Slope/Inclined Shaft	03-Face 04-Intersect	on 05-Undergro	ound Shop/Office 06-Other	
(c) Underground Mining Method: 01-Longw	all 02-Shortwall 03-Conven	tional Stoping 05-Contir	uous Mining 06-	Hand 07-Caving 08-Other	
6. Date of Accident 7. Tim	e of Accident	8. Time Shift Started			
Month Day Year	am am	1	J am		7
1// / / / / / / / / / / / / / / / / /	30 Jan	6:00	pm		8
9. Describe Fully the Conditions Contributing				<u> </u>	
	undend of S.C.	Party Contract of the Contract	und aga	as the	
Loud end of ear and sha	pp.cce of ste	c caused	6	, 🛨	
	, , , , , , , , , , , , , , , , , , , ,	4	/ 2 0/-		
This Accident was r	eported to mana	ige ment /	1-2-05.		
	ype	Manufacturer	1	Model Number	10
Shuttly Cur 10 11. Name of Witness to Accident/Injury/Illne	St Endsteer	Joy		1050	Man
11. Name of Witness to Accident/Injury/Illne	SS	12. Number of Reporta Illnesses Resulting		nce /	
13. Name of injured/III Employee		14. Sex		5. Date of Birth	12
		T , 7	أ	Month Day Year	14
		L 9 J		6	16
16. Last Four Digits of Secial 17. Reg Security Number 17. Reg	ular Job Title	18. Check if this Injury/Illness		neck if this Injury/Illiness	17
C6.J	6 J	resulted in deal	h. (in	clude amputation, loss of use, permanent total disability).	18 19
20. What Directly Inflicted Injury or Illness?		21. Nature of Injury or	liness		20
Sharp piece of Steel 22. Part of Book Injured 23. Occupation	onal Illness (circle Applicable	<u></u> 6	J	0	21
or Affantod		⊢Respiratory Conditions		-Occupational Skin Diseases -Poisoning (toxic materials)	24
prop.		Disorders (repeated trau		-Other	
24. Employee's Work Activity When	Experience		Years Week	B	
Injury or Illness Occurred	25. Experience	in This Job Title		For Official Use (Only
_	26. Experience	at This Mine	- 1	Degree	
6	27. Total Minin	g Experience		Accident Type	
● Section D—Return to Duty Information		Answer 30 & 31 w	hen case is elese	Accident Class	3
28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31)	Date Returned to Regular J at Full Capacity (or item 28)	Away from Work	31. Number (TO) Restricted Wo Activity (funch	E CHEWOTO	\mathbb{H}
,	Month Day Year		enter 0)	NOV 1 4 2005	+
Person Completing Form (name)	<u>(L 6</u>		└ ──╂ ╂╢		$\forall \#$
James A. Schoonover	SARety	nost.	ע ען		
Date This Report Prepared (month, day, year	r) Area Code and	Phone Number			
11/10/05	304-473	-/676			
MSHA Form 7000-1, Feb 00 (Revised)					

U.S. Department of Labor



Section A—Identification Data	Approved for Use Through	n December 31, 2004, ON	// // // // // // // // // // // // //
MSHA ID Number Contractor ID Report Ca	tegory	ПС	heck here if report
46-08791	Nonmetal Mining Coal N	finina pi	ertains to contractor.
Mine Name	Company Name		
SAGO.	Anker W.U. Mining	to Inc.	
 Section B—Complete for Each Reportable Accident 	Immediately Reported to MSHA		
1. Accident Code (circle applicable code—see instructions) 01 – Death 0	02 – Serious Injury	03 - Entrapment
04 – Inundation 05 – Gas or Dus	•	7 - Explosives	ලින් - Roof Fall
09 – Outburst 10 – Impoundir		2 – Offsite Injury .	
	· ·	s Taken to Prevent Recur	rence of Accident
[6] Month Da	' E i	na ta D. C.	4. · · +-
Section C—Complete for Each Reportable Accident	Injury or Illness	or to Roof Sup	1981
5. Circle the Codes Which Best Describe Where Accident/			
(a) Surface Location: 02-Surface at Underground Mine		Open Pit Mine 04-Surf	ace Auger Operation
05-Culm Bank/Refuse Pile 06-Dredge Mining 12-C			
(b) Underground Location: 01-Vertical Shaft 02-Slope/			
(c) Underground Mining Method: 01-Longwall 02-Shortw			
6. Date of Accident 7. Time of Accident	8. Time Shift Started		
	Mam	⊐-em	····
10 20 2005 11:00	□pm 600 1	======================================	
9. Describe Fully the Conditions Contributing to the Accide	nt/Injury/Illness, and Quantify the Damad	ge or Impairment	·····
An Unintentional foof fall was	found in the North	LEast Mains	#/ Entry
10' inby spedstation = 3188	Between Footage Mui	Ks 28+75 +	26865
the fall measured 150'L x 16'W	· · · · · · · · · · · · · · · · · · ·		w. th. 5'
Torque Tension bolts, Roof mai	——————————————————————————————————————	// /	8"18").
	29.04.	J /	
10. Equipment Involved Type	Manufacturer	Model N	lumber 10
WA	N/A	N/	A Man
11. Name of Witness to Accident/Injury/Illness	12. Number of Reporta	ble Injuries or from This Occurrence	11/14
13. Name of Injured/III Employee	14. Sex	15. Date	
,	☐ Male	Month	Day Year 14
WIA	NJA Female	1	U/4 16
16. Last Four Digits of Social 17. Regular Job Title Security Number	18. Check if this		his Injury/Illness 17
ulla WIA	Injury/Illness resulted in deat		n permanent disability 18 mputation, loss of use,
	NIA	* * 1 # .	ent total disability). 19
20. What Directly Inflicted Injury or Illness?	21. Nature of Injury or I	liness	20
22. Part of Body Injured 23. Occupational filness (ci	rcle Applicable code-see instructions)	21 (2001)	pational Skin Diseases 22
or Affected 22-Dust Diseases of th			ning (toxic materials) 24
N/A 25-Disorders (physical			- · · · · · · · · · · · · · · · · · · ·
24. Employee's Work Activity When Injury or Illness Occurred	Experience	Years Weeks	
injury or limess Occurred	25. Experience in This Job Title	Г	For Official Use Only
111	26. Experience at This Mine	4111	Degree
N/A	27. Total Mining Experience	10//1	Ar Cloent Wee
Section D—Return to Duty Information		hen case is closed	Add Class
28. Permanently Transferred or 29. Date Return		31. Number of Days	Schooluled Charge
Terminated (if checked, at Full Capa	city (or item 28) Away from Work	Restricted Work	Keyson S
Month	Pay Year (if none, enter 0)	Activity (if none enter 0)	
Parson Completing Form (name)	WIA-		
4	ritle Kac-tu Macet		+60+3+1
This Report Prepared (month, day, year)	SASCTY DEST		2
	304-473-1676		144
5 no (Revised)			to =
LOCAL WELL ST.	TRICT OFFICE,	·	

U.S. Department of Labor



 Section A—Identification Data 	Арр	roved for Use Through	December 3	1, 2004, OM	1B Number 1219-0007	
MSHA ID Number Contractor ID Re	port Category				heck here if report	
46.08791 \prop \prop	Metal/Nonmetal Mining	- COal N	1ining	p c	ertains to contractor.	
Mine Name	Company N					
SAGO A	Kerwin.M.n.ng	Co Inc.	<u></u>			
Section B—Complete for Each Reportable Add				,	00 5	
Accident Code (circle applicable code—see instr 04 – Inundation 05 – Gas	,)2 – Serious Ir)7 – Explosive:		03 – Entrapment 8 – Roof Fall	
			2 – Offsite In		Coo - 11001 1 all	
2. Name of Investigator 3. Date	Investigation Started	4. Step	s Taken to Pre	vent Recur	rence of Accident	
6 7 Month		Set Floo	c to Pais	2 600 4440	· +	
Section C—Complete for Each Reportable Act		<u> </u>	· 10.000	34/900		
5. Circle the Codes Which Best Describe Where Ac	cident/Iniury/Illness Occur	red (see instructions)	<u>. </u>			
(a) Surface Location: 02-Surface at Underground	• •	` .		e 04-Surfa	ace Auger Operation	
05-Culm Bank/Refuse Pile 06-Dredge Mining		· · · · · · · · · · · · · · · · · · ·			-	
(b) Underground Location: 01-Vertical Shaft 02-	-Slope/Inclined Shaft 03	-Face 04-Intersect	ion 05-Unde	erground Sh	op/Office Ø Other	
(c) Underground Mining Method: 01-Longwall 02-	-Shortwall 03-Convention	al Stoping 05-Contir	nuous Mining	06-Hand 0	07-Caving 08-Other	•
6. Date of Accident 7. Time of Ac		. Time Shift Started	·			
Month Day Year	am		Zam			7
10 20 2005 11:00	☐ pm	6:00	pm			8
9. Describe Fully the Conditions Contributing to the	Accident/Injury/Illness, ar	nd Quantify the Dama	ge or Impairme	ent	_	
An Unintentional Pool fall	was found in	1 the North	east Ma	10 5 1 1 1	/ Entry, 205	+
, ,	e fall measured				s area	
was developed 7-23-04 a			Torqu	e Teusi	ion Rods,	
Roof Mat + over s. zed bear	ing plates (8"	18''J				
10. Equipment Involved Type	М	anufacturer		Model N	lumber	10
N/A W/A		NIA		Model N	lumber A	10 Man
7 - 1 - 1		2. Number of Reporta		w	lumber A	
N/A W/A	1.	NIA		w	U/A	
11. Name of Witness to Accident/Injury/Illness	1.	2. Number of Reporta Illnesses Resulting		wrence	U/A	Man
11. Name of Witness to Accident/Injury/Illness N/A 13. Name of Injured/III Employee	1: 1.	2. Number of Reporta Illnesses Resulting 4. Sex Male 4- Female	from This Occ	urrence 15. Date Month	Of Birth Oay Year	12 14 16
11. Name of Witness to Accident/Injury/Illness	1: 1.	2. Number of Reporta Illnesses Resulting 4. Sex Male 4- Female 18. Check if this	from This Occ	urrence 15. Date Month	O / A of Birth Day Year his Injury/Illness	12 14 16 17
11. Name of Witness to Accident/Injury/Illness W/A- 13. Name of Injured/III Employee N/A- 16. Last Four Digits of Social 17. Regular Jo	1: 1.	2. Number of Reporta Illnesses Resulting 4. Sex Male 4- Female	from This Occ	urrence 15. Date Month O. Check if the resulted in function of the control of th	of Birth Day Year his Injury/Iliness n permanent disability mputation, loss of use,	12 14 16 17 18
11. Name of Witness to Accident/Injury/Illness N/A 13. Name of Injured/III Employee N/A 16. Last Four Digits of Social Security Number N/A	1 1. July Title	2. Number of Reporta Illnesses Resulting 4. Sex Male Female 18. Check if this Injury/Illness resulted in deal	from This Occ	urrence 15. Date Month O. Check if the resulted in function of the control of th	of Birth Pay Nis Injury/Illness Propermanent disability	12 14 16 17 18
11. Name of Witness to Accident/Injury/Illness W/A- 13. Name of Injured/III Employee N/A- 16. Last Four Digits of Social 17. Regular Jo	1 1. July Title	2. Number of Reporta Illnesses Resulting 4. Sex Male Female 18. Check if this Injury/Illness resulted in deat W.H. 1. Nature of Injury or	from This Occ	urrence 15. Date Month O. Check if the resulted in function of the control of th	of Birth Day Year his Injury/Iliness n permanent disability mputation, loss of use,	12 14 16 17 18
11. Name of Witness to Accident/Injury/Illness N/A- 13. Name of Injured/III Employee N/A- 16. Last Four Digits of Social Security Number N/A- 20. What Directly Inflicted Injury or Illness? N/A 22. Part of Body Injured 23. Occupational Illicar Affected.	b Title 2	2. Number of Reporta Illnesses Resulting 4. Sex Male Female 18. Check if this Injury/Illness resulted in deal	from This Occ	urrence 15. Date Month Check if tresulted ir (include a perman	of Birth Day Year his Injury/Iliness n permanent disability mputation, loss of use,	12 14 16 17 18 19 20
11. Name of Witness to Accident/Injury/Illness N/A 13. Name of Injured/III Employee 14. Last Four Digits of Social Security Number N/A 20. What Directly Inflicted Injury or Illness? N/A 22. Part of Body Injured or Affected 22—Dust Disease	b Title 2 ness (circle Applicable codes of the Lungs 23–Re	2. Number of Reporta Illnesses Resulting 4. Sex Male Female 1. Check if this Injury/Illness resulted in deat I. Nature of Injury or V/A e-see instructions) espiratory/Conditions	from This Occ	urrence 15. Date Month Check if tresulted ir (include a perman) 21–Occup 24–Poisor	of Birth Day Year his Injury/Illness n permanent disability mputation, loss of use, ent total disability). Dational Skin Diseases ning (toxic materials)	12 14 16 17 18 19 20 21
11. Name of Witness to Accident/Injury/Illness N/A- 13. Name of Injured/III Employee N/A- 16. Last Four Digits of Social 17. Regular Journal Security Number 20. What Directly Inflicted Injury or Illness? N/A 22. Part of Body Injured or Affected 22—Dust Diseas 25—Disorders (p. 10. Page 14. Pag	ness (circle Applicable codes of the Lungs 23–Reshysical agents) 26–Di	2. Number of Reporta Illnesses Resulting 4. Sex Male Female 18. Check if this Injury/Illness resulted in deal NIA 1. Nature of Injury or NIA e-see instructions)	from This Occ	urrence 15. Date Month O. Check if the resulted in (include a perman) 21-Occup 24-Poisor 29-Other	of Birth Day Year his Injury/Illness n permanent disability mputation, loss of use, ent total disability). Dational Skin Diseases ning (toxic materials)	12 14 16 17 18 19 20 21
11. Name of Witness to Accident/Injury/Illness N/A 13. Name of Injured/III Employee 14. Last Four Digits of Social Security Number N/A 20. What Directly Inflicted Injury or Illness? N/A 22. Part of Body Injured or Affected 22—Dust Disease	ness (circle Applicable coduses of the Lungs 23–Rephysical agents) 26–Dis	2. Number of Reporta Illnesses Resulting 4. Sex Male 1. Semale 1. Check if this Injury/Illness resulted in deat A 1. Nature of Injury or A 1. Nature of Injury or A 1. Nature of Injury or A 2. A 3. A 4. A 4. B 4. B 5. B 6. B 6	from This Occ	urrence 15. Date Month Check if tresulted ir (include a perman) 21–Occup 24–Poisor	of Birth Day Year his Injury/Iliness in permanent disability imputation, loss of use, ent total disability). Dational Skin Diseases ning (toxic materials)	12 14 16 17 18 19 20 21 22 24
11. Name of Witness to Accident/Injury/Illness N/A 13. Name of Injured/III Employee 14. Last Four Digits of Social Security Number N/A 20. What Directly Inflicted Injury or Illness? N/A 22. Part of Body Injured or Affected 22—Dust Diseas 25—Disorders (p. 24. Employee's Work Activity When	ness (circle Applicable codes of the Lungs 23–Rephysical agents) 26–Discontinuous 25. Experience in 25. Experience in 25.	2. Number of Reporta Illnesses Resulting 4. Sex Male Female 18. Check if this Injury/Illness resulted in deal NA 1. Nature of Injury or V e-see instructions) espiratory/Conditions southers reportated train This Job Title	from This Occ	urrence 15. Date Month O. Check if the resulted in (include a perman) 21-Occup 24-Poisor 29-Other	of Birth Day Year his Injury/Illness n permanent disability mputation, loss of use, ent total disability). Dational Skin Diseases ning (toxic materials)	12 14 16 17 18 19 20 21 22 24
11. Name of Witness to Accident/Injury/Illness N/A 13. Name of Injured/III Employee 14. Last Four Digits of Social Security Number N/A 20. What Directly Inflicted Injury or Illness? N/A 22. Part of Body Injured or Affected 22—Dust Diseas 25—Disorders (p. 24. Employee's Work Activity When	ness (circle Applicable codies of the Lungs 23–Rephysical agents) 26–Die Experience 25. Experience at	2. Number of Reporta Illnesses Resulting 4. Sex Male Female 18. Check if this Injury/Illness resulted in deal N. A 1. Nature of Injury or Poly A e-see instructions) espiratory Conditions is some of the poly and the poly an	from This Occ	urrence 15. Date Month O. Check if the resulted in (include a perman) 21-Occup 24-Poisor 29-Other	of Birth Day Year his Injury/Iliness n permanent disability mputation, loss of use, ent total disability). pational Skin Diseases ning (toxic materials)	12 14 16 17 18 19 20 21 22 24
11. Name of Witness to Accident/Injury/Illness N/A- 13. Name of Injured/III Employee N/A- 16. Last Four Digits of Social 17. Regular Journal Security Number 20. What Directly Inflicted Injury or Illness? N/A 22. Part of Body Injured 23. Occupational Illinor Affected 22—Dust Diseas 25—Disorders (p. 24. Employee's Work Activity When Injury or Illness Occurred	ness (circle Applicable codes of the Lungs 23–Rephysical agents) 26–Discontinuous 25. Experience in 25. Experience in 25.	2. Number of Reporta Illnesses Resulting 4. Sex Male 1. Female 1. Check if this Injury/Illness resulted in deat 1. Nature of Injury or Pares instructions) e-see instructions espiratory Conditions is sometime of Injury Conditions. This Job Title This Mine experience	in. /// illness (toxic agents) Ima) Years W	urrence 15. Date Month U 0. Check if tresulted ir (include a 24-Poisor 29-Other eeks	of Birth Day Year his Injury/Illness in permanent disability imputation, loss of use, ent total disability). Dational Skin Diseases ning (toxic materials)	12 14 16 17 18 19 20 21 22 24
11. Name of Witness to Accident/Injury/Illness N/A 13. Name of Injured/III Employee N/A 16. Last Four Digits of Social 17. Regular Journal Security Number 20. What Directly Inflicted Injury or Illness? N/A 22. Part of Body Injured 23. Occupational Illior Affected 22—Dust Diseas 25—Disorders (p. 19. Part of Injury or Illness Occurred N/A 24. Employee's Work Activity When Injury or Illness Occurred	ness (circle Applicable codies of the Lungs 23—Rephysical agents) 26—Die Experience 25. Experience at 27. Total Mining Experience	2. Number of Reporta Illnesses Resulting 4. Sex Male 1. Semale 1. Check if this Injury/Illness resulted in deat 1. Nature of Injury or Paris Propositions of Paris Propositions of Paris Injury Conditions of Par	th. /// illness (toxic agents) years W hen case is c	urrence 15. Date Month U 0. Check if the resulted in (include a german) 21-Occup 24-Poison 29-Other eeks	of Birth Day Year his Injury/Illness repermanent disability imputation, loss of use, ent total disability). Dational Skin Diseases ning (toxic materials) For Official Dec	12 14 16 17 18 19 20 21 22 24
11. Name of Witness to Accident/Injury/Illness N/A 13. Name of Injured/III Employee 14. Last Four Digits of Social Security Number N/A 20. What Directly Inflicted Injury or Illness? N/A 22. Part of Body Injured or Affected 22—Dust Disease 25—Disorders (p. 24. Employee's Work Activity When Injury or Illness Occurred 15. Permanently Transferred or 29. Date Terminated (if checked) 29. Date at Figure 1.	ness (circle Applicable codies of the Lungs 23-Rephysical agents) 26-Discontinued (25. Experience at 26. Experience at 26. Experience at 26.	2. Number of Reporta Illnesses Resulting 4. Sex Male 1. Female 1. Check if this Injury/Illness resulted in deat 1. Nature of Injury or Pares instructions) e-see instructions espiratory Conditions is sometime of Injury Conditions. This Job Title This Mine experience	toxic agents) Years W Hen case is c 31. Number o Restricted	urrence 15. Date Month Check if tresulted ir (include a 4 perman 21-Occup 24-Poisor 29-Other eeks losed f Days Work	of Birth Day Year his Injury/Illness in permanent disability imputation, loss of use, ent total disability). Dational Skin Diseases ning (toxic materials)	12 14 16 17 18 19 20 21 22 24
11. Name of Witness to Accident/Injury/Illness NA 13. Name of Injured/III Employee NA 16. Last Four Digits of Social Security Number 20. What Directly Inflicted Injury or Illness? NA 22. Part of Body Injured or Affected 22—Dust Diseas 25—Disorders (p. 24. Employee's Work Activity When Injury or Illness Occurred Section D—Return to Duty Information 28. Permanently Transferred or Terminated (if checked, complete times 29, 20, 8, 21)	ness (circle Applicable codies of the Lungs 23–Rephysical agents) 26–Die Experience at 25. Experience at 27. Total Mining Experience to Regular Job	2. Number of Reporta Illnesses Resulting 4. Sex Male 4. Female 18. Check if this Injury/Illness resulted in deat 1. Nature of Injury or WA 1. Natu	toxic agents) Years W Hen case is c. Restricted Activity (if	urrence 15. Date Month Check if tresulted ir (include a 4 perman 21-Occup 24-Poisor 29-Other eeks losed f Days Work	of Birth Day Year his Injury/Illness n permanent disability mputation, loss of use, ent total disability). pational Skin Diseases ning (toxic materials) or Official Use Legree Audith Type Legree	12 14 16 17 18 19 20 21 22 24
11. Name of Witness to Accident/Injury/Illness NA 13. Name of Injured/III Employee NA 16. Last Four Digits of Social Security Number 20. What Directly Inflicted Injury or Illness? NA 22. Part of Body Injured or Affected 22—Dust Diseas 25—Disorders (p. 24. Employee's Work Activity When Injury or Illness Occurred Section D—Return to Duty Information 28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) NA Modern Accident/Injury/Illness 17. Regular Journal Illness? 29. Date at Figure 1. Section D—Return to Duty Information 29. Date at Figure 29. Date at F	b Title 2 ness (circle Applicable codies of the Lungs 23—Rephysical agents) 26—Die Experience 25. Experience at 27. Total Mining Experience at 28. Total Mining Experience at 28. Total Mining Experience at 27. Total Mining Experience at 28. Total Mining Experience at 28. Total Mining Experience at 27. Total Mining Experience at 28. Total Mining Experience at 29. Tota	2. Number of Reporta Illnesses Resulting 4. Sex Male Female 18. Check if this Injury/Illness resulted in deat 1. Nature of Injury or IV/A e-see instructions) espiratory/Conditions is sometimal from the sperience Answer 30 & 31 w 30. Number of Days Away from Work	toxic agents) Years W Hen case is c 31. Number o Restricted	urrence 15. Date Month Check if tresulted ir (include a 4 perman 21-Occup 24-Poisor 29-Other eeks losed f Days Work	of Birth Day Year his Injury/Iliness in permanent disability imputation, loss of use, ent total disability). Dational Skin Diseases ning (toxic materials) For Official Dec. Cegren Add Int Type 12 14 16 17 18 19 20 21 22 24	
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U.S. Department of Labor



Section A—Identification Data	· · · · · · · · · · · · · · · · · · ·	Approved for Use Thr	ough December 31, 20	04, OMB Number 1219-0007	
MSHA ID Number Contractor ID	Report Category			Check here if report	
46-08791	Metal/Nonmetal M	ining Co	oal Mining	pertains to contractor.	
Mine Name SAGO Mine	4	mpany Name U. M.n.ing Co.	T		
Section B—Complete for Each Rep			Inc.		
Accident Code (circle applicable code		01 - Death	02 - Serious Injury	03 - Entrapment	
04 - Inundation 09 - Outburst	05 – Gas or Dust Ignition 10 – Impounding Dam	06 - Mine Fire 11 - Hoisting	07 - Explosives 12 - Offsite Injury	08- Roof Fall	
2. Name of Investigator	Date Investigation Start Month Day Year		Steps Taken to Prevent	Recurrence of Accident	
● Section C—Complete for Each Rep	ortable Accident, Injury or II	iness			
5. Circle the Codes Which Best Describe	e Where Accident/Injury/Illnes	s Occurred (see instruction	ons)		
(a) Surface Location: 02-Surface at Ur	nderground Mine 30-Mill, Pre	eparation Plant, etc. 03-5	Strip/Open Pit Mine 0	4-Surface Auger Operation	
05-Culm Bank/Refuse Pile 06-Dre	edge Mining 12-Other Surface	e Mining 17-Independer	nt Shops (with own MS	HA ID) 99-Office Facilities	
(b) Underground Location: 01-Vertical	·		_	•	
(c) Underground Mining Method: 01-Lo	ngwail 02-Shortwall 03-Cor	ventional Stoping 05-C	ontinuous Mining 06-F	land 07-Caving 08-Other	
6. Date of Accident 7.	. Time of Accident	8. Time Shift Starte	ed ,		
Month Day Year	10'30 Dom	6:00	am		7
9. Describe Fully the Conditions Contribution	70 30		pm pm		8
				Q = #4078	
This Fall was piscous	Second Minis	14 The estin	we test sizes	1. Hich 12 wide	
16'long	-	J		<u> </u>	
				···	
10. Equipment Involved	Type	Manufacture	N	lodel Number	10
N/A	λ)/ A -	NIA		lodel Number	10 Man
11. Name of Witness to Accident/Injury/	λ)/ A -	12. Number of Rep		NA	
N/A	λ)/ A -	12. Number of Rep	portable Injuries or Iting from This Occurrer	NA	
11. Name of Witness to Accident/Injury/	λ)/ A -	12. Number of Republications Results 14. Sex	portable Injuries or liting from This Occurrer	N/A	Man 12 14
11. Name of Witness to Accident/Injury/ 13. Name of Injured/III Employee	N/A- /illness	12. Number of Reg Illnesses Resul 14. Sex Male	portable Injuries or Iting from This Occurrer	nce 5. Date of Birth Month Day Year	12 14 16
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11. Name of Witness to Accident/Injury/ 13. Name of Injured/III Employee 16. Last Four Digits of Social 17.	N/A- /illness	12. Number of Regulinesses Results 14. Sex Male Female 18. Check if thi	oortable Injuries or liting from This Occurrer	nce 5. Date of Birth Month Day Year	12 14 16 17
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11. Name of Witness to Accident/Injury/ 13. Name of Injured/III Employee 16. Last Four Digits of Social 17. Security Number 20. What Directly Inflicted Injury or Illness 22. Part of Body Number 23. Occuor Affected 22–L 24. Employee's Work Activity When Injury or Illness Occurred 28. Permanently Transferred or Terminated (if checked, complete jump 29, 30, & 31) Person Completing Form (name) 28. Permanently Transferred or Terminated (if checked, complete jump 29, 30, & 31)	Regular Job Title Jupational Illness (circle Applica Dust Displayes of the Lungs Disorders (physical agents) Experience 25. Experie 26. Experie 27. Total Mation 29. Date Returned to Regulat Full Capacity (or item Month Day Title Sase of Area Code a Area Code a	12. Number of Regillnesses Resul 14. Sex Male Female 18. Check if thining / Illnesses Resul 21. Nature of Injury / Illnesses Resulted in Female 21. Nature of Injury / Illnesses Resulted in Female 22. Nature of Injury / Illnesses Resulted in Female 23. Respiratory Condition 23. Respiratory Condition 26. Disorders (repeated of Penace at This Mine 26. Disorders (repeated of Penace at This Mine 28. Answer 30 & 3 28. Answer 30 & 3 28. Answer 30 & 3 29. Answer 30 & 3 30. Number of E Away from V (if none, and Penale Penal	portable Injuries or liting from This Occurrer 19.	nce 5. Date of Birth Month Dat Pear eck if this hjury/lliness sulted in permanent disability clude amfulation loss of use, permanent disability). Occupational Skin Diseases Poisoning (toxic materials) Other For Official Use of Degree Accident Type Accident Class	12 14 16 17 18 19 20 21 22 24
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Mine Accident, Injury and Illness Report U.S. Department of Labor





Mine Name Company Name Coal Mining Coal Mining Coal Mining Company Name Company Na	Section A—Identification D	ata	Арр	roved for Use Throug	jh December 31, 20	004, OMB Number 1219-0007	
Metal/Normetal Minning Company Name Company N	MSHA ID Number Contrac	tor ID Report Ca	itegory	,			
Section B—Complete for Each Reportable Accident Immediately Reported to MSHA Accident Code (incide applicabile code—see instructions) 1 Accident Code (incide applicabile code—see instructions) 1 - Death	☐ Metal/			Mining	pertains to contractor.		
Section 8—Complete for Each Reportable Accident Immediately Reported to MSNA 1 Accident Code (circle applicable code—see instructions) 94 - Inundation 95 - Courburst 10 - Importance of Accident Immediately Reportable (as instructions) 95 - Courburst 10 - Importance of Accident Immediately Reportable (as instructions) 10 - Death 9 - Curburst 10 - Importance of Accident Immediately Reportable (as instructions) 10 - Ferting Immediately Reportable (as instructions) 10 - Section C—Complete for Each Reportable Accident, Injury or Illness 10 - Section C—Complete for Each Reportable Accident, Injury or Illness 10 - Section C—Complete for Each Reportable Accident, Injury or Illness 11 - Holsting Immediately Reportable (as instructions) 12 - Other Strate Mining (12 - Other Strates Mining (12 - Other Mini					<i>/</i>		
1 Accident Code (circle applicable code—see instructions) 09 - Dutburst 10 - Input (o) 6 - Bar of Box (o) 7 - Expressives 09 - Outburst 10 - Impounding Dam 11 - Hoisting 12 - Offsite Injury 2 Name of investigator 3. Date Investigator 3. Date Investigator 4. Steps Taxen to Prevent Recurrence of Accident (Month) Day Year Section C - Complete for Each Reportable Accident, Injury or Illness 5. Circle the Codes Which Best Describe Where Accident/Injury/Illness Occurred (see instructions) (a) Surface to Location: 02 - Surface at Underground Mine 30 - Bar of Box (o) Surface of Underground Mine 30 - Bar of Scholar (Scholar (Supplementation) Provided (see instructions) (a) Surface Location: 02 - Surface of Underground Mine 30 - Bar of Scholar (Supplementation) Provided (see instructions) (a) Surface Location: 03 - Surface of Underground Mine 30 - Bar of Scholar (Supplementation) Provided (see instructions) (b) Underground Incation: 05 - Underground Stope (Mine) 12 - Outper (Supplementation) Provided (see instructions) (c) Underground Incation: 05 - Underground Stope (Mine) 12 - Outper (Supplementation) Provided (see instructions) (c) Underground Mine) Medical (see instructions) (c) Underground Incation: 05 - Underground Stope (Mine) 12 - Outper (Supplementation) Provided (see instructions) (c) Underground Mine) Medical (see instructions) (c) Underground Incation: 05 - Underground Stope (Mine) 12 - Outper (Supplementation) Provided (see instructions) (c) Underground Incation (• Section B—Complete for E	ach Reportable Accident	H1Kel W Immediately Repo	orted to MSHA	-0 1 MC.		
04 - Inundation 05 - Gas or Dust Ignifion 05 - Mine Fire 07 - Explosives 06 - Roof Fall 09 - Roof Fall 10 - Impounding Dam 11 - Hoisting 12 - Offstet Injury 2. Name of investigator 3. Date Investigation Started 4. Steps Taken to Prevent Recurrence of Accident Morth Day Year Section C—Complete for Each Reportable Accident, Injury or Illness 5. Circle the Codes Which Best Describe Where Accident/Injury/Illness Occurred (see Instructions) (a) Surface Location: 02 - Surface at Underground Mine 32-Mill, Preparation Plant.etc. 03 - Strip/Open Pit Mine 04 - Surface Auger Operation Operation of Plant Pla					02 - Serious Injury	03 - Entrapment	
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10/21/05 304-413-1676	Date This Report Prepared (mor	e <u>r ン</u> 4分・ nth. dav. vear)	Area Code and Pho	o/ ne Number	<u> </u>	_ 	4
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Mine Accident, Injury and Illness Report U.S. Department of Labor



Section A—Identification Da		A 4 11	The sch Danamhar 01	2004 OMB Number 1210 0007	
MSHA ID Number Contracto			Through December 31,	2004, OMB Number 1219-0007 Check here if report	
	'	<u> </u>	Coal Mining	pertains to contractor.	
46-0879/ Mine Name	wietai/	Company Name	- Coal Walling		
SAGO Mine	ANKO		COINCI		
	ch Reportable Accident	Immediately Reported to MSH/			
Accident Code (circle applicable 04 – inundati 09 – Outburs	ion 05 – Gas or Dus	t Ignition 06 - Mine Fire	02 – Serious Inji 07 – Explosives 12 – Offsite Inju	(8)- Roof Fall	
2. Name of Investigator	3. Date Investi	<u> </u>		rent Recurrence of Accident	
James Schoonou	Month Day	Year	•	tenders, cablek	oolts
● Section C—Complete for Eac	ch Reportable Accident,		, , , , , , , , , , , , , , , , , , , ,	,	_
5. Circle the Codes Which Best D	escribe Where Accident/I	njury/Illness Occurred (see instri	uctions)		
(a) Surface Location: 02-Surfac	ce at Underground Mine	30-Mill, Preparation Plant,etc. C	3-Strip/Open Pit Mine	04-Surface Auger Operation	
05-Culm Bank/Refuse Pile (06-Dredge Mining 12-O	ther Surface Mining 17-Indeper	ndent Shops (with own	MSHA ID) 99-Office Facilities	
(b) Underground Location: 01-V	/ertical Shaft 02-Slope/	Inclined Shaft 03-Face 04-In	ntersection 05Under	ground Shop/Office 06-Other	
(c) Underground Mining Method:	01-Longwall 02-Shortw	all 03-Conventional Stoping	Continuous Mining 0	6-Hand 07-Caving 08-Other	
6. Date of Accident	7. Time of Accident	8. Time Shift St	arted		
Month Day Year		√ am	☐ am		7
08 12 2005	5:00		Ø pm		8
9. Describe Fully the Conditions C					
HN unintention	al roof sall	occurred on the	2 Les+ 141	wins Section	
40 ft inby spa	a station = 40	093. The fall mea	sured jour.	X 20'W. X 12'h.	
10. Equipment Involved NONC	Type.	Manufacturer		Model Number	10 Man
` ' <u></u>	NIA	NJA 12, Number of	Reportable Injuries or	N/A	
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N ON @_ 11. Name of Witness to Accident/	/injury/iliness	12. Number of WH Illnesses Ro		rrence 15. Date of Birth	Man
N ONE 11. Name of Witness to Accident/	/injury/iliness	12. Number of WH Illnesses Re	esulting from This Occu	N/A rrence	12 14
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U.S. Department of Labor



	III ROCCATOR	T			
Section A—Identification Data		Approved for Use Three	ough December 31, 2004	I, OMB Number 1219-0007	
MSHA ID Number Contractor ID	Report Category		[Check here if report pertains to contractor.	
46-08791	Metal/Nonmetal Mini		al Mining		
SAGO MINE	An) Ker W.	oany Name			
Section B—Complete for Each Rep		· · · · · · · · · · · · · · · · · · ·	o Tac		
Accident Code (circle applicable code 04 - Inundation 09 - Outburst		01 – Death 06 – Mine Fire 11 – Hoisting	02 – Serious Injury 07 – Explosives 12 – Offsite Injury	03 - Entrapment 08 - Roof Fall	
2. Name of Investigator	Date Investigation Started Month Day Year	1 4.:	Steps Taken to Prevent R	lecurrence of Accident	
Section C—Complete for Each Rep	ortable Accident, Injury or Illn	ėss			
5. Circle the Codes Which Best Describe (a) Surface Location: 02–Surface at Ur 05–Culm Bank/Refuse Pile 06–Dret (b) Underground Location: 01–Vertical: (c) Underground Mining Method: 01–Lot	nderground Mine 30–Mill, Prepa dge Mining 12–Other Surface I Shaft 02–Slope/Inclined Shaft	aration Plant,etc. 03-5 Mining 17-Independer t 03-Face 04-Inter	Strip/Open Pit Mine 04- nt Shops (with own MSH) section 05-Undergrour	A ID) 99-Office Facilities and Shop/Office 66-Other p	LOB,
6. Date of Accident 7.	Time of Accident	8. Time Shift Starte	ed .		-
Month Day Year / 12 2005 /	1: 15 pm	2:30	☐ am		7 8
9. Describe Fully the Conditions Contribu	iting to the Accident/Injury/Illne	ss, and Quantify the Da	amage or Impairment		
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of the Fletcherroof	bolter when the	Hyd. Sitting	broke, causi	4 6	
(EDING)	6				-
					-
10. Equipment Involved	Туре	Manufacturer	Мо	del Number	10
11 None	NA	W H		NH	Man
11. Name of Witness to Accident/Injury/	IIIness	12. Number of Rep Illnesses Resul	iortable injuries or iting from This Occurrenc	e /	
13. Name of Injured/III Employee		14. Sex		Date of Birth	12
,			7 M	onth Day Year	14
<u> </u>		<u> </u>			16
Security Number 20. What Directly Inflicted Injury or Illnes. VAUC DANK 22. Part of Body Injured 23. Occurry or Affected 22–D	pational Illness (circle Applicable) Fust Diseases of the Lungs	18. Check if thi Injury/Illner resulted in 21. Nature of Injury e code=see instruction 23-Respiratory Condition 26-Disorders (repeated	death. result (include per constitution) (includ	ck if this Injury/Illness Ited in permanent disability ude amputation, loss of use rmanent total disability). Decupational Skin Diseases Poisoning (toxic materials) Other	20 21
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6	·	ice at This Mine ing Experience	H 6 H	Deglee Auguent Type	
Section D—Return to Duty Information			31 when case is closed	Recitient Citass	
28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) Person Completing Form (name) Jumes 1. School Date This Report Prepared (month, day,	29. Date Returned to Regular at Full Capacity (or item 2 Month Day Ye.	30. Number of C Away from V (if none, enty	Oays 31. Number of Days Work Restricted Work	Schoduled Charge	
MSHA Form 7000-1, Feb 00 (Revised)					
""" 2 MAIL THIS COPY TO YOUR L	OCAL MSHA DISTRICT OFFIC	CE.			

U.S. Department of Labor







Section A—Identification Data	Approved for Use Through	December 31, 2004, OMB Number 1219-0007
MSHA ID Number Contractor ID Report Ca	tegory	☐ Check here if report
<u>46-08791</u> ☐ Metal/	Nonmetal Mining Coal Min	ning pertains to contractor.
Mine Name	Company Name	
SAGO MINE	Ankorw. V. M. ning Co. In	<u>C</u>
 Section B — Complete for Each Reportable Accident 		
Accident Code (circle applicable code—see instructions	,	- Serious Injury 03 - Entrapment
04 - Inundation 05 - Gas or Du 09 - Outburst 10 - Impoundir		- Explosives 08 - Roof Fall
1		- Offsite Injury Taken to Prevent Recurrence of Accident
Month Da		tavali fo Esevetti Decidiatice of Woodelli
● Section C—Complete for Each Reportable Accident	Injury or Illness	
5. Circle the Codes Which Best Describe Where Accident/	Injury/Illness Occurred (see instructions)	
(a) Surface Location: 02-Surface at Underground Mine		Open Pit Mine 04-Surface Auger Operation
05-Culm Bank/Refuse Pile 06-Dredge Mining 12-C		
(b) Underground Location: 01-Vertical Shaft 02-Slope	Inclined Shaft 03-Face 04-Intersection	n 05-Underground Shop/Office 06-Other
(c) Underground Mining Method: 01-Longwall 02-Shortw	vall 03-Conventional Stoping 05-Continu	ous Mining 06-Hand 07-Caving 08-Other
6. Date of Accident 7. Time of Accident	8. Time Shift Started	
Month Day Year	□ am	lam 7
	<u> </u>	ipm —
9. Describe Fully the Conditions Contributing to the Accide	nt/Injury/Iliness, and Quantify the Damage	or Impairment
While operating the Joy 1415 CM	continuos miner on the	2 Left Section in a
teut #3x = 2 entries, apiece of 100	K 36" x 28" x 10" Thick d.	sledged from the mine
1004 between the rib + rib boils.		6
6	TRISKOCK	had slick suitages
10. Equipment Involved Type	Manufacturer	Model Number 10
11. Name of Witness to Accident/Injury/Illness	12. Number of Reportabl	e Injuries or
MONE	Illnesses Resulting fr	
13. Name of Injured/III Employee	14. Sex	15. Date of Birth 12
		Month Day Year 14
101045		
16. Last Four Digits of Social 17. Regular Job Title Security Number	18. Check if this Injury/Illness	19. Check if this Injury/illness 17 resulted in permanent disability 19
R 6 T F 6	resulted in death.	. (include amputation, loss of use,
20. What Directly Inflicted Injury or Illness?	21. Nature of Injury or Illi	
Roof Rock	T * 6	21
22. Part of Body Injured 23. Occupational Illness (ci	rcle Applicable code-see instructions	21-Occupational Skin Diseases 22
22-Dust diseases of tr		, , , , , , , , , , , , , , , , , , , ,
25-Disorders (physical 24. Employees Work Activity When		,
Injury or Illness Occurred	Experience	Years Weeks
	25. Experience in This Job Title	For Official Use Only
., , 7	26. Experience at This Mine	Degree
<u> </u>	27. Total Mining Experience	Accident Type
Section D—Return to Duty Information	Answer 30 & 31 who	0.1
28. Permanently Transferred or Terminated (if checked, at Full Capa	ed to Regular Job 30. Number of Days 3 city (or item 28) Away from Work	Restrict Port OVED VED
complete items 29, 30, & 31) Month	Day Year (if none, enter 0)	Activity
	A	enter 0)
	Title	AUG 2 2 2005
James A. Schoonover 5	Area Code and Phone Number	
Date This Report Prepared (month, day, year)		
MSHA Form 7000-1, Feb 00 (Revised)	304-478-1676	
Page 2 MAIL THIS COPY TO YOUR LOCAL MSHA DIS		***************************************

U.S. Department of Labor

MSHA Form 7000-1, Feb 00 (Revised)

Page 2 MAIL THIS COPY TO YOUR LOCAL MSHA DISTRICT OFFICE.

Mine Safety and Health Administration



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	A Castina A Identification Date		American to the Theory	- D	OMB N 1040 0007	
More Name Metal/Nometal Mining		Report Category	Approved for Use Throug	n December 31, 2004		
Section B - Complete for Each Reportable Accident Immediately Reported to MSHA Accident Code (circle applicable code — see instructions) O1 - Death			fining Coal	Mining		
Section B Complete for Each Reportable Accident Numediately Reported to MSHA 1. Accident Code (cricle applicable ode-—see instructions) 0.4 - Inundation 0.5 - Gas or Dust (grittion 0.6 - Mine Fire 1.2 - Offstein Injury 2. Name of threestigator 3. Date Investigation 3. Date Investigation 3. Date Investigation 5. Circle the Codes Which Best Describe Where Accident Injury or Illiness 5. Circle the Codes Which Best Describe Where Accident Injury or Illiness 6. Circle the Codes Which Best Describe Where Accident Injury or Illiness 6. Circle the Codes Which Best Describe Where Accident Injury or Illiness 6. Circle the Codes Which Best Describe Where Accident Injury or Illiness 6. Circle the Codes Which Best Describe Where Accident Injury or Illiness 6. Circle the Codes Which Best Describe Where Accident Injury or Illiness 6. Circle the Codes Which Best Describe Where Accident Injury or Illiness 6. Circle the Codes Which Best Describe Where Accident Injury Illiness Courted (see instructions) (a) Surface Location. 02-Surface at Underground Mine 30-Min Preparation Plantate. 03-Strip Open Pt Mine 04-Surface Auger Operation 05-Charles Auger 05-Charles Auger 05-Charles Auger 05-Charles Auger 05-Charles Aug	Mine Name	Co	mpany Name			
1. Accident Code (circle applicable code —see instructions) 05 — Serious (pluy) 03 — Entrapment 06 — Indication 06 — Gas of to the stigntion 08 — Gas of the Study (plus) 06 — Mine Fire 7 — Endesires 12 — Offsite Injury 2. Name of Investigator 3. Date (reestsgator Started Month 100 — Impounding Dam 11 — Holsting 12 — Offsite Injury 2. Name of Investigator 3. Date (reestsgator Started Month 100 — Outburst 100 — Impounding Dam 11 — Holsting 12 — Offsite Injury 2. Name of Investigator 3. Date (reestsgator Started Month 100 — Outburst 100 — Outb		ANKERW.V.	Mining Co, Inc			
D4 - Inundation 05 - Gas or Dust Ignition 06 - Mine Fire 07 - Explosives				00 0	00	
Section C—Complete for Each Reportable Accident, Injury of tilness Scricia the Codes Which Best Describe Where Accident, Injury of tilness Scricia the Codes Which Best Describe Where Accident/Injury/Illiness Occurred (see instructions) Surface Location: 02-Surface at Underground Mine 30-Mili, Preparation Plant, etc. 03-Strip/Open Pit Mine 04-Surface Auger Operation 05-Culm Bank/Flotuse Pile 06-Dredge Mining 12-Other Surface Mining 17-Independent Shops (with own MSHA ID) 99-Office Facilities (b) Underground Location: 01-Vertical Shaft 02-Slope/Inclined Shaft 02-Slope/I	04 - Inundation	05 - Gas or Dust Ignition	06 - Mine Fire	07 - Explosives		
Section C—Complete for Each Reportable Accident, Injury or Illness 5. Circle the Codes Which Best Describe Where Accident/Injury/Illness Occurred (see instructions) 5. Circle the Codes Which Best Describe Where Accident/Injury/Illness Occurred (see instructions) 5. Circle the Codes Which Best Describe Where Accident/Injury/Illness Occurred (see instructions) 5. Circle the Codes Which Best Describe Where Accident/Injury/Illness Occurred (see instructions) 5. Circle the Codes Which Best Describe Where Accident/Injury/Illness Injury/Illness Injury/Illne	2. Name of Investigator	Month Day Yea		•		
(a) Surface Localion: 02-Surface at Underground Mine 30-Mill, Preparation Plant, etc. 03-Strip/Open Pit Mine 04-Surface Auger Operation 05-Chim Bank/Refuse Pile 05-Dradge Mining 12-Other Surface Mining 17-Independent Shops (with own MSHA ID) 99-Office Facilities by Underground Location: 01-Vertrical Shaft 02-Shops Indinated Nation 05-Underground Shop/Office 06-Other (c) Underground Mining Melhod: 01-Longwell 02-Shortwall 03-Conventional Stoping 05-Indinations Mining O6-Hand 07-Caving 08-Other (c) Underground Mining Melhod: 01-Longwell 02-Shortwall 03-Conventional Stoping 05-Indinations Mining O6-Hand 07-Caving 08-Other 08-Date of Accident 18-Time of Accident 18-Time Shift Started 19-Date Mining O6-Hand 07-Caving 08-Other 18-Date O7-Caving 08-Date O7-Caving 0	Section C—Complete for Each Rep			<i>er ≈21.37.13</i> k	Jest State Process	
05-Culm Bank/Refuse Pile 06-Dradge Mining 12-Other Surface Mining 17-Independent Shops (with own MSHA ID) 99-Office Facilities (b) Underground Location: 01-Verifical Shaft 02-Slope/Indined Shaft 02-Energy 04-Intersection 05-Underground Shop/Office 06-Other (c) Underground Mining Method: 01-Longwall 02-Shortwall 03-Conventional Stoping 04-Independent Mining Method: 07-Caving 08-Other 6. Date of Accident 7. Time of Accident 8. Time Shift Started 98-02 90-7 31.00 9m 2.30 9m 7.8 8 9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantity the Damage or Impairment Mining Contributing to the Accident/Injury/Illness, and Quantity the Damage or Impairment Mining Contributing to the Accident/Injury/Illness, and Quantity the Damage or Impairment Mining Contributing to the Accident/Injury/Illness, and Quantity the Damage or Impairment Mining Contributing to the Accident/Injury/Illness, and Quantity the Damage or Impairment Mining Contributing to the Accident/Injury/Illness, and Quantity the Damage or Impairment Mining Contributing to the Accident/Injury/Illness and Quantity the Damage or Impairment Mining Contributing to the Accident/Injury/Illness and Quantity the Damage or Impairment Mining Contributing to the Accident/Injury/Illness and Quantity the Damage or Impairment Mining Contributing to the Accident Mining Experience Instructions) 21-December 12-December 12-	5. Circle the Codes Which Best Describe	Where Accident/Injury/Illnes	ss Occurred (see instructions)		
Month Day Year 3 0 Dem 2 3 0 Dem 7 8	05-Culm Bank/Refuse Pile 06-Dred (b) Underground Location: 01-Vertical	dge Mining 12-Other Surfac Shaft 02-Slope/Inclined Sh	e Mining 17-Independent S naft Face 04-Intersec	Shops (with own MSH) tion 05Undergrour	A ID) 99-Office Facilities and Shop/Office 06-Other	
9. Describe Fully the Conditions Contributing to the Accident/Injury/Illiness, and Quantity the Damage or Impairment **Non-infortional ros Salt was discussed in the ## Fully 2 Left Mains @ Sand **Stellan Host Time Salt was discussed 75+1 x 18.5 ft w 150 ft hong. **One Discussed Time Salt was discussed 75+1 x 18.5 ft w 150 ft hong. **One Discussed Time Salt was discussed 75+1 x 18.5 ft w 150 ft hong. **In Name of Wilness to Accident/Injury/Illiness **In Name of Injured/Ill Employee **In Name of Injured/Ill Employee **In Security Number **In Security Number **In Security Number **In Security Number **In Name of Injury or Illiness?** **In Substitution Injury or Illiness (circle Applicable code-see instructions) **In Name of Injury or Illiness Circle Applicable code-see instructions) **In Name of Injury or Illiness Circle Applicable code-see instructions) **In Name of Injury or Illiness Circle Applicable code-see instructions) **In Name of Injury or Illiness Circle Applicable code-see instructions) **In Name of Injury or Illiness Circle Applicable code-see instructions) **In Name of Injury or Illiness Circle Applicable code-see instructions) **In Name of Injury or Illiness Circle Applicable code-see instructions) **In Name of Injury or Illiness Circle Applicable Code-see instructions) **In Name of Injury or Illiness Circle Applicable Code-see instructions) **In Name of Injury or Illiness Circle Applicable Code-see instructions) **In Name of Injury or Illiness Circle Applicable Code-see instructions) **In Name of Injury or Illiness Circle Applicable Code-see instructions) **In Name of Injury or Illiness Circle Applicable Code-see instructions) **In Name of Injury or Illiness Circle Applicable Code-see instructions) **In Name of Injury or Illiness Circle Applicable Code-see instructions) **In Name of Injury or Illiness Circle Applicable Code	6. Date of Accident 7.	Time of Accident	8. Time Shift Started			
9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment An unincriring roof fall was discussed in the ES Finity 2 Loft Mains, @ Special Status 405 g. The fall was discussed in the ES Finity 2 Loft Mains, @ Special Status 405 g. The fall was discussed in the ES Finity 2 Loft Mains, @ Special Status 405 g. The fall was discussed in the ES Finity 2 Loft Mains, @ Special Status 405 g. The fall was discussed in the ES Finity 2 Loft Mains, @ Special Status 405 g. The fall was discussed in the ES Finity 2 Loft Mains, @ Special Status 405 g. The fall was discussed in the ES Finity 2 Loft Mains, @ Special Status 405 g. The fall was discussed in the ES Finity 2 Loft Mains, @ Special Status 405 g. The fall was discussed in the Est Finity 2 Loft Mains 12 Mains 405 g. The fall was discussed in the Injury Illness resulted in permanent disability (include amputation, loss of use, and in the Est Finity Illness resulted in permanent disability (included amputation), loss of use, and included amputation, loss of use, and included amputation included amputation, loss of use, and included am		1 · ~ 6 \	9 : マハ	<u></u>		7
Stellan Gost fall was discovered in the #5 Fairy 21cft Mains @ Spad		드 '		^ · · · · · · · · · · · · · · · ·		8
Stellan 405 9 The Sall measured 75+19 x 18.5 St w 50 st hong Stellan 405 9 The Sall measured 75+19 x 18.5 St w 50 st hong Stellan 405 9 Stellan 40	An unintentional roof fail	ting to the Accident/Injury/III	ness, and Quantify the Dami	age or impairment	uns @ sand	
10. Equipment Involved Type Manufacturer Model Number 10 Man 11. Name of Witness to Accident/Injury/Illiness 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence M A 11. Name of Witness to Accident/Injury/Illiness 12. Number of Injury Illness Resulting from This Occurrence M A 12. Number of Injury Illness Resulting from This Occurrence M A 14. Sex 15. Date of Birth 12. Name of Injury Illness Injury/Illness Injury	Station 4089. The fall	Measured 75+1	1 x 18.5 Ft w x 50	FI hone		
10. Equipment Involved Type Manufacturer Model Number 10 Month Nay Year 11 Month Nay Year 11 Month Nay Year 12 Month Nay Year Model Number 12 Month Nay Model Number 12						
11. Name of Witness to Accident/Injury/Illness 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence		7				
11. Name of Witness to Accident/Injury/Illiness 12. Number of Reportable Injuries or 13. Name of Injured/III Employee 14. Sex 15. Date of Birth 12. 13. Name of Injured/III Employee 14. Sex 15. Date of Birth 12. 14. Sex 15. Date of Birth 12. 14. Sex 15. Date of Birth 14. Sex 15. Date of Birth 15. Date of Birth 16. 16. Last Four Digits of Social 17. Regular Job Title 18. Check if this Injury/Illiness resulted in permanent disability 16. Last Four Digits of Social 17. Regular Job Title 18. Check if this Injury/Illiness resulted in permanent disability 18. Check if this Injury/Illiness resulted in permanent disability 18. Check if this Injury/Illiness resulted in permanent disability 18. Check if this Injury/Illiness resulted in permanent disability 18. Check if this Injury/Illiness resulted in permanent disability 18. Check if this Injury/Illiness resulted in permanent disability 18. Check if this Injury/Illiness resulted in permanent disability 18. Check if this Injury/Illiness resulted in permanent disability 18. Check if this Injury/Illiness resulted in permanent disability 18. Check if this Injury/Illiness resulted in permanent total disability 18. Check if this Injury/Illiness resulted in permanent total disability 18. Check if this Injury/Illiness resulted in permanent total disability 18. Check if this Injury resulted in permanent total disability 18. Check if this Injury resulted in death 18. Check if this Injury/Illiness resulted in permanent total disability 18. Check if this Injury/Illiness resulted in permanent total disability 18. Check if this Injury/Illiness resulted in permanent total disability 18. Check if this Injury/Illiness resulted in permanent total disability 18. Check if this Injury/Illiness resulted in permanent total disability 18. Check if this Injury/Illiness resulted in permanent total disability 18. Check if this Injury/Illiness resulted in permanent total disability 18. Check if this Injury/I						***************************************
11. Name of Witness to Accident/Injury/Illness 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence M A 13. Name of Injured/III Employee 14. Sex 15. Date of Birth 12. Malle Month Day Year 14. Sex 15. Date of Birth 16. Last Four Digits of Social Security Number Security Number 16. Last Four Digits of Social Security Number 17. Regular Job Title Security Number 18. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, Injury Illness resulted in permanent disability). 18. The subject in death. 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, Include amputati						
13. Name of Injured /III Employee 14. Sex Male					218—	IVIGST
14 16 16 17 16 17 16 17 16 18 19 19 19 19 19 19 19					e N/A	
16. Last Four Digits of Social Security Number 17. Regular Job Title 18. Check if this Injury/Illness resulted in permanent disability Injury or Illness resulted in permanent total disability Injury or Illness resulted in permanent disability Injury or Illness resulted in death. What resulted in permanent disability Injury or Illness resulted in death. What resulted in	13. Name of Injured/III Employee		14. Sex	15.	Date of Birth	12
Security Number N/A	NIA			M	onth Day Year	
20. What Directly Inflicted Injury or Illness? 21. Nature of Injury or Illness 22. Part of Body Injured or Affected 22. Part of Body Injured or Affected 23. Occupational Illness (circle Applicable code—see instructions) 24. Employee's Work Activity When Injury or Illness Occurred 25. Experience in This Job Title 26. Experience at This Mine 27. Total Mining Experience 28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) 29. Date Returned to Regular Job of Terminated (if checked, complete items 29, 30, & 31) Month Day H Year Date This Report Prepared (month, day, year) Area Code and Phofe, Number		Regular Job Title				
20. What Directly Inflicted Injury or Illness? 21. Nature of Injury or Illness 22. Part of Body Injured or Affected 22. Part of Body Injured or Affected 22. Dust Diseases of the Lungs 23. Occupational Illness (circle Applicable code—see instructions) 24. Employee's Work Activity When Injury or Illness Occurred 25. Experience 26. Experience in This Job Title 26. Experience at This Mine 27. Total Mining Experience 28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) 29. Date Returned to Regular Job at Full Capacity (or item 28) Answer 30 & 31 when case is closed 30. Number of Days Away from Work Activity (if none, enter 0) Answer 30 & 31. Number of Days Away from Work Activity (if none, enter 0) Answer 30. Activity (if none, enter 0) Activity (if none, enter 0) Answer 30. Activity (if none, enter 0) Activity (if none, enter 0) Answer 30. Activity (if none, enter 0) Area Code and Phone, Number	Security Number	ala	Injury/Illiness resulted in dea	بالمسال المالي		
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22—Dust Diseases of the Lungs 23-Respiratory Conditions (toxic agents) 24—Poisoning (toxic materials) 24 25—Disorders (physical agents) 25—Disorders (physical agents) 25—Disorders (repeated trauma) 29—Other Experience Years Weeks 25. Experience in This Job Title 26. Experience at This Mine 27. Total Mining Experience Section D—Return to Duty Information 29. Date Returned to Regular Job at Full Capacity (or item 28) Person Complete items 29, 30, & 31) Month Day Year (if none, enter 0) Title James H Schoners Safety Dept. Date This Report Prepared (month, day, year) Area Code and Phone, Number	NIA	• •	N/A	11111033		~~~
22-Dist Diseases of the Lungs 23-Respiratory Conditions (toxic agents) 24-Poisoning (toxic materials) 24-Poisoning (toxic materials) 24-Poisoning (toxic materials) 24-Poisoning (toxic materials) 24-Poisoning (toxic agents) 24-	ar Affantani		,		•	~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
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25. Experience in This Job Title 26. Experience at This Mine 27. Total Mining Experience 27. Total Mining Experience 28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) Person Completing Form (name) Title CAMCJ A Schoolest Scho		Experienc	е	Years Weeks		
27. Total Mining Experience 28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) 29. Date Returned to Regular Job Away from Work (if none, enter 0) 29. Date Returned to Regular Job Away from Work (if none, enter 0) 29. Date This Report Prepared (month, day, year) 29. Date Returned to Regular Job Away from Work (if none, enter 0) 29. Date Returned to Regular Job Away from Work (if none, enter 0) 29. Date Returned to Regular Job Away from Work (if none, enter 0) 29. Date Returned to Regular Job Away from Work (if none, enter 0) 29. Date Returned to Regular Job Away from Work (if none, enter 0) 29. Date Returned to Regular Job Away from Work (if none, enter 0) 29. Date Returned to Regular Job Away from Work (if none, enter 0) 29. Date Returned to Regular Job Away from Work (if none, enter 0) 29. Date Returned to Regular Job Away from Work (if none, enter 0) 29. Date Returned to Regular Job Away from Work (if none, enter 0) 29. Date Returned to Regular Job Away from Work (if none, enter 0) 29. Date Returned to Regular Job Away from Work (if none, enter 0) 29. Date Returned to Regular Job Away from Work (if none, enter 0) 29. Date Returned to Regular Job Away from Work (if none, enter 0) 29. Date Returned to Regular Job Away from Work (if none, enter 0) 29. Date Returned to Regular Job Away from Work (if none, enter 0) 29. Date Returned to Regular Job Away from Work (if none, enter 0) 29. Date Returned to Regular Job Away from Work (if none, enter 0) 29. Date Returned to Regular Job Away from Work (if none, enter 0) 29. Date Returned to Regular Job Away from Work (if none, enter 0) 29. Date Returned to Regular Job Away from Work (if none, enter 0) 29. Date Returned to Regular Job Away from Work (if none, enter 0) 29. Date Returned to Regular Job Away from Work (if none, enter 0) 29. Date Returned to Regular Job Away from Work (if none, enter 0)	mjury or miness Occurred	25. Experi	ence in This Job Title		For Official Use O	inly)
Section D—Return to Duty Information Answer 30 & 31 when case is closed 28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) Person Completing Form (name) Title Camc A Schoolest F Date This Report Prepared (month, day, year) Answer 30 & 31 when case is closed 30. Number of Days Restricted Work Activity (if none, enter 0) Answer 30 & 31 when case is closed 30. Number of Days Restricted Work Activity (if none, enter 0) Answer 30 & 31 when case is closed 30. Number of Days Restricted Work Activity (if none, enter 0) Answer 30 & 31 when case is closed 30. Number of Days Restricted Work Activity (if none, enter 0) Answer 30 & 31 when case is closed 30. Number of Days Restricted Work Activity (if none, enter 0) Answer 30 & 31 when case is closed Answer 30 & 31 when case is closed Solution Class Answer 30 & 31 when case is closed Activity (if none, enter 0) Answer 30 & 31 when case is closed Activity (if none, enter 0) Activity (if none, enter 0) Answer 30 & 31 when case is closed Activity (if none, enter 0) Activity (if n		26. Experi	ence at This Mine	NILA	Degree 3	
28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) Person Completing Form (name) Title Came: A Schooler C Safety Dept. Date This Report Prepared (month, day, year) 29. Date Returned to Regular Job Away from Work Away from Work Away from Work Activity (if none, enter 0) Title Area Code and Phone, Number	NIF	27. Total N	fining Experience			
Terminated (if checked, complete items 29, 30, & 31) Person Completing Form (name) Title Camc H Schooleer Safety Dept. Date This Report Prepared (month, day, year) Away from Work (if none, enter 0) Away from Work (if none, enter 0) Activity		ion	Answer 30 & 31 v	vhen case is closed		
Person Completing Form (name) Title Safety Dept. Date This Report Prepared (month, day, year) Area Code and Phone, Number	Terminated (if checked,	at Full Capacity (or iten	128) Away from Worl	Restricted Work	Keyayord	\pm
Person Completing Form (name) Title James A Schoonever Safety Dept. Date This Report Prepared (month, day, year) Area Code and Phone, Number	NIA	Month Day 14		enter 0) A		-
James A Schoonever Safety Dept. Date This Report Prepared (month, day, year) Area Code and Phone, Number	Person Completing Form (name)	Title	1 1911	1 1/1		-
Date This Report Prepared (month, day, year) Area Code and Phone, Number	1 1		y Dept.			+
	Date This Report Prepared (month, day,	year) Area Code	and Phone, Number			

U.S. Department of Labor







Section A—Identification Data		Approved for Line Th	rough Danamhar 21 20	04. OMD Number 1010 0007	
MSHA ID Number Contractor ID	Report Category	~~~	rough December 31, 20	04, OMB Number 1219-0007 Check here if report	
46-08791	Metai/Nonm		Joal Mining	pertains to contractor.	
Mine Name	LJMCLEATTOWN	Company Name	Jodi Williag		
SAGO MINE	Anke	W.U. Mining Co.	Inc		
 Section B—Complete for Each F 	Reportable Accident Imme	ediately Reported to MSHA			
Accident Code (circle applicable co	de—see instructions)	01 - Death	02 - Serious Injury	03 ~ Entrapment	
04 – Inundation 09 – Outburst	05 – Gas or Dust Ignii 10 – Impounding Dai		07 – Explosives 12 – Offsite Injury	→ Roof Fall	
2. Name of Investigator	3. Date Investigation		. Steps Taken to Prevent	Recurrence of Accident	
James Schoonover	Month Day	Year	Bolt Auttern	Langer helts	
● Section C—Complete for Each F			1	7	
5. Circle the Codes Which Best Descr			tions\		
(a) Surface Location: 02-Surface at		,	•	4-Surface Auger Operation	
05-Culm Bank/Refuse Pile 06-I					
(b) Underground Location: 01-Vertic		•	. `	·	
(c) Underground Mining Method: 01-	· ·		~	EATTY	
6. Date of Accident	7. Time of Accident	8. Time Shift Star	ted		
Month Day Year	P an	n	<u> </u>		7
07 21 05	7: <i>30</i> pn	6:00	pm pm		8
9. Describe Fully the Conditions Cont	ributing to the Accident/Inju	ry/Illness, and Quantify the I	Damage or Impairment		
An Unintentional Ro # 3993 on P4 Truck	of fall was ds	covered in the	FG FATTY (a)	spad station	
+3993 ON P4 Truck	- Mains, The	fall Measured 7	V X16, M X 90, F	. Claywas	
present in Main Roof	(7'about Mine!	ouf - area was e	ribed off-De	ingered off.	
10. Equipment Involved	Туре	Manufacturer		Indat Number	
					10
none	NA	NIA	IV	lodel Number	10 Man
11. Name of Witness to Accident/Inju	NA	12. Number of Re	eportable Injuries or	N/A	***************************************
11. Name of Witness to Accident/Inju	NA	12. Number of Re Illnesses Res	eportable Injuries or ulting from This Occurrer	N/A 1	Man
11. Name of Witness to Accident/Inju	NA	12. Number of Re Illnesses Res 14. Sex	eportable Injuries or ulting from This Occurrer 1:	N/A hace of Birth	Man 12
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11. Name of Witness to Accident/Injunce 13. Name of Injured/III Employee WA 16. Last Four Digits of Social Security Number WA 20. What Directly Inflicted Injury or Illr 22. Part of Body Injured or Affected 22 WA 24. Employee's Work Activity When	17. Regular Job Title NAA ness? ccupational Illness (circle A 2-Dust Diseases of the Lun 5-Disorders (physical agent	12. Number of Re Illnesses Res 14. Sex Male Female 18. Check if t Injury/Illn 21. Nature of Inju Applicable code—see instruction gs 23—Respiratory Condi	sportable Injuries or ulting from This Occurrer N/A	nce 5. Date of Birth Month Day Year eck if this Injury/Illness sulted in permanent disability clude amputation, loss of use, permanent total disability). Occupational Skin Diseases Poisoning (toxic materials) Other	12 14 16 17 18 19 20 21
11. Name of Witness to Accident/Injunce 13. Name of Injured/III Employee 14. Last Four Digits of Social Security Number 20. What Directly Inflicted Injury or Illing or Affected 22. Part of Body Injured 23. Ocor Affected 22.	ny/lilness 17. Regular Job Title N//A ness? ccupational Illness (circle A 2-Dust Diseases of the Lun 5-Disorders (physical agent	12. Number of Re Illnesses Res 14. Sex Male Female 18. Check if t Injury/Illn A esulted in 21. Nature of Inju pplicable code—see instruction gs 23—Respiratory Condicts 26-Disorders (repeate	portable Injuries or ulting from This Occurrer INA INA his	Date of Birth Month Day Year eck if this Injury/Illness sulted in permanent disability clude amputation, loss of use, permanent total disability). —Occupational Skin Diseases —Poisoning (toxic materials) —Other	12 14 16 17 18 19 20 21
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11. Name of Witness to Accident/Injunce 13. Name of Injured/III Employee WA 16. Last Four Digits of Social Security Number WA 20. What Directly Inflicted Injury or Illr 22. Part of Body Injured or Affected 22 WA 24. Employee's Work Activity When	ncupational lilness (circle A 2-Dust Diseases of the Lundands (physical agent 25. E 26. E	12. Number of Re Illnesses Res 14. Sex Male Female 18. Check if t Injury/Illn 21. Nature of Injury/Illn pplicable code—see instruction gs 23—Respiratory Conditions 26—Disorders (repeated in the company) prience Experience in This Job Title	portable Injuries or ulting from This Occurrer INA INA his	5. Date of Birth Month Day Year eck if this Injury/Illness ulted in permanent disability clude amputation, loss of use, permanent total disability). —Occupational Skin Diseases —Poisoning (toxic materials) —Other Seldent Type	12 14 16 17 18 19 20 21 22 24
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11. Name of Witness to Accident/Injunce 13. Name of Injured/III Employee 14. Last Four Digits of Social Security Number 16. Last Four Digits of Social Security Number 20. What Directly Inflicted Injury or Illing Or Affected 22. Part of Body Injured 23. Or Affected 24. Employee's Work Activity When Injury or Illness Occurred 24. Employee's Work Activity When Injury or Illness Occurred	ny/Illness 17. Regular Job Title Aness? Ccupational Illness (circle A 2-Dust Diseases of the Lundands) Experimental Ex	12. Number of Re Illnesses Res 14. Sex Male Female 18. Check if t Injury/Illn Pesulted in Pesulted in	portable Injuries or ulting from This Occurrer INA	5. Date of Birth Month Day Year eck if this Injury/Illiness sulted in permanent disability clude amputation, loss of use, permanent total disability). Occupational Skin Diseases Poisoning (toxic materials) Other Codent Type cident Type cident Class selections	12 14 16 17 18 19 20 21 22 24
11. Name of Witness to Accident/Injunce 13. Name of Injured/III Employee 14. Last Four Digits of Social Security Number 20. What Directly Inflicted Injury or Illing or Affected 22. Part of Body Injured 23. Or Affected 24. Employee's Work Activity When Injury or Illness Occurred	nry/lilness 17. Regular Job Title NAA ness? ccupational lilness (circle A 2-Dust Diseases of the Lun 3-Disorders (physical agent Expe 25. E 26. E 27. T mation 29. Date Returned to at Full Capacity (c	12. Number of Re Illnesses Res 14. Sex Male Female 18. Check if the Injury/Illn	portable Injuries or ulting from This Occurrer N/A	Date of Birth Month Day Year eck if this Injury/Illness sulted in permanent disability clude amputation, loss of use, permanent total disability). —Occupational Skin Diseases —Poisoning (toxic materials) —Other Decrea	12 14 16 17 18 19 20 21 22 24
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11. Name of Witness to Accident/Injunce 13. Name of Injured/III Employee WA 16. Last Four Digits of Social Security Number 20. What Directly Inflicted Injury or Illrand Or Affected 22. Part of Body Injured 23. Or Affected 24. Employee's Work Activity When Injury or Illness Occurred Section D—Return to Duty Information 28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) Person Completing Form (name) Limes Schoon or Complete This Report Prepared (month, do	ry/lilness 17. Regular Job Title Appears of the Lunder Jobson of the L	12. Number of Re Illnesses Res 14. Sex Male Female 18. Check if t Injury/Illn Pesulted in Pesulted in Injury/Illn Pesulted	portable Injuries or ulting from This Occurrer N/A	Date of Birth Month Day Year eck if this Injury/Illness sulted in permanent disability clude amputation, loss of use, permanent total disability). —Occupational Skin Diseases —Poisoning (toxic materials) —Other Decrea	12 14 16 17 18 19 20 21 22 24
11. Name of Witness to Accident/Injunce 13. Name of Injured/III Employee WA 16. Last Four Digits of Social Security Number 20. What Directly Inflicted Injury or Illrand Or Affected 22. Part of Body Injured 23. Or Affected 25. 24. Employee's Work Activity When Injury or Illness Occurred Section D—Return to Duty Information 28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) Person Completing Form (name)	ry/lilness 17. Regular Job Title Appears of the Lunder Job State of the Lund	12. Number of Re Illnesses Res 14. Sex Male Female 18. Check if t Injury/Illn Pesulted in Pesulted	portable Injuries or ulting from This Occurrer N/A	Date of Birth Month Day Year eck if this Injury/Illness sulted in permanent disability clude amputation, loss of use, permanent total disability). —Occupational Skin Diseases —Poisoning (toxic materials) —Other Decrea	12 14 16 17 18 19 20 21 22 24

B

Mine Accident, Injury and Illness Report

U.S. Department of Labor



Section A—Identification Data	Approved for Use Through Dec	ember 31, 2004, OMB Number 1219-0007
MSHA ID Number Contractor ID Report	Category	Check here if report
46-08791	al/Nonmetal Mining Goal Mining	pertains to contractor.
Mine Name	Company Name	
SAGO Mine	Anker W. U. Mining Co. I	nc
Section B—Complete for Each Reportable Accide		
Accident Code (circle applicable code—see instruction	•	Serious Injury 03 – Entrapment
04 – Inundation 05 – Gas or I 09 – Outburst 10 – Impoun	5	ixplosives 08 - Roof Fall Offsite Injury
	estigation Started 4. Steps Tak Day Year	en to Prevent Recurrence of Accident
James Schoonover 7	11 05 Taper/Angle h	1005
Section C—Complete for Each Reportable Accide	nt, Injury or Illness	
5. Circle the Codes Which Best Describe Where Accide	nt/Injury/Illness Occurred (see instructions)	
(a) Surface Location: 02-Surface at Underground Min	e 30-Mill, Preparation Plant, etc. 03-Strip/Ope	n Pit Mine 04-Surface Auger Operation
05-Culm Bank/Refuse Pile 06-Dredge Mining 12	-Other Surface Mining 17-Independent Shops	(with own MSHA ID) 99–Office Facilities
(b) Underground Location: 01-Vertical Shaft 02-Slo		• •
(c) Underground Mining Method: 01-Longwall 02-Sho	rtwall 03-Conventional Stoping 65 Continuous	Mining 06-Hand 07-Caving 08-Other
6. Date of Accident 7. Time of Accide	nt 8. Time Shift Started	
Month Day Year	am an	n
07 11 05 11:20	<u>Irpm ≥ 3:30 Irpm</u>	n 8
9. Describe Fully the Conditions Contributing to the Acc		
	out of Face of #4 Entry, shut	
towards a Roof botter parked in	1-Eat 14 X 3 WHEN FORE	6. Stoaged from prow
at edge of x-cut of #4 Entre	, FOCK STILLE	<u> </u>
10. Equipment Involved Type	Manufacturer	Model Number 10
none NIA	NIA	N/A Man
11. Name of Witness to Accident/Injury/Illness	12. Number of Reportable In	
13. Name of Injured/III Employee	Illnesses Resulting from	
10. Hame of injured/ar Employee	14. Sex	15. Date of Birth 12 Month Day Year 14
6	6	Mortui Day real 14
16. Last Four Digits of Social 17. Regular Job Til	le 18. Check if this	19. Check if this Injury/Illness 17
Security Number	Injury/Illness resulted in death.	resulted in permanent disability (include amputation, loss of use,
6 1 [6 -		& permanent total disability). 19
20. What Directly Inflicted Injury or Illness?	21. Nature of Injury or Illness	
Rock Roof 22. Part of Body Injured 23. Occupational liness	(circle Applicable code—see instructions)	21-Occupational Skin Diseases 22
or Affected 22—Dust Diseases of		
6 25-Disorders (physi		29-Other
24. Employee's Work Activity When	Experience Yes	ars Weeks
Injury or Illness Occurred	25. Experience in This Job Title	. For Official Use Only
	26. Experience at This Mine	Degree
6)	27. Total Mining Experience	Accident Type
	Answer 30 & 31 when d	ase is closed Accident Class
 Section D—Return to Duty Information 		
28. Permanently Transferred or 29. Date Ret	urned to Regular Job 30. Number of Days 31. N	lumber of Days Scheduled Charge
28. Permanently Transferred or 29. Date Ret	apacity (or item 28) Away from Work F	MECETVEN
29. Date Ret Terminated (if checked, complete items 29, 30, & 31) Month	Apacity (or item 28) Day Year (if none, enter 0) Apacity (or item 28) Away from Work From 100 Apacity (or item 28) Away from Work From 100 Apacity (or item 28)	URLINE ULDAVS
29. Date Ret at Full Complete items 29, 30, & 31) 29. Date Ret at Full Complete items 29, 30, & 31) Person Completing Form (name)	Apacity (or item 28) Day Year (if none, enter 0) Title	MECETVEN
29. Date Ret at Full C. Complete items 29, 30, & 31) Person Completing Form (name) Lemes A, Schoonouer	Apacity (or item 28) Day Year (if none, enter 0) Title	DECEIVED JUL 18 2005
29. Date Ret at Full C. Complete items 29, 30, & 31) Person Completing Form (name) Lemes A, Schoonouer Date This Report Prepared (month, day, year) 7-/3-65	Away from Work (if none, enter 0) Title Safety Pept Area Code and Phone Number	neceiven
29. Date Ret at Full C. Complete items 29, 30, & 31) Person Completing Form (name) Limes A. Schoolour Date This Report Prepared (month, day, year)	Apacity (or item 28) Day Year (if none, enter 0) Title	DECEIVED JUL 18 2005

B

Mine Accident, Injury and Illness Report

U.S. Department of Labor

Mine Safety and Health Administration



● Section A—Identification Data	A	pproved for Use Through De	cember 31, 2004, OMB Number 1219-0007	
MSHA ID Number Contractor ID	Report Category		Check here if report	
46-08791	☐ Metal/Nonmetal Mining	Coal Minin	g pertains to contractor.	
Mine Name	Compan	•		
SAGO M. ne ● Section B—Complete for Each Rep	ANKERWU M.			
		-	20. 51	
Accident Code (circle applicable code- 04 – Inundation 09 – Outburst	05 - Gas or Dust Ignition	06 – Mine Fire 07 –	Serious Injury • 03 Entrapment Explosives 08 Roof Fall Offsite Injury	
2. Name of Investigator	3. Date Investigation Started	4. Steps Ta	ken to Prevent Recurrence of Accident	
James Schoonover	Month Day Year 05	Instruction o	n proper lifting procedur	ے
● Section C—Complete for Each Rep	ortable Accident, Injury or Illness	S	7 / 3/	
5. Circle the Codes Which Best Describe	Where Accident/Injury/Illiness Occ	curred (see instructions)		
	· · ·		en Pit Mine 04-Surface Auger Operation	
			(with own MSHA ID) 99—Office Facilities	
			05-Underground Shop/Office @ Other	
(c) Underground Mining Method: 01-Lor	ngwall 02-Shortwall 03-Conventi	onal Stoping 05 Continuou	s Mining 06-Hand 07-Caving 08-Other	
	Time of Accident	8. Time Shift Started		
Month Day Year 05	12:45 Prom	6:00		-7
Describe Fully the Conditions Contribution		· 1	rs.	
Picked was	r bag of Rock dust	to and to The	e #2 Divearea (\$2Bloc	K)
When he exeperence				•
		<u></u>		
		the country		
10. Equipment Involved	Type	Manufacturer	Model Number	10
10. Equipment Involved	N/A	Manufacturer	Model Number	10 Man
10. Equipment Involved 11. Name of Witness to Accident/Injury/	NIA	12. Number of Reportable I	njuries or	
11. Name of Witness to Accident/Injury/	NIA	12. Number of Reportable I Illnesses Resulting from	njuries or	
11. Name of Witness to Accident/Injury/	NIA	12. Number of Reportable I	njuries or n This Occurrence	Man 12
11. Name of Witness to Accident/Injury/	NIA	12. Number of Reportable I Illnesses Resulting from 14. Sex	njuries or 1 This Occurrence	12 14
11. Name of Witness to Accident/Injury/ 12. Name of Injured/III Employee	W/A- illnes6	12. Number of Reportable I Illnesses Resulting from 14. Sex	njuries or n This Occurrence 15. Date of Birth	12 14 16
11. Name of Witness to Accident/Injury/ 12. Name of Injured/III Employee	NIA	12. Number of Reportable I Illnesses Resulting from 14. Sex	njuries or n This Occurrence	12 14 16 17
11. Name of Witness to Accident/Injury/ 10.1 C 13. Name of Injured/III Employee 16. Last Four Digits of Social 17. I	W/A- illnes6	12. Number of Reportable I Illnesses Resulting from 14. Sex 18. Check if this	njuries or 15. Date of Birth Month Day Veer 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use,	12 14 16 17 18
11. Name of Witness to Accident/Injury/ 12. Name of Injured/III Employee 13. Name of Injured/III Employee 16. Last Four Digits of Social Security Number	Regular Job Title	12. Number of Reportable I Illnesses Resulting from 14. Sex 18. Check if this Injury/Illness resulted in death.	njuries or 15. Date of Birth Month Day Veer 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability).	12 14 16 17 18
11. Name of Witness to Accident/Injury/ 12. Name of Injured/III Employee 13. Name of Injured/III Employee 16. Last Four Digits of Social Security Number 20. What Directly Inflicted Injury or Illness	Regular Job Title	12. Number of Reportable I Illnesses Resulting from 14. Sex 18. Check if this Injury/Illness	njuries or 15. Date of Birth Month Day Veer 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability).	12 14 16 17 18
11. Name of Witness to Accident/Injury/ 12. Name of Injured/III Employee 13. Name of Injured/III Employee 16. Last Four Digits of Social Security Number 20. What Directly Inflicted Injury or Illness 22. Part of Body Injured 23. Occur	Regular Job Title	12. Number of Reportable I Illnesses Resulting from 14. Sex 18. Check if this Injury/Illness resulted in death.	njuries or 15. Date of Birth Month Dav Vear 19. Check if this Injury/Iliness resulted in permanent disability (include amputation, loss of use, & permanent total disability).	12 14 16 17 18 19 20
11. Name of Witness to Accident/Injury/ 13. Name of Injured/III Employee 16. Last Four Digits of Social Security Number 20. What Directly Inflicted Injury or Illness 22. Part of Body Injured 23. Occur	Regular Job Title 6 pational Illness (circle Applicable of	12. Number of Reportable I Illnesses Resulting from 14. Sex 18. Check if this Injury/Illness resulted in death.	njuries or 15. Date of Birth 15. Date of Birth Month Day Vear 19. Check if this Injury/Iliness resulted in permanent disability (include amputation, loss of use, & permanent total disability). SS 21–Occupational Skin Diseases	12 14 16 17 18 19 20 21
11. Name of Witness to Accident/Injury/ 13. Name of Injured/III Employee 16. Last Four Digits of Social Security Number 20. What Directly Inflicted Injury or Illness 22. Part of Body Injured or Affected 23. Occup 22-D	Regular Job Title 6 pational Illness (circle Applicable or ust Diseases of the Lungs 23-	12. Number of Reportable I Illnesses Resulting from 14. Sex 18. Check if this Injury/Illness resulted in death. 21. Nature of Injury or Illness ode—see instructions)	njuries or 15. Date of Birth 15. Date of Birth	12 14 16 17 18 19 20 21 22
11. Name of Witness to Accident/Injury/ 13. Name of Injured/III Employee 16. Last Four Digits of Social Security Number 20. What Directly Inflicted Injury or Illness 15. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Regular Job Title S? Pational Illness (circle Applicable coust Diseases of the Lungs 23-	12. Number of Reportable I Illnesses Resulting from 14. Sex 18. Check if this Injury/Illness resulted in death. 21. Nature of Injury or Illnes ode—see instructions) Respiratory Conditions (toxic Disorders (repeated trauma)	njuries or 15. Date of Birth 15. Date of Birth	12 14 16 17 18 19 20 21 22
11. Name of Witness to Accident/Injury/ 12. Name of Injured/III Employee 13. Name of Injured/III Employee 16. Last Four Digits of Social Security Number 20. What Directly Inflicted Injury or Illness 22. Part of Body Injured or Affected 22-D 25-D	Regular Job Title S? pational Illness (circle Applicable coust Diseases of the Lungs 23-isorders (physical agents) 26-Experience	12. Number of Reportable I Illnesses Resulting from 14. Sex 18. Check if this Injury/Illness resulted in death. 21. Nature of Injury or Illnes ode—see instructions) Respiratory Conditions (toxic Disorders (repeated trauma)	injuries or in This Occurrence 15. Date of Birth Month Day Vear 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability). 21–Occupational Skin Diseases cagents) 24–Poisoning (toxic materials) 29–Other	12 14 16 17 18 19 20 21 22 24
11. Name of Witness to Accident/Injury/ 13. Name of Injured/III Employee 16. Last Four Digits of Social Security Number 20. What Directly Inflicted Injury or Illness 15. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Regular Job Title S? Pational Illness (circle Applicable coust Diseases of the Lungs 23-isorders (physical agents) 26- Experience 25. Experience	12. Number of Reportable I Illnesses Resulting from 14. Sex 18. Check if this Injury/Illness resulted in death. 21. Nature of Injury or Illness ode—see instructions) Respiratory Conditions (toxic Disorders (repeated trauma) Ye in This Job Title	injuries or in This Occurrence 15. Date of Birth Month Day Vear 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability). 21–Occupational Skin Diseases cagents) 24–Poisoning (toxic materials) 29–Other Pars Weeks For Official Use O.	12 14 16 17 18 19 20 21 22 24
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U.S. Department of Labor



 Section A—Identification Data 		Approved for Use Through	December 31, 2004, OMB Number 1219-0007	
MSHA ID Number Contractor ID	Report Category		Check here if report	
46.08791	Metal/Nonmetal Min	ing 🖫 Coal M	fining pertains to contractor.	
Mine Name		pany Name		
SAGO Mine		Mining Co In	<u> </u>	
Section B—Complete for Each Repor		Reported to MSHA		
Accident Code (circle applicable code—			02 - Serious Injury 03 - Entrapment	
	05 – Gas or Dust Ignition 10 – Impounding Dam		77 -: Explosives 08 - Roof Fall 12 - Offsite Injury	
2. Name of Investigator	Date Investigation Started		os Taken to Prevent Recurrence of Accident	
	Month Day Year	Get helps	etting Mine props, Have tools	
James Schoonover	06 13 2005	wedges, cap bo	aids readily available	
● Section C—Complete for Each Repor	table Accident, Injury or Illn	ness		
5. Circle the Codes Which Best Describe W	here Accident/Injury/Illness	Occurred (see instructions)		
1	•	•	/Open Pit Mine 04-Surface Auger Operation	
			nops (with own MSHA ID) 99-Office Facilities	. 46.7
			ion 05-Underground Shop/Office 66-Other	I I By
(c) Underground Mining Method: 01–Long	wall 02-Shortwall 03-Conve	entional Stoping 05-Contir	nuous Mining 06-Hand 07-Caving 08-Other	
6. Date of Accident 7. Til	me of Accident	8. Time Shift Started		
Month Day Year	∵30 □m	5:30	am_	7
			<u> P</u> pm	8
9. Describe Fully the Conditions Contributir	ng to the Accident/Injury/Illne	ess, and Quantify the Dama	ge or Impairment	
Was alle	MINTING TO SET A	MINE prop. WM	en he bent over to get worker. In an attempt	
	mber started to t	Hall Toward a co-	WOTKER. IN AN ATTEMPT	
To catch the timber		<u>-</u>		
	-			
10 Enument Involved		Manufacturer	Model Number	10
10. Equipment involved NIA	Type NIA	Manufacturer N I A	Model Number	10 Man
111/	NIA	N (A 12. Number of Reporta	w/A ble Injuries or	10 Man
NIA 11. Name of Witness to Accident/Injury/Illin	NIA	12. Number of Reporta	ble Injuries or from This Occurrence	
NIA	NIA	N (A 12. Number of Reporta	Ible Injuries or from This Occurrence /	Man 12
NIA 11. Name of Witness to Accident/Injury/Illin	NIA	12. Number of Reporta Illnesses Resulting	ble Injuries or from This Occurrence / 15. Date of Birth Month Day Year	12 14
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U.S. Department of Labor



 Section A—Identification Data 	A	pproved for Use Through	n December 31, 2004	, OMB Number 1219-0007	
MSHA ID Number Contractor ID	Report Category			Check here if report	
46-08791	Metal/Nonmetal Mining	T Coal M	Mining	pertains to contractor.	
Mine Name	Compan				
SAGO Mine). U. Mining C	o. Inc.		
Section B—Complete for Each Report					
Accident Code (circle applicable code— 04 – Inundation)2 – Serious Injury)7 – Explosives	03 – Entrapment 08 – Roof Fali	
09 – Outbyrst	~		12 – Offsite Injury	00 – 1100; 1 ali	
2. Mame of Investigator	3. Date Investigation Started	4. Step	s Taken to Prevent R	ecurrence of Accident	
James Schoonvoer	Month Day Year	Had safety Me	eting on listin	y procedure	
● Section C—Complete for Each Repo	rtable Accident, Injury or Illnes				
5. Circle the Codes Which Best Describe	Where Accident/Injury/Illness Oc	curred (see instructions)			
(a) Surface Location: 02-Surface at Unc	derground Mine 30-Mill, Prepara	tion Plant,etc. 03–Strip	Open Pit Mine 04-	Surface Auger Operation	
05-Culm Bank/Refuse Pile 06-Dred	ge Mining 12-Other Surface Min	ing 17-Independent St	nops (with own MSHA	ID) 99-Office Facilities	
(b) Underground Location: 01-Vertical S	*		•	•	
(c) Underground Mining Method: 01-Long	gwall 02-Shortwall 03-Conventi	onal Stoping 05-Contir	nuous Mining 06-Har	nd 07-Caving 08-Other	
6. Date of Accident 7. T	ime of Accident	8. Time Shift Started			
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	// pm	, ,	₽ pm		8
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10. Equipment Involved	Туре	Manufaçturer	Mod	iel Number	10
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13. Name of Injured/III Employee		_14. Sex =		Date of Birth	
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6.5	6		& per	manent total disability).	19
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or Affected		Respiratory Conditions (oisoning (toxic materials)	24
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,	26. Experience	at This Mine	6	Degree	
6	27. Total Mining	Experience	T676	Accident Type	
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28. Permanently Transferred or	29. Date Returned to Regular Jo			Soboduly Critical	豇
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James A Schoonover		ut-	## N	JUN 1 3 2005	//
Date This Report Prepared (month, day, y	rear) Area Code and P	hone Number			4
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MSHA Form 7000-1, Feb 00 (Revised)					-
Page 2 MAIL THIS COPY TO YOUR LO	OCAL MSHA DISTRICT OFFICE.				removately more services.

U.S. Department of Labor





Section A—Identification Data		Approved for Use Thi	rough Creaember 31, 201	34 OMB Number 1219-0007
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: Accident Code (circle applicable cod 04 - Inundation	ie—see instructions) 05 – Gas or Sust Igmilion	01 – Death 06 – Mine Pire	02 – Senous Injury 07 – Explosivas	03 - Entrepment 08 - Root Fall
09 - Octoberst	10 – Impounding Dam	11 – Hoisting	12 - Offsite Injury	bytoge to respect to the some
Name of Investigator	3. Date investigation Starts		Staps Taken to Prevent	Recurrence of Acodem
	Month Day Year			
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05-Culm Bank/Refuse Pite 06-D				
Underground Location: 01-Vertica				
c) Underground Mining Method: 01-1				
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Mine Accident, Injury and Illness Report U.S. Department of Labor



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U.S. Department of Labor





Section A—Identification Data	A CAMPAGA TA THE CANADA TA	Approved for Use Tr	rough December 31, 2004	. OMS Number 1219-0007	
MSHA ID Number Contractor ID	Report Category			Check here if report pertains to contractor	
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Accident Code (circle applicable code		01 - Death	02 - Serious Injury	00 - Entrapment (8) -Root Pali	
04 - Inundation 69 - Outburst	05 - Gas or Dust Ignition 10 - impounding Dam	06 – Mine Fire 11 – Holsting	07 - Explosives 12 - Offsite Injury		
2 Name of investigator	3. Date investigation Starte		Steps Taken to Prevent R	acurrence of Acodeo	
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co Underground Mining Method: 01-La					
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9 Describe Fully the Conditions Contrib	uting to the Accident/Injury/Illin	ess, and Quantify the [Damage or impairment		
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13 Name of Visced/8I Employee	***************************************	14 Sex		Date of Birth	13.1
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	Regular Job Title	Ti 18. Check if the		k if this injury/liness	1.7
Security Number		lnjury/3in resulted ir		ted in permanent dissoliny ide amputation, loss of use,	16
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	Disorders (physical agents) 🗸 , /				
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Page 2 MAIL THIS COPY TO YOUR L	OCAL MSHA DISTRICT OFFI	CE.	•		an agencia agencia agencia

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



Section A—Identification Data	in interview de triminal strommer som team monormorm men an accessor accessor accessor accessor accessor acces As	oproved for Use Through Dec	ember 31, 2004, OMB Number 1219-0007	
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46-08791	Metai/Nonmetal Mining	ليا د ه الماسية	pertains to contractor.	
Wine Name	Company	/ Name		
SAGO MILE		1 Mining CO. Fr	4	
Section 8—Complete for Each Report		ported to MSMA		
1. Accident Code (Gircle applicable code—s			šerious Injury 03 - Entrapment	
			Explosives 08 - Roof Fall	
			Offsite Injury	
2. Name of Investigator	3. Date Investigation Started Month Day Year	4. Steps 168	en to Prevent Recurrence of Accident	
Section C—Complete for Each Report	able Accident, injury or illness	š		
5. Circle the Codes Which Best Describe W	here Accident/Injury/Illness Occ	curred (see instructions)		
(a) Surface Location: 02-Surface at Unde	-	· ·		
			(with own MSHA ID) 99-Office Facilities	
(b) Underground Location: 01-Vertical Stu				
(c) Underground Mining Method: 01-Longv	vall 02-Shortwall 03-Conventi-	onal Stoping (9 -Continuous	Mining 06-Hand 07-Caving 08-Other	
6 Date of Accident 7. Tin	ne of Accident	8. Time Shift Started		
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10. Equipment Involved	Ype /	Manufacturer	Model Number	10
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13. Name of injured/III Employee	ermenten er vermenten proessiten priementen iben 12 mermen en ganera och ermid byddimlind der der der der der	14. Sex	15. Date of Birth	12
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16. Last Four Digits of Social 17. Rej Security Number	guier Job Title	18. Check if this Injury/filiness	19. Check if this Injury/filiness resulted in permanent disability	17
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parameter. Wanting	26. Experience	at This Mine	Degree	
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U.S. Department of Labor



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Jumes A. Schoonover SAKet, Dept Date This Report Prepared (month, day, year) 5-14-05 MSHA Form 7000-1, Feb 00 (Revised)	Section D—Return to Duty Information 28. Permanently Transferred or 29. Date Terminated (if checked, page 20. 8.31)	27. Total Mining Experience Answer 30 & 31 to e Returned to Regular Job 30. Number of Days uii Capacity (or item 28) Away from Work ionin [Day] Year (if none, gnier 0)	Accident Type Accident Class S1. Number of Restricted Accivity (if or Accivit
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U.S. Department of Labor



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MSHA ID Number Contractor ID	Report Category	Philippachana and the Maria Andria		Check here if report	-
46.08791	Metal/Nonmetal Mining	Vartoai M		pertains to contractor.	
Mine Name	Compa	www.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
SAGO MILE		J. U. Mining Co	Inc.		
Section B Complete for Each Reg	ortable Accident Immediately Ro	aported to MSAX			
Appropris Code combe applicable code 64 - Inundation	'		2 - Senous injury 7 - Explosives	03 - Shtrapment 08 - Roof Fast	
09 - Outburst			2 - Offsite Injury		
2. Name of investigator	Oate Investigation Started Month Day Year	6 ST032	s Taken to Prevent R	ecumence di Accident	
Section C-Complete for Each Rep	ortable Accident, Injury or Illnes		. 21 es de fament de distribue d'emple de consideratif de mêter l'impossibilité de describer en commune		_
5 Circle the Codes Which Best Describe	Where Accident/Injury/Bhess Oc	curred (see instructions)		ggeggeggeggelige Neumbel i Neitholise dan die Ziegenholiel in behielde Leidenbel d. in die die Ambere i eine m I	
(a) Surface Location: (02-Surface at the 05-Colm Bank: Refuse Pile 06-Ore 15' Underground Location: 01-Vertical (b) Underground Mining Method: 01-Lo	dge Mining 12-Other Surface Mir Shaft 02-Slope/Inclined Shaft	ning 17-Independent Sh 03-Face 04-Intersection	ops (with own MSHA on 05-Undergroun	VID) 39-Office Paculties d Shop/Office 96-Other	
			Action and the Action of the	war and and and and	:-
2 Commence of the commence of	Time of Accident	8. Time Shift Started	4977		31/American
Month Day Year 2069	3:40 700	6:00			7
9 Describe Fully the Conditions Contributions	South !	and Ousnits the Osmer	and '	***************************************	
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18. Equipment Involved 3. / A	Type N/A	Manufacturer	Moc	tel Number * 714	10
11. Name of Witness to Accident/Injury/		AU/ A- 12. Number of Reportat	de injuries or		Man
MONE			rom This Occurrence	ST - STORY	
13. Name of Injured/III Employee		14.50%	* 5. [Date of Birth	: :::::::::::::::::::::::::::::::::::::
Г / Т			Wic	onth Day Year .	Same of the same o
15. Last Four Digits of Social 77.	man to the series			6	
Security Number 57.	Regular Job Title	18. Check if this injury/liness resulted in death	result 1. (inclu	k if this Injury/Illiness ed in permanent disacility de amputation, loss of use manent total disability).	18
20 What Directly Inflicted Injury or Illnes	\$7	21 Nature of Injury or II			20
Kuck / Stone		6			21
A Six and a six	pational Illness (circle Applicable c			ocupational Skin Diseases	28
		-Respiratory Conditions (t -Disorders (repeated trau		kisoning (toxk: materals;	54
24 Employee's Work Activity When		. w.so.co.b (1886at64.089		(0.10)	
Injury or lithess Occurred	Experience		Years Weeks	per exemple and the second sec	
	Service and the contract of th	in This Job Title		For Official Use	Only
	26. Experience		6	Degree	
L	27. Total Mining			Accident Type	
● Section D—Return to Duty Information	are a service and a service a	Answer 30 & 31 wf		Accident Class Scheduled Charge	
28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31)	29. Date Returned to Regular Jo at Full Capacity (or item 28) Month Day Year	30, Number of Days Away from Work (if none, enter 0)	31. Nur Resident	SEIVER	
Person Completing Form (name)	······································	ner annual de alexandre en		AY 13 2005 III	
James A. Schopner		est	To the second se		Ji.
Date This Report Prepared (month, day,	year) Area Code and F 304-47	Phone Number	Marian Marian		1
5/17/05					No.
MSHA Form 7000-1, Feb 00 (Revised)		2. P. S.	Andrews Andrew		

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



Section A Remification Data	Approved for Use Through December 3	1, 2004. OMB Number 1219-000?
MSHA ID Number Contractor IO Report	Zategory	Chack here if report
44-08791 DMess	//Normetal Mining — — — — — — — — — — — — — — — — — — —	pertains to contractor.
Male Name	Company Name	
	KETUU MARKALANI TUGA LANDANI SANANI S	Managara de de la comparta del la comparta de la comparta de la comparta del la comparta de la comparta de la comparta de la comparta del l
Section 8 — Complete for Each Reportable Accide		and the second s
Accident Code (circle applicable code—age instructio O4 - Inundation		
09 - Outburst 10 - Impound		
gan determination and a contract of the stage of	stigation Started 4 Steps Taken to Pro Tay Year	event Recurrence of Accident
Saction C - Complete for Each Raportable Accide	nt, Injury or Illness	0900 Million (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994)
8 Order the Codes Which Bast Describe Where Acciden	t/Injury/illness Occurred (see instructions)	
	30-Mill. Preparation Plant, etc. 03-Strip/Open Pit Min	
	Other Surface Mining 17-Independent Shops (with own	
	e/Inclined Shaft 03-Face 04-Intersection 05-Unde	
collunderground Mining Method: 01-Longwall 02-Shor	twali 03-Conventional Stoping (Continuous Mining)	05-Hand 07-Caving 08-Other
6 Date of Accident 7. Time of Accider	t 8. Time Shift Started	
Month Day Year 2	[] arr	
05 01 205 3.34	写m 5:30 百m	8
Describe Pully the Conditions Contributing to the Accid	ent/Injury/Illness, and Quantily the Damage or Impairme	ant
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TO STERVE VENEZA TO STERVE	stiding into the stopped Time	
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L b J		Phalota advancement that an adopted as an accompanion of a specific and a specific ancompanion of
16 Equipment involved Type	Manufacturer	Model Number 1 10
Hontop Radinan		Rebaild / MA Man
11. Name of Witness to Accident/Injury/Illness	12. Number of Reportable Injuries or	and the second s
13 Name of Injured/III Employee	Illnesses Resulting from This Occi-	
· - Carrier of Albertan et Mithilitikas	14. Sex	15. Oate of Birth 12
6	1.61	Minoth Day Year - 16
15 Last Pour Digits of Social / 17. Regular Job Title	Ti 18. Check # mis Ti 19	Check in this vigury (liness
Security Number	Injury/Iliness resulted in death.	resulted in permanent disability 18 (include amputation, loss of use
6 1 6	redepose at desert.	å permanent total desability) 19
20. What Directly Inflicted Injury or Iliness?	21. Nature of Injury or Illness	
Munfrip 32. Part of Body Injured 23. Occupational Illness I	circle Applicable code—see instructions)	21
or Affected 22-Dust Diseases of		21-Occupational Skin Diseases 22 24-Poisoning (toxic materials) 24
6 25-Disarders (physic		29-Other
24 Employee's Work Activity When	And the second s	eeks
Injury or illness Occurred	25. Experience in This Job Title	For Official Use Only
omisg.	26. Experience at This Mine	Dagree
6	27. Total Mining Experience	Accident Type
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28. Permanently Transferred or 29. Date Retu	med to Regular Job 30, Number of Days 31, Number of	
AAMOIGTA Jame 20, 20, 2, 241	acity (or item 28) Away from Work Restricted	
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Person Completing Form (name)	1115	
James A Schoons ver		MAY 15 2005
Date This Report Prepared (month, day, year)	SA fety Dept Area Code and Phone Number	
5-17-05	04-473-1676	
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Page 2 MAIL THIS COPY TO YOUR LOCAL MSHA D	STRICT OFFICE.	professional designation of the annual of a common common common of the common of the common of the common

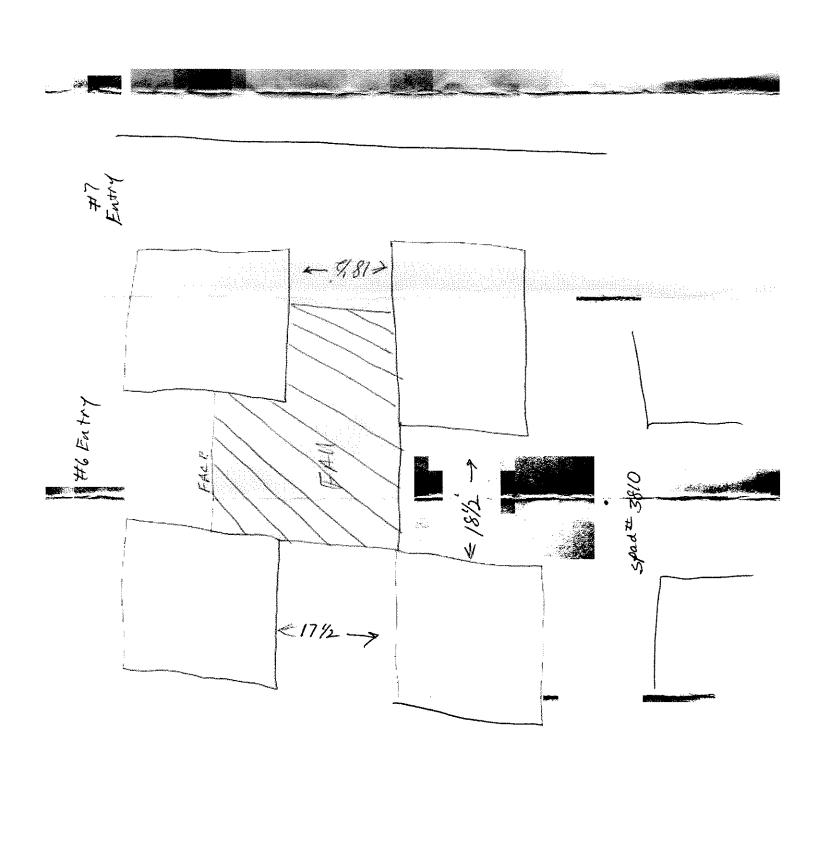
U.S. Department of Labor

The Charleston





Section A—Identification Date	1	Approved for Use Through D	ecember 31, 2004	, OMB Number 1219-0007	
ASHA ID Number Contracto		· · · · · · · · · · · · · · · · · · ·		Check here if report	
46-08791	☐ Metal/Nonmetal Mini	ing Coal Mini	ng	pertains to contractor.	
Mine Name	Comp	pany Name			
SAGO Mine	Anker W.U. M.				
Section B—Complete for Each	h Reportable Accident Immediately	Reported to MSHA			
Accident Code (circle applicable	code—see instructions)		- Serious Injury	03 - Eñtrapment	
04 – Inundatio	_		- Explosives	68 - Roof Fall	
09 – Outburs			– Offsite Injury	ecurrence of Accident	
2. Name of Investigator	3. Date Investigation Started Month Day Year	~~ <i>Lond</i>	er Bolts -		
F 6	04 23 05	Cable	e Bolts is	Needed	
Section C—Complete for Eac	h Reportable Accident, Injury or Illn	ness			
	escribe Where Accident/Injury/Illness				
(a) Surface Location: 02-Surface	e at Underground Mine 30-Mill, Prep	paration Plant, etc. 03-Strip/O	pen Pit Mine 04-	Surface Auger Operation	
05-Culm Bank/Refuse Pile 0	6-Dredge Mining 12-Other Surface	Mining 17-Independent Shor	ps (with own MSHA	A ID) 99-Office Facilities	
(b) Underground Location: 01-Vi	ertical Shaft 02-Slope/Inclined Shaf	ft 03-Face 04-intersection	05-Undergroun	nd Shop/Office 06-Other	
(c) Underground Mining Method:	01-Longwall 02-Shortwall 03-Conv	entional Stoping 05-Continuo	ous Mining 06-Ha	nd 07-Caving 08-Other	
6. Date of Accident	7. Time of Accident	8. Time Shift Started			
Month Day Year	am	.530	am		7
04 23 05	4:20 Jm		pm		
Describe Fully the Conditions C	Contributing to the Accident/Injury/Illne	ess, and Quantify the Damage	or impairment what Panel	1. FG Entif	
	Roof Sall occured		17/2 WK		
1 Block inby SA			11/2 60 2 3	30 F, INC.	
FAU occurred sky	1 the landing point	of section.			
10. Equipment brooked	- Type	Manufactures	Mo	del Number	
NIA	NA	NA		N/A-	Mari
11. Name of Wijness to Accident/	ingery/Illness	12. Number of Reportable Bloesses Resulting for	a Injuries or om This Occurrenc	e N/A	na nad na na manaka da da ana
13. Name of foured/III Employee	30000000000000000000000000000000000000	. 14. Svx	15.	Date of Birth	- 42
N/IA-		///A Male		onth Day Year	16
and the second s	17. Regular Jos Tilk	/V// [] Female [] 18, Check if this	[7] 19. Che	ck if this injury/litriess	1.7
16 Last Four Digits of Social Security Number	17. verguen (Aur i Mex	Injury/@ness	105U	ited in permanent disability ude amputation, kiss of use.	18
NIA	NA	N / 4 resulted in death.		rmanent total disability).	19
20. What Directly Inflicted Injury of	× 1610567	21. Nature of party or life	s quantizaç e o quantizaç e antique e a comunida e di e e e e e e e e e e e e e e e e e	A Salatan II.	20 21
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22. Part of Body Injured 2: or Affected.	 Occupational liness (circle Applicat 22-Dust Diseases of the Lungs) 	ge code - see manacions) .401_Paccicative Contitions (N		Porsoning (toxic materials)	24
NIA	25-Creorders (physical agentify)	26-Disorders (repeated traun	na) 29-	Other	
24. Employee's Work Activity Will	and the second s		Years Wocks		
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NIH	Emparation and the second	ining Experience	Sefermed with the second secon	Accident-Type	hay-66875
		Answer 30 & 31 wh	en case is clased	Accident Class	enicates are are
Section D—Return to Duty I	The state of the s	······································	processor in the contract of t	- Commence of the service.	
28 Permanently Transferred of Terminated (if checked,	at Full Capacity (or item		Restricted Work	Keyword.	rancomercia como
complete items 49, 30, &	31) Month LOW (A)	rear (it none, eptor 0)	Activity 1522	EXPINA	123
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Person Completing Form (name)		4 1 1 1	비네		
James H. Schi		TY CZZ and Phone Number			
Date This Report Prepared (mor	th, day, year) Area Code 6 304 - 473	-/676	pademones pademones pademones pademones pademones	· · · · · · · · · · · · · · · · · · ·	
MSHA Form 7000-1, Feb 00 (Re	and the second s	Carried and Carrie	14.6		
	YOUR LOCAL MSHA DISTRICT OFF	FICE.			



EDocument ID: 182435
EDocument Status: OriginalOnlineForm
Current District: Morgantown, WV(C0300)
Current Assigned Person: Not Assigned Return To Listing Show Review History MSIS Document ID:

Mine Accident, Injury and Illness Report (7000-1)

Document Control Number

Return To Work DCN

Current Document Exception ** None **

Company Name Anker West Virginia Mining Company Inc. Section A - Mine information Mine Type Mine ID Underground/ Coal 46-08791 Company Name Contractor ID

Section B - Accident Immediately Reported to MSHA

Mine Name

Sago Mine

2. Name of Investigator 1. Accident Code 08 - Roof Fall

3. Date Investigation Started 4/21/2005

4. Steps Taken to Prevent Recurrence of Accident

Section C - Reportable Accident Injury or Illness

6. Accident Date 5(a&b). Location 4/21/2005 Intersection Underground - 04 -Accident Time 6:48 PM 5(c). UG Mining Method 8. Shift Started 4:00 PM 05 - Continuous Mining

9. Conditions Contributing to the Accident/Injury/Illness

Entry, inby spad station #3756, Mains Section. An unintentional roof fall was found at approximatley 6:48 pm. The fall measured 5'hx30'wx25'l. The fall was dangered off, Roof Fall Cleaning Procedures were reviewed and posted at the fall and proceded with the clean-up. The fall was in the #6

10. Equipment Involved No. **Equipment Type**

Model Number

11. Name of Witness **Equipment Manufacturer**

12. # of People Affected

0

13. Name

16. Last 4 digits of SSN

18. Result in Death?

17. Regular Job Title

19. Result in Disability?

15. Date of Birth

20. What inflicted Injury/Illness

21. Nature of Injury/Illness

22. Part of Body Affected

23. Occupational Illness Code

24. Work Activity when Injured

27. Mining Total

Experience 25. In This Job Title 26. At This Mine Years Weeks

Section D - Return To Duty Information

28. Permanently Transfered or Terminated?

29. Date Returned to Regular Job at Full Capacity

30. Number of Days Away From Work

31. Number of Days Restricted Work Activity

Entered by James Schoonover

Completed by James Schoonover, on 4/24/2005 12:00:00 **Phone Number** (304) 473-AM

Coded by ** Coding needed **

Degree Scheduled Charge **Accident Class** Accident Type FOR OFFICIAL USE ONLY

Mine Accident, Injury and Illness Repo	ort (7000-1)	
Document Control Number		
Return To Work DCN		
Current Document Exception ** None **		
Section A - Mine information		
Mine ID 46-08791	Contractor ID	
Mine Type Underground/ Coal	Company Name	
Company Name Anker West Virginia Mining Company In		
Mine Name Sago Mine		
Section B - Accident Immediately Reported to MSHA		
1. Accident Code 08 - Roof Fall		
2. Name of Investigator 6	3. Date Investigation Started 4/21/2005	
4. Steps Taken to Prevent Recurrence of Accident		
Section C - Reportable Accident Injury or Illness		
5(a&b). Location Underground - 04 - Intersection	5(c). UG Mining Method 05 - Contin	uous
6. Accident Date 4/21/2005 7. Accident T	ime 6:48 PM 8. Shift Started 4:00 F	OM.
9. Conditions Contributing to the Accident/Injury/II		. 213
An unintentional roof fall was found at approximatley 6:48 p Roof Fall Cleaning Procedures were reviewed and posted at Entry, inby spad station #3756, Mains Section.	m. The fall measured 5'hx30'wx25'l. The fall was dang	
10. Equipment Involved No	Equipment Type	
Equipment Manufacturer	Model Number	
11. Name of Witness		
12. # of People Affected 0		
13. Name		
14. Sex	15. Date of Birth	
16. Last 4 digits of SSN	17. Regular Job Title	
18. Result in Death?	19. Result in Disability?	
20. What inflicted Injury/Illness		
21. Nature of		
Injury/Illness	Experience Years 25. In This Job Title	Weeks
22. Part of Body Affected	26. At This Mine	
23. Occupational Illness	27. Mining Total	
Code 24. Work Activity when		
Injured		
Section D - Return To Duty Information		
28. Permanently Transfered or Terminated?		FOR OFFICIAL USE ONLY
29. Date Returned to Regular Job at Full Capacity		Degree
30. Number of Days Away From Work		Accident Type
31. Number of Days Restricted Work Activity		Accident Class
Entered by James Schoonover		Scheduled Charge
Completed by James Schoonover, on 4/24/2005 12:00:00	Phone Number (304) 473-	-
AM	1676	

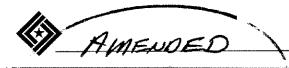
Coded by ** Coding needed **

U.S. Department of Labor



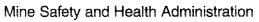
2. Name of Investigator 2. Name of Investigator 3. Name of Investigator 3. Section C—Complete for Each Reportable 5. Circle the Codes Which Best Describe Whee (a) Surface Location: 02—Surface at Undergrous 05—Culm Bank/Refuse Pile 06—Dredge Modern of Color Mining Method: 01—Longwald (c) Underground Mining Method: 01—Longwald (c) Underground Mining Method: 01—Longwald of Color Mining M	AWKer W U. Die Accident Immediately Die instructions) Gas or Dust Ignition Impounding Darn Date Investigation Started Month Day Year De Accident, Injury or Illing The Accident/Injury/Illness Cound Mine 30-Mill, Prepailining 12-Other Surface Mo2-Slope/Inclined Shaft 02-Shortwali 03-Converted The Accident Team The Ac	pany Name W. A. A. A. C. Reported to MSH 01 - Death 06 - Mine Fire 11 - Hoisting d ness Occurred (see instruaration Plant, etc. 0 Mining 17-Indepent 103-Face 04-In entional Stoping 05 8. Time Shift Sta 6. 6. ss, and Quantify the charty whe charty whe charty whe Cabinet. Manufacturer W. A. Manufacturer 12. Number of R	Coal Mining O2 - Serio O7 - Explo 12 - Offsi 4. Steps Taken to uctions) O3-Strip/Open Pit ndent Shops (with ntersection 05-l - Continuous Mini arted pm Damage or Impa	Mine 04-Suri own MSHA ID Underground Si ing 06-Hand	OPOffice Facilities hop/Office 06-Other 07-Caving 08-Other (AWKer)	7 8
SAGO MINE Section B—Complete for Each Reportate 1. Accident Code (circle applicable code—see 04 - Inundation 05 09 - Outburst 10 2. Name of Investigator 3 Section C—Complete for Each Reportate 10 5. Circle the Codes Which Best Describe Whe (a) Surface Location: 02—Surface at Undergrous 05—Culm Bank/Refuse Pile 06—Dredge Nob Underground Location: 01—Vertical Shaft (c) Underground Mining Method: 01—Longwal 05—Culm Day 12 05 9. Describe Fully the Conditions Contributing to 14 05 11 05 9. Describe Fully the Conditions Contributing to 15 05 11 05 05 11 05 05 11 05 05 11 05 05 11 05 05 11 05 05 11 05 05 11 05 05 05 05 05 05 05 05 05 05 05 05 05	Gomp AWKer W U. Die Accident Immediately instructions) Gas or Dust Ignition Impounding Darn Date Investigation Started Month Day Year De Accident, Injury or Illing The Accident/Injury/Illness of Ound Mine 30-Mill, Prepailining 12-Other Surface Mo2-Slope/Inclined Shaft 02-Shortwall 03-Converted Accident A D D D D D D D D D D D D D D D D D D	pany Name W. H. A. G. C. Reported to MSH 01 - Death 06 - Mine Fire 11 - Hoisting d ness Occurred (see instruaration Plant, etc. 0 Mining 17-Indepent 1 03-Face 04-Indepent 1 03-Face 04-Indepent See A Common Stoping 05 8. Time Shift Sta 6. C. ss, and Quantify the Cabinett Manufacturer W. A. Manufacturer 12. Number of Recognitions Manufacturer Manufacturer Manufacturer Manufacturer Manufacturer	O2 – Serio 07 – Explo 12 – Offsi 12 – Offsi 4. Steps Taken to uctions) 03–Strip/Open Pit ndent Shops (with ntersection 05–l i–Continuous Mini arted pm Damage or Impa	Model N	operations to contractor. 03 – Entrapment 08 – Roof Fall Frence of Accident face Auger Operation OPPOffice Facilities hop/Office 06–Other 07–Caving 08–Other	The Common of th
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O4 - Inundation O9 - Outburst 10 2. Name of Investigator 3. Name of Investigator 3. Section C—Complete for Each Reportab 5. Circle the Codes Which Best Describe Whe (a) Surface Location: 02—Surface at Underground Surface Location: 01—Vertical Shaft (b) Underground Location: 01—Vertical Shaft (c) Underground Mining Method: 01—Longwal 6. Date of Accident 7. Time Month Day Year OH 9. Describe Fully the Conditions Contributing to The Saco Mines New Sorthe Saco Mines New Letween of Sice Ocsa 10. Equipment Involved N/A 11. Name of Witness to Accident/Injury/Illness 13. Name of Injured/III Employee 16. Last Four Digits of Social Security Number 20. What Directly Inflicted Injury or Illness? 21. Office Ocs Kills of Social Security Inflicted Injury or Illness? 22. What Directly Inflicted Injury or Illness? 23. Codes Kills of Social Security Inflicted Injury or Illness?	Gas or Dust Ignition Impounding Dam Date Investigation Started Innote Inpounding Dam Date Investigation Started Interpolation Day Pear Je Accident, Injury or Illing Pear Accident/Injury/Illness (Ound Mine 30-Mill, Prepailining 12-Other Surface N O2-Slope/Inclined Shaft O2-Shortwall 03-Converted O2-Shortwall 03-Converted O3-Converted O4-Converted O5-Converted O5-Co	06 - Mine Fire 11 - Hoisting d Desired (see instruaration Plant, etc. 0 Mining 17-Indepent 03-Face 04-Intentional Stoping 05- 8. Time Shift State 6.600 ss, and Quantify the control of Face	07 — Explo	Model N	108 - Roof Fall Irrence of Accident face Auger Operation 1099 Office Facilities 107-Caving 08-Other 107-Caving 08-Other 108-Caving 08-Other 109-Office 06-Other	The Common of th
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5. Circle the Codes Which Best Describe Whe (a) Surface Location: 02—Surface at Undergrost O5—Culm Bank/Refuse Pile 06—Dredge Most O6—Dredge Most O1—Vertical Shaft (c) Underground Location: 01—Vertical Shaft (c) Underground Mining Method: 01—Longwal O1—Longwal O1	re Accident/Injury/Illness (ound Mine 30-Mill, Prepailining 12-Other Surface Mo2-Slope/Inclined Shaft 02-Shortwall 03-Converse of Accident	Occurred (see instruaration Plant, etc. 0 Mining 17-Independ 1 03-Face 04-Independentional Stoping 05- 8. Time Shift State 6', 60', 60', 60', 60', 60', 60', 60',	O3-Strip/Open Pit Indent Shops (with Inden Shops (with I	own MSHA ID: Underground Si ing 06-Hand airment CC/ 1/CS Model N	OPOffice Facilities hop/Office 06-Other 07-Caving 08-Other (AWKer)	The Common of
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(a) Surface Location: 02—Surface at Undergros-Culm Bank/Refuse Pile 06—Dredge M (b) Underground Location: 01—Vertical Shaft (c) Underground Mining Method: 01—Longwal 6. Date of Accident Month Day OH 12 05 11 9. Describe Fully the Conditions Contributing to For the SAGO M. 4CS NC4 Letween office Ocsh 10. Equipment Involved Typ N/A 11. Name of Witness to Accident/Injury/Illness 13. Name of Injured/III Employee 16. Last Four Digits of Social Security Number 17. Regulations 18. Cades K. F. L. 14 Ca H. 19	ound Mine 30-Mill, Prepalining 12-Other Surface Mo2-Slope/Inclined Shaft 02-Shortwall 03-Converse of Accident pm pm of the Accident/Injury/Illness Carring des Cand Filing	aration Plant, etc. 0 Mining 17-Indepent 03-Face 04-In entional Stoping 05- 8. Time Shift Sta 6'60 ss, and Quantify the sk at ups it it whe cabinet. Manufacturer NJA- 12. Number of R	O3-Strip/Open Pit Indent Shops (with Inden Shops (with I	own MSHA ID: Underground Si ing 06-Hand airment CC/ 1/CS Model N	OPOffice Facilities hop/Office 06-Other 07-Caving 08-Other (AWKer)	The common of
Month Day Year 04 1/2 05 1/9. Describe Fully the Conditions Contributing to Fin ured Employee Was Sor the SACO Mines New Letween OSSICE Described Injury/Illness 13. Name of Injured/III Employee 16. Last Four Digits of Social Security Number 17. Regular Security Number 18. OSSICE Described Inflicted Injury or Illness?	Jam Jam De the Accident/Injury/Illnes Curring des Office fac Cand Filing	ss, and Quantify the K at Ups itity whe cabinet. Manufacturer N/A- 12. Number of A	Damage or Impa	Model N	(ANKers caught	The common of
DH 12 05 Describe Fully the Conditions Contributing to Finder Employee Was Sor the SACO Mines New Letween OSSICE Despite 10. Equipment Involved Typ N/A Name of Witness to Accident/Injury/Illness 3. Name of Injured/III Employee 6. Last Four Digits of Social 17. Regula Security Number 0. What Directly Inflicted Injury or Illness? 0.55. Cedes K. F. I. 19 Ca 4.	30 pm the Accident/Injury/Illnes Curring des office fac and Filing	ss, and Quantify the K at Ups itity whe cabinet. Manufacturer N/A- 12. Number of A	Damage or Impa	Model N	(ANKers caught	The common of
9 Describe Fully the Conditions Contributing to Figured Employee Was Sor the SACO Mines Nea Letween Office Described Inc. 10. Equipment Involved Typ N/A 11. Name of Witness to Accident/Injury/Illness 13. Name of Injured/III Employee 16. Last Four Digits of Social Security Number 20. What Directly Inflicted Injury or Illness? 055.cedesK/F.i.a.q.ca.k.	othe Accident/Injury/Illnes Curring des office fac and Filing	ss, and Quantify the At Ups Itity whe Cabinet. Manufacturer N/A- 12. Number of R	Damage or Impa	Model N	cought.	The Common of
Sor the SAGO MINES NEW between Office Desk 10. Equipment Involved Typ N/A 1. Name of Witness to Accident/Injury/Illness 3. Name of Injured/III Employee 6. Last Four Digits of Social Security Number 17. Regulation of Social Security Number 18. Colors of Social Security Number 19. Social Security Inflicted Injury or Illness? 19. Social Security Inflicted Injury or Illness?	office faci	Manufacturer 12. Number of R	shur Prop	Model N	cought.	The common of
50. The SAGO M. ACS NC4 between Office Ocsa 0. Equipment Involved Typ N/A 1. Name of Witness to Accident/Injury/Illness 3. Name of Injured/III Employee 6. Last Four Digits of Social Security Number 0. What Directly Inflicted Injury or Illness? 0.55.cedesK/F.lageaky	office faci	Manufacturer 12. Number of R	shur Prop	Model N	cought.	- Communication of the Communi
3. Name of Injured/III Employee 6. Last Four Digits of Social 17. Regula Security Number 0. What Directly Inflicted Injury or Illness? 0.55.cedesK/F.lingeah.	<u> A</u>	12. Number of R	Papartable Injurios	NI/	A	
3. Name of Injured/III Employee 6. Last Four Digits of Social 17. Regula Security Number 9. What Directly Inflicted Injury or Illness? 955.cedesK F. Lingen by			Reportable Injuries			
16. Last Four Digits of Social Security Number 20. What Directly Inflicted Injury or Illness?	****		rebourable unfance	s or		
6. Last Four Digits of Social 17. Regula Security Number 10. What Directly Inflicted Injury or Illness?			sulting from This			
20. What Directly Inflicted Injury or Illness?		14. Sex		15. Date	of Birth	12
O. What Directly Inflicted Injury or Illness?			**************************************	Month	Day Year	1
20. What Directly Inflicted Injury or Illness?		L V	······································		6	16
Office desk/ F.lingeabi,	ir Job Title	18. Check if Injury/Ilir			his Injury/Illness n permanent disability	17
Office desk/ F.lingeabi,	, 1		in death.	(include a	mputation, loss of use.	18
Office desk/ Filingenbi,				& perman	ent total disability).	1
	. <i>L</i>	21 Nature of Inju	ury or Iliness			. 2
22. Part of Body Injured 23. Occupation	al Iliness (circle Applicable	Code son inctribe	ري (معما	01.0		~~~
or Affected 22-Dust Dis	seases of the Lungs 23	3-Respiratory Cond 6-Disorders (repeat	ditions (toxic agen	ts) 24-Poisor 29-Other	pational Skin Diseases ning (toxic materials)	22
4. Employee's Work Activity When	Experience		Vanance (Weeks		
Injury or Illness Occurred	25. Experience	e in This Job Title			territor territorio proteggio, e e e e e e e e e e e e e e e e e e e	
_ &	26. Experience				For Official Use (nıy
				and the second	Degree	-
Section D—Return to Duty Information	27. Total Minin				Accident Type Accident Class	
The second secon	Date Returned to Regular J		k 31 when case i	s closed	Accident Class	Į
7	at Full Capacity (or item 28) Month Day Year) Away from	nter_0) Astijit			
erson Completing Form (name)	Title		- Cincal Land		27305111	8
James A. Schoons ver			The second			
Pate This Report Prepared (month, day, year)	Sasety		and the second s		<u> </u>	
ISHA Form 7000-1, Feb 00 (Revised) lage 2 MAIL THIS COPY TO YOUR LOCAL		Phone Number	The state of the s			ness services and services are services and services are services and

Mine Accident, Injury and Illness Report U.S. Department of Labor



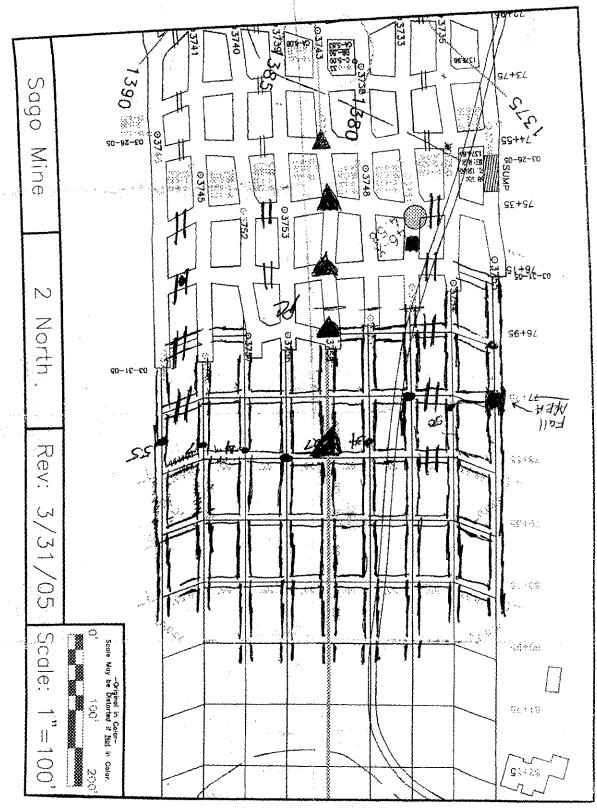
Section A— Identification Data	Approved for Use	Usaugh September 30, 2002,	OMB Number 1219-0007
MSHA ID Number Contractor ID Report	rt Category		Check here it repurt
46-08791 MVK DM	etal/Nonmetal Mining	Coa Miring	pertains to contractor.
Mine Name.	Company Name	2	4
SM60	GMS MINE		PINTENANCE
Section B— Complete for Each Reportable Acci			00 Faterant
	r Dust Ignition 06 - Mine Fire	02 – Serious Injury 07 – Explosives	03 – Entrapment 08 – Roof Fall
09 – Outburst 10 – Impou 2. Name of Investigator 3. Date Ir		12 – Offsite Injury 4. Steps Taken to Prevent Re	and the second s
Month	vestigation Started Day Year	4. Otops (and) to revenit ne	ourience of Accident
Section C— Complete for Each Reportable Acci	dent, Injury or Illness		
5. Circle the Codes Which Best Describe Where Accid	lent/Injury/Illness Occurred (see instr	uctions)	
(a) Surface Location: 02-Surface at Underground N			-Surface Auger Operation
05-Culm Bank/Refuse Pile 06-Dredge Mining	12-Other Surface Mining 17-Inde	endent Shops (with own MSH.	A ID) 99-Office Facilities
(b) Underground Location: 01-Vertical Shaft 02-			
(c) Underground Mining Method: 01-Longwall 02-SI	nortwall 03-Conventional Stoping	5 Continuous Mining 06-Har	d 07-Caving 08-Other
6. Date of Accident 7. Time of Accident	dent 8. Time Shift S	Started	
Month Day Year 9:00			<u>7</u>
7 7 00		LJ P17	
9. Describe Fully the Conditions Contributing to the A	ccident/Injury/Illiness, and Quantify th	e Damage or Impairment WITH A-BC	0.4.5
	ARING A WALL	WIN 100	TOU
GOT B-BOND ON A	RIMS AND LEG	5	
· ·			
			op Audenback and Province
10. Equipment Involved Type	Manufacturer	Mod	el Number 10
NA			
11. Name of Witness to Accident/Injury/Illness	12. Number o	f Reportable Injuries or Resulting from This Occurrence	,
NONE	14. Sex		Date of Birth 12
13. Name of Injured/III Employee	14. Sex /	13.1 (> Mo	
			6
10. Last Four Digits of Social 17. Regular Job	Title 🔲 18. Chec		t if this Injury/Illness
Security Number	Injury result	ed in death. (include	ed in permanent disability de amputation, loss of use,
			manent total disability).
20. What Directly Inflicted Injury or Illness?	21. Nature of	Injury or Illness *	
22. Part of Body Injured 23. Occupational Illne	ss (circle Applicable code-see instru	ctions) 21-O	ccupational Skin Diseases
or Affected 22—Dust Disease			oisoning (toxic materials)
25-Disorders (ph	ysical agents) 26-Disorders (rep	eated trauma) 29-O	ther
24. Employee's Work Activity When	Experience	Years Weeks	
Injury or Iliness Occurred	25. Experience in This Job Tit	e	For Official Use Only
	26. Experience at This Mine		Degree
6	27. Total Mining Experience		Accident Type
Section D—Return to Duty Information	Answer	0 & 31 when case is closed	Accident Class
		er of Days 31. Number of Days rom Work Rest Tex Work	Scheduled Charge
complete items 20, 30, & 31)	(it non	rom Work e, enter 0) Rest Feb Work Activit (i) Id	CHANGE IV
-Mo			
Person Completing Form (name)	Title		u v _ 5 2005
THOMAS GALES IL.	SAFETY VIA	EUDIL	MAY <u>- 5 2005 III J</u>
Jale This Report Prepared (month, day, year)	Assa Cada and Dhong Numba		
5-4-05 AMENDED	<u> 301 - 334 -</u>	8186	
MSHA Form 7000-1, Feb 00 (Revised)	- Charles	L	
Page 2 MAIL THIS COPY TO YOUR LOCAL MSH	IA DISTRICT OR SUBDISTRICT OF	HUE.	

U.S. Department of Labor





Section A—Identification Data	Approved for Use Through Dec	ember 31, 2004, OMB Number 1219-0007
MSHA ID Number Contractor ID Re	eport Category	Check here if report
46 08791	Metal/Nonmetal Mining Coal Mining	pertains to contractor.
Mine Name SAGO Mine	Company Name	
Section B—Complete for Each Reportable A	AWKERW. U. Mining Co. Inc.	
Accident Code (circle applicable code—see inst		Seríous Injury 03 – Entrapment
04 - Inundation 05 - Ga	s or Dust Ignition 06 - Mine Fire 07 - E	Explosives Offsite Injury OFFsite Injury
2. Name of Investigator 3. Dat	e Investigation Started 4. Steps Take	en to Prevent Recurrence of Accident
Mont 6		
● Section C—Complete for Each Reportable A	ccident, Injury or Illness	
5. Circle the Codes Which Best Describe Where A	cident/Injury/Illness Occurred (see instructions)	
(a) Surface Location: 02-Surface at Underground	d Mine 30-Mill, Preparation Plant, etc. 03-Strip/Open	n Pit Mine 04-Surface Auger Operation
	g 12-Other Surface Mining 17-Independent Shops (
	-Slope/Inclined Shaft 03-Face 04-Intersection	- · · · · · · · · · · · · · · · · · · ·
(c) Underground Mining Method: 01-Longwall 02	-Shortwall 03-Conventional Stoping 65-Continuous	Mining 06-Hand 07-Caving 08-Other
6. Date of Accident 7. Time of A	na.	
Month Day Year 04 05 7:10		
	D ☐ pm ☐ G C ☐ pn De Accident/Injury/Illness, and Quantify the Damage or	
	was discovered at 7.10 Am o	
A	itiy, I Break inby soad =	3765 the Fall
Measured 5ft H x 20stw		
wait at 7:10 A		aspector Ed Add.cord
	alloccured ina 3 way intersed	ction
10. Equipment Involved Type	Manufacturer	Model Number 10
11. Name of Witness to Accident/Injury/Illness	12. Number of Reportable In	Man Man
N/A - NONC	Illnesses Resulting from	
13. Name of Injured/III Employee	14. Sex	15. Date of Birth 12
4514	Maie	Month Pay Year 14
16. Last Four Digits of Social 17. Regular J	ob Title 18. Check if this	16 19. Check if this Injury/Illness 17
Security Number	Injury/Illness	resulted in permanent disability 18
N/A	resulted in death.	finclude amputation, loss of use, permanent total disability).
20. What Directly Inflicted Injury or Illness?	21. Nature of Injury or Illness	
N/A	NA	21—Occupational Skin Diseases 22
m = Affin = + n ml	Iness (circle Applicable code—see instructions) ses of the Lungs /	
N/A 25-Disorders (physical agents / 26-Disorders (repeated trauma)	29-Other
24. Employee's Work Activity When	Experience Yes	ars Weeks
Injury or Illness Occurred	25. Experience in This Job Title	For Official Use Only
. 11	26. Experience at This Mine	Degree
N//+	27. Total Mining Experience	Accident Type
● Section D—Return to Duty Information	Answer 30 & 31 when o	Accident Class Schoduled Chases
	e Returned to Regular Job 30. Number of Days 31. Nu	Numbe Restric
complete items 20, 20, 9, 31)	Nonth . Dav. / Year (if none, enter 0)	Activity
N//+	MIA	ents C
Person Completing Form (name)	Title	APR 1 8 2005
Date This Board Browned (month day year)	SAFETY DEST. Area Code and Phone Number	
Date This Report Prepared (month, day, year)	Area Code and Phone Number	Topological Control of the Control o
MSHA Form 7000-1, Feb 00 (Revised)		
Page 2 MAIL THIS COPY TO YOUR LOCAL M	SHA DISTRICT OFFICE.	



Mine Accident, Injury and Illness Report U.S. Department of Labor

Mine Safety and Health Administration

>	pt .

Section A—Identification Data	Approved for Use Through	September 30, 2002, OMB Number 1219	-0007
MSHA ID Number Contractor ID Report Cate		Check here if repo	rt
46-08791/ MUK) Metal/No	nmetal Mining Coal M	lining pertains to contrac	tor.
Mine Name	Company Name	*	
JH6D		DAIR Y MAINTENAUC	<u>E</u>
Section B— Complete for Each Reportable Accident Ir			
Accident Code (circle applicable code—see instructions) 04 - Inundation	Ignition 06 – Mine Fire 01	2 - Serious Injury 03 - Entrapmen 7 - Explosives 08 - Roof Fall 2 - Offsite Injury	t
Name of Investigator Annual State Investigator Month Day	<u> </u>	s Taken to Prevent Recurrence of Accident	t
Section C— Complete for Each Reportable Accident, I	njury or Iliness		
5. Circle the Codes Which Best Describe Where Accident/Inj	ury/Illness Occurred (see instructions)		
(a) Surface Location: 02-Surface at Underground Mine	30-Mill, Preparation Plant, etc. 03-Stri	p/Open Pit Mine 04-Surface Auger Ope	eration
05-Culm Bank/Refuse Pile 06-Dredge Mining 12-Of	•		
(b) Underground Location: 01-Vertical Shaft 02-Slope/(c) Underground Mining Method: 01-Longwali 02-Shortwa	_		
		dods withing out land of the daying out	———
6. Date of Accident 7. Time of Accident Month Day Year	8. Time Shift Started	Pam .	
3 9 05 3:10 E	pm /2:00	□ pm	
Describe Fully the Conditions Contributing to the Accident	/Injury/Illness, and Quantify the Damage	or Impairment	
INJURIAD WAS OPANING		COOP TO GO THROUG	<u>-2+</u>
INHENA A DITECTE DE ROC	K FIELL	6	
10 Fourier and Inches			
10. Equipment Involved Type	Manufacturer	Model Number	10
11. Name of Witness to Accident/Injury/Illness	12. Number of Reportat	ble Injuries or from This Occurrence	Man
13. Name of Injured/III Employee	14. Sex	15. Date of Birth	12
6	4.6		16
16. Last Four Digits of Social 17. Regular Job Title Security Number	18. Check if this	19. Check if this Injury/Illness	17
	Injury/Illness resulted in death	resulted in permanent disa h. (include amputation, loss o	of use.
20 What Directly Inflicted Inline 100	3 4 4	& permanent total disability	y). 19 20
20. What Directly Inflicted Injury or Illness? LIEUE OF FALLIOU ROCK	21. Nature of Injury or III	liness —	21
22. Part of Body Injured 23. Occupational Illness (circ	cle Applicable code-see instructions)	21–Occupational Skin Dise	
or Affected 22-Dust Diseases of the			
25-Disorders (physical a	• • • • • • • • • • • • • • • • • • • •	0.	
24. Employee's Work Activity When Injury or Illness Occurred	Experience	Years Weeks	
	25. Experience in This Job Title	For Official	Use Only
· , · · · ·	26. Experience at This Mine	Degree	
	27. Total Mining Experience	Accident Type	
Section D— Return to Duty Information	Answer 30 & 31 wh		
	ed to Regular Job 30. Number of Days city (or item 28) Away from Work		
complete items 29, 30, & 31)	Day Year - (if none, enter 0)	Activity (if no e,	
Daniel Company			
	itie Careera	MAR 1 6 2	2005
Date This Report Prepared (month, day, year)	rea Code and Phone Number	<u> </u>	——[[]
3-15-05	301 - 334 - Q186		
MSHA Form 7000-1, Feb 00 (Revised)			
Page 2 MAIL THIS COPY TO YOUR LOCAL MSHA DIST	RICT OR SUBDISTRICT OFFICE.		

U.S. Department of Labor

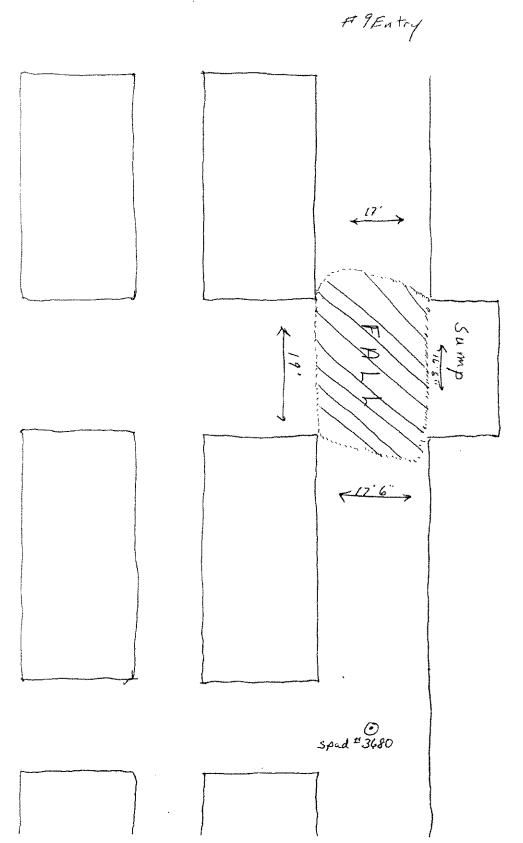
Mine Safety and Health Administration

Page 2 MAIL THIS COPY TO YOUR LOCAL MSHA DISTRICT OFFICE.

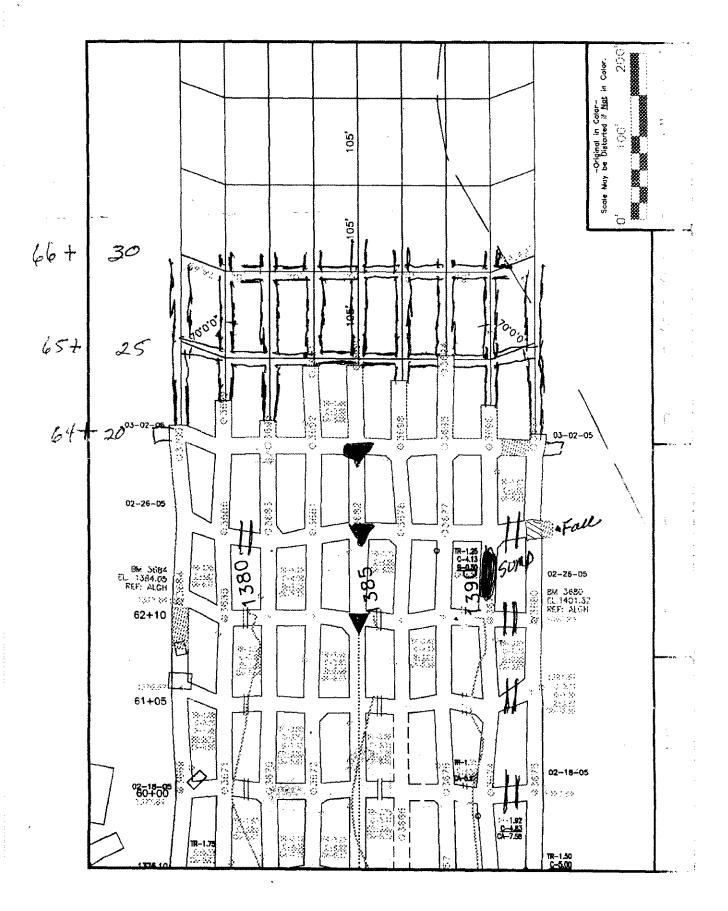


Section A—Identification Data	Approved for Use Throug	n December 31, 2004, OMB Number 1219-0007
	Report Category	Check here if report pertains to contractor.
46-08791		Mining Period is a contractor.
SAGO MINO	Company Name NUKER W.I) M. A. A. 1144 CO	Inc.
Section B—Complete for Each Reportable		
Accident Code (circle applicable code—see in		02 - Serious Injury 03 - Entrapment
	e .	07 – Explosives 08 Roof Fall
09 – Outburst 10 – li	Impounding Dam 11 - Hoisting	12 - Offsite Injury
2. Name of Investigator 3. D	Date Investigation Started 4. Step	s Taken to Prevent Recurrence of Accident
	13 04 OS SET M.A	e Posts ShortoRoof
● Section C—Complete for Each Reportable	Accident, Injury or Illness	
5. Circle the Codes Which Best Describe Where	Accident/Injury/Illness Occurred (see instructions	
(a) Surface Location: 02-Surface at Undergrou	und Mine 30-Mill, Preparation Plant,etc. 03-Strip	/Open Pit Mine 04-Surface Auger Operation
05-Culm Bank/Refuse Pile 06-Dredge Mini	ing 12-Other Surface Mining 17-Independent S	hops (with own MSHA ID) 99-Office Facilities
	02-Slope/Inclined Shaft 03-Face 04 Intersect	
(c) Underground Mining Method: 01-Longwall (02-Shortwall 03-Conventional Stoping 05 Conti	nuous Mining 06-Hand 07-Caving 08-Other
6. Date of Accident 7. Time of	Accident 8. Time Shift Started	
Month Day Year 12:	30 Jam // 00	
	7,7,00	<u> </u>
	the Accident/Injury/Illness, and Quantify the Dama Roof fall was Sound C	
	Roof fall was Sound & Measured 22' Long	12:30 Am, March
	ukenby spad # 3680 or	Main's Section
Fall was not inby h	road he pount	mains Section
1317 6602 110 - 11.09	pora.	
40 Cardana at large at	M	
10. Equipment Involved Type	Manufacturer /A	Model Number 10 Man
11. Name of Wilness to Accident/Injury/Illness	A N/A 12. Number of Reports	w/A Man
11. Name of Wilness to Accident/Injury/Illness	12. Number of Reporte	w/A Man Able Injuries or from This Occurrence
11. Name of Wilness to Accident/Injury/Illness	12. Number of Reports Illnesses Resulting	Man able Injuries or from This Occurrence 15. Date of Birth 12
11. Name of Wilness to Accident/Injury/Illness	12. Number of Reporte	w/A Man Able Injuries or from This Occurrence
11. Name of Witness to Accident/Injury/Illness 13. Name of Injured/III Employee 14. Last Four Digits of Social 17. Regular	12. Number of Reports Illnesses Resulting 14. Sex Male Male Female T Job Title	Man Able Injuries or from This Occurrence 15. Date of Birth 12 Month Day Year 14 16 19. Check if this Injury/Illness 17
11. Name of Witness to Accident/Injury/Illiness 13. Name of Injured/III Employee	12. Number of Reports Illnesses Resulting 14. Sex Male NA Female	Man able Injuries or from This Occurrence 15. Date of Birth 12 Month Day Year 14 16 19. Check if this Injury/Illness sulted in permanent disability finelude amputation, loss of use,
11. Name of Witness to Accident/Injury/Illiness 13. Name of Injured/III Employee 16. Last Four Digits of Social Security Number 17. Regular	12. Number of Reports Illnesses Resulting 14. Sex Male Female Tyob Title 18. Check if this Injury/Illness Assulted in deal	manuable Injuries or from This Occurrence 15. Date of Birth 12 Month Day Year 14 16 19. Check if this Injury/Illness sulted in permanent disability functude amputation, loss of use, a permanent total disability). 18 19
11. Name of Witness to Accident/Injury/Illiness 13. Name of Injured/III Employee 16. Last Four Digits of Social Security Number 20. What Directly Inflicted Injury or Illness?	12. Number of Reports Illnesses Resulting 14. Sex 15. Male 16. Sex 17. Male 18. Check if this Injury/Illness Injury/Illness 18. Sex 19. Check if this Injury/Illness 19. Sex 19. Check if this Injury/Illness 19. Sex 21. Nature of Injury or	manuable Injuries or from This Occurrence 15. Date of Birth 12 Month Day Year 14 16 19. Check if this Injury/Illness sulted in permanent disability functude amputation, loss of use, a permanent total disability). 18 19
11. Name of Witness to Accident/Injury/Illiness 13. Name of Injured/III Employee 16. Last Four Digits of Social Security Number 20. What Directly Inflicted Injury or Illness? 22. Part of Body Injured 23. Occupational	12. Number of Reports Illnesses Resulting 14. Sex 14. Sex Male Female T Job Title 18. Check if this Injury/Illness Injury/Illness Injury/Illness Injury or Illness (circle Applicable code—see instructions)	Man able Injuries or from This Occurrence 15. Date of Birth 12 Month Day Year 14 16 19. Check if this Injury/Illness sulted in permanent disability finclude amputation, loss of use, a permanent total disability). Illness 20 21 21–Occupational Skin Diseases
11. Name of Witness to Accident/Injury/Illness 13. Name of Injured/III Employee 16. Last Four Digits of Social Security Number 20. What Directly Inflicted Injury or Illness? 22. Part of Body Injured or Affected 22-Dust Dise 25-Disorders	12. Number of Reports Illnesses Resulting 14. Sex 15. Male 16. Sex 17. Male 18. Check if this Injury/Illness Injury/Illness 18. Sex 19. Check if this Injury/Illness 19. Sex 19. Check if this Injury/Illness 19. Sex 21. Nature of Injury or	manuable Injuries or from This Occurrence 15. Date of Birth 12 Month Day Year 14 16 19. Check if this Injury/Illness sulted in permanent disability finclude amputation, loss of use, a permanent total disability). Illness 21 21 21 22 (toxic agents) 24 Man Man Man Man Man 12 12 14 16 17 18 19 21 21 21 21 21 22 21 22 24 Poisoning (toxic materials)
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11. Name of Witness to Accident/Injury/Illness 13. Name of Injured/III Employee 16. Last Four Digits of Social Security Number 20. What Directly Inflicted Injury or Illness? 22. Part of Body Injured or Affected 22-Dust Dise 25-Disorders	12. Number of Reports Illnesses Resulting 14. Sex Male Female Female 18. Check if this Injury/Illness Auture of Ipidry or Illness (circle Applicable code—see instructions) eases of the lungs 23 Bespiratory Conditions s (physical agents) 26 Disorders (repeated tra	Man Able Injuries or from This Occurrence 15. Date of Birth 12 Month Day Year 14 16 19. Check if this Injury/Illness 17 Sulted in permanent disability th. Reclude amputation, loss of use, a permanent total disability). Illness 20 21 21–Occupational Skin Diseases 22 (toxic agents) 24–Poisoning (toxic materials) 24 uma) 29–Other
11. Name of Witness to Accident/Injury/Illiness 13. Name of Injured/III Employee 16. Last Four Digits of Social Security Number 20. What Directly Inflicted Injury or Illness? 22. Part of Body Injured or Affected 22—Dust Dise 25—Disorders 24. Employee's Work Activity When	12. Number of Reports Illnesses Resulting 14. Sex 14. Sex Male Female 18. Check if this Injury/Illness 19. Nature of Ippliry or Illness (circle Applicable code—see instructions) 19. Bespiratory Conditions 29. Bespiratory Conditions 26. Disorders (repeated training Experience	Man Able Injuries or from This Occurrence 15. Date of Birth 12 Month Day Year 14 16 19. Check if this Injury/Illness suited in permanent disability th. Relude amputation, loss of use, a permanent total disability). Illness 20 21 21–Occupational Skin Diseases 22 (toxic agents) 24–Poisoning (toxic materials) 24 Years Weeks For Official Use Only Degree
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11. Name of Witness to Accident/Injury/Illness 13. Name of Injured/III Employee 16. Last Pour Digits of Social Security Number 20. What Directly Inflicted Injury or Illness? 22. Part of Body Injured 23. Occupational or Affected 22–Dust Dise 25–Disorders 24. Employee's Work Activity When Injury or Illness Occurred Section D—Return to Duty Information 28. Permanently Transferred or Terminated (if checked, complete items 29, 89, & 31)	12. Number of Reports Illnesses Resulting 14. Sex A	Man able Injuries or from This Occurrence 15. Date of Birth 12 Month Day Year 14 16 19. Check if this Injury/Illness sulted in permanent disability finclude amputation, loss of use, a permanent total disability). Illness 20 21 21–Occupational Skin Diseases 22 (toxic agents) 24–Poisoning (toxic materials) 24 uma) 29–Other Years Weeks For Official Use Only Degree Accident Type Accident Class Scheduled Charge Restrict Way Scheduled Charge
11. Name of Witness to Accident/Injury/Illness 13. Name of Injured/III Employee 16. Last Four Digits of Social Security Number 20. What Directly Inflicted Injury or Illness? 22. Part of Body Injured 23. Occupational or Affected 22–Dust Dise 25–Disorders 24. Employee's Work Activity When Injury or Illness Occurred Section D—Return to Duty Information 28. Permanently Transferred or Terminated (if checked, complete items 29, 89, & 31) Person Completing Form (name)	12. Number of Reports Illnesses Resulting 14. Sex A	Man able Injuries or from This Occurrence 15. Date of Birth 12 Month Day Year 14 16 19. Check if this Injury/Illness sulted in permanent disability finclude amputation, loss of use, a permanent total disability). Illness 21 21 21 21 22 21 21 22 21 24 29 Other Years Weeks For Official Use Only Degree Accident Type Accident Class Scheduled Charge Restrict Wash Activity of the Court of the Cou
11. Name of Witness to Accident/Injury/Illness 13. Name of Injured/III Employee 16. Last Pour Digits of Social Security Number 20. What Directly Inflicted Injury or Illness? 22. Part of Body Injured 23. Occupational or Affected 22–Dust Dise 25–Disorders 24. Employee's Work Activity When Injury or Illness Occurred Section D—Return to Duty Information 28. Permanently Transferred or Terminated (if checked, complete items 29, 89, & 31)	12. Number of Reports Illnesses Resulting 14. Sex A	Industrial Park Injury

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Mine Accident, Injury and Illness Report U.S. Department of Labor

Mine Safety and Health Administration



NFOL/MACH SHUTTLE CAR CASUR/STBY

Michael No Number Confractor ID Report Category Mental Nonmetal Mining	Section A—Identification	Data	Appı	oved for Use Thro	ugh December 31	, 2004, OMB Number 1219-0007	
Metal/Horneland Mining Metal/Horneland Min	MSHA ID Number Contri	actor ID Report C				Check here if report	
Section B—Complete for Each Reportable Accident Immediately Reported to MSHA 1. Accident Code (circle applicable Accident Immediately Reported to MSHA 1. Accident Code (circle applicable Accident Immediately Reported to MSHA 0.4 - Inundation 0.5 - Gas or Dust Ignation 0.6 - Mine Fire 1.7 - Exploseves 0.8 - Ptool Fall 0.9 - Cutburst 1.0 - Impounding Dam 1.1 - Holsting 1.2 - Offsto Injury 2. Name of Investigator 3. Date Investigator 3.0 - June Investigator 3.0 - The Investiga	46-08741	Metal	/Nonmetal Mining	L+ COE	Mining	pertains to contractor.	
Section B—Complete for Each Reportable Accident Immediately Reported to MSHA 1. Accident Code (circle applicable code—see instructions) 04 — hundation 05 — Gas or Dust Ignition 10 — hundation 09 — Outburst 10 — Impounding Dem 11 — Holding 12 — Offiste Injury 2. Name of Investigator Section C—Complete for Each Reportable Accident, Injury or Illness 5. Oction the Codes Which Rest Describe Where Accident/ Injury Illness Occurred (see instructions) (a) Surface Location: 02-Surface at Underground Minn 30-Mili, Preparation Plant etc. 03-Sitip/Open Pt Mine 04-Surface Auger Operation 05-Culm Bank Reduse Pile 05-Dredge Minning 12-Cher Surface Minning 17-Independent Shops (with own MSHA ID) 99-Office 160-Other 05-Underground English Pile 05-Dredge Minning 12-Cher Surface Minning 17-Independent Shops (with own MSHA ID) 99-Office 160-Other 05-Underground English Pile 05-Dredge Minning 12-Cher Surface Minning 17-Independent Shops (with own MSHA ID) 99-Office 160-Other 05-Outh Bank Reduse Pile 05-Dredge Minning 12-Cher Surface Minning 17-Independent Shops (with own MSHA ID) 99-Office 160-Other 05-Outh Bank Reduse Pile 05-Dredge Minning 12-Cher Surface Minning 17-Independent Shops (with own MSHA ID) 99-Office 160-Other 05-Outh Bank Reduse Pile 05-Dredge Minning 12-Cher Surface Minning 17-Independent Shops (with own MSHA ID) 99-Office 160-Other 05-Outh Bank Reduse Pile 05-Dredge Minning 12-Cher Surface Minning 17-Independent Shops (with own MSHA ID) 99-Office 160-Other 05-Outh Bank Reduse Pile 05-Dredge Minning 17-Independent Shops (with own MSHA ID) 99-Office 160-Other 05-Outh Bank Reduse Pile 05-Dredge Minning 17-Independent Shops (with own MSHA ID) 99-Office 160-Other 05-Outh Bank Reduse Pile 05-Dredge Minning 17-Independent Shops (with own MSHA ID) 99-Office 160-Other 05-Outh Bank Reduse Pile 05-Outh MSHA 06-Outh Bank Reduse Pile 05-Outh MSHA 06-Outh Bank Reduse Pile 05-	Mine Name	A			-		
1. Accident Code (corde applicable code—see instructions) OB - Durburst OB - Curburst OB - Cu					<u> </u>	·	
O4 - Inundation 05 - Gas or Dust Ignation 10 - Impounding Dam 11 - Holsting 12 - Offste Injury 12 - Name of Investigator 10 - Impounding Dam 11 - Holsting 12 - Offste Injury 12 - Offste Injury 12 - Offste Injury 12 - Offste Injury 13 - Offste Injury 14 - Offst					02 Corious Ini	unu 02 Entropment	
2. Name of Investigator 3. Date investigator 3. Date investigator 4. Steps Taken to Prevent Recurrence of Accident Month Day Year Section C—Complete for Each Reportable Accident, Injury or Illness 5. Circle the Codes Which Best Describe Where Accident/Injury or Illness 5. Circle the Codes Which Best Describe Where Accident/Injury or Illness 5. Circle the Codes Which Best Describe Where Accident/Injury or Illness 6. Surface Location: 02-Sutface all Underground Mine 30-Mill, Preparation Plant, acc. 03-Stot/Open Pit Mine 04-Surface Augur Operation 05-Curn Bank/ Patters Plant with own MSHA ID) 59-Office Facilities (b) Underground Location: 01-Vertical Shaft 02-Stope/Inclined Shaft 03-Face @-Intersection 05-Underground Shop; Office 06-Other of Underground Shop; Office 06-Other of Other of Othe	· · ·		•			7	
Section C—Complete for Each Reportable Accident, Injury or Illiness 5. Circle the Codes Which Beat Describe Where Accident/Injury/Illiness Occurred (see instructions) 6. Surface Cacherian (24-Surface at Underground Mine 30-Mill, Preparation Plant, etc. 03-Strip/Open Pix Mine 04-Surface Auger Operation OS-Cum Bank/Retuse Pile 08-Dredge Mining 12-Cither Surface Mining 17-Independent Shops (with own MSHA ID) 39-Office Facilities (ii) Underground Mining Method: 01-Longwal 02-Stoper/Inclined Shaft 03-Face @Intersection 05-Underground Shops (with own MSHA ID) 39-Office Facilities (ii) Underground Mining Method: 01-Longwal 02-Storewill 03-Conventional Stoping (iii) Continuous Mining 06-Hand 07-Caving 08-Office 60-Officer 1	09 - Outb	urst 10 - Impoundi	ing Dam 11	Hoisting	12 – Offsite Inji	ury	
5. Circle the Codes Winch Best Describe Where Accident/Injury/Illiness Occurred (see instructions) (a) Surface Location: 02-Surface at Underground Mine 30-Mill Preparation Plant.etc. 03-Stric/Open Pit Mine 04-Surface Auger Operation 05-Curl Bank/Refluse Pile Ob-Protego Mining 12-Other Surface Mining 17-Describe Plant.etc. 03-Stric/Open Pit Mine 04-Surface Auger Operation 05-Curl Bank (Plant Pile) 19-Office Pacificis (b) Underground Location: 01-Vertical Shaft 02-Slope/Inclined Shaft 03-Face 19-Intersection 05-Underground Shop/Office 08-Other (c) Underground Mining Method: 01-Longwal 02-Shortwall 03-Conventional Stoping (30-Continuous Mining 06-Hand 07-Caving 08-Other (c) Underground Shop/Office 08-Other	2. Name of Investigator			4. S	teps Taken to Prev	vent Recurrence of Accident	
(a) Surface Location: 02-Surface at Underground Mine 30-Mill, Preparation Plant, etc. 03-Strip/Open Pit Mine 04-Surface Auger Operation 05-Cutm Bank/Refuse Pile 06-Dredge Mining 12-Other Surface Mining 17-Independent Shops (with own MSHA ID) 99-Office Facilities (b) Underground Location: 01-Vertical Shaft 02-Stope/Inclined Shaft 03-Face 09-Intersection 05-Underground Shop/Office 06-Other (c) Underground Mining Method: 01-Longwall 02-Shortwall 03-Conventional Stoping 03-Continuous Mining 06-Hand 07-Caving 08-Other (c) Underground Mining Method: 01-Longwall 02-Shortwall 03-Conventional Stoping 03-Continuous Mining 06-Hand 07-Caving 08-Other 18-Date of Accident 19-Date of Intersection 19-Date	Section C—Complete for	Each Reportable Acciden	t, Injury or Illness				
09-Odling Bank/ Reluse Pille 06-Dredge Mining 12-Other Surface Mining 17-Independent Shops (with own MSHA ID) 99-Office Facilities (8) Underground Location: 01-Vertical Shaft 02-Slope/Indined Shaft 03-Face @hierasection 05-Underground Shop/Office 06-Other (0) Underground Mining Method: 01-Longwaii 02-Scont-valid 03-Conventional Stoping 03-Continuous Mining 06-Hand 07-Caving 08-Other 6. Date of Accident 7. Time of Accident 8. Time Shift Started 9 pm 6 00 pm 7. Shift Started 9 pm 6 00 pm 7. Shift Started 9 pm 8. Shift Starte	5. Circle the Codes Which Bes	t Describe Where Accident	/injury/Illness Occur	red (see instruction	าร)		
(8) Underground Location: 01-Vertical Shaft 02-Slope/Inclined Shaft 03-Face Chinerection 06-Underground Shop/Office 06-Other (c) Underground Mining Method: 01-Longwall 02-Shortwall 03-Conventional Stoping (35-Continuous Mining 06-Hand 07-Caving 08-Other 09-Other 19-Other 1	(a) Surface Location: 02-Sur	face at Underground Mine	30-Mill, Preparation	Plant,etc. 03-St	rip/Open Pit Mine	04-Surface Auger Operation	
6. Date of Accident 7. Time of Accident 1. An tempting to the Accident/Injury/Illness, and Quantity the Damaga or Impairment 1. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantity the Damaga or Impairment 1. An tempting to the Accident/Injury/Illness 1. Name of Vitiness to Accident/Injury/Illness 1. Name of Vitiness to Accident/Injury/Illness 1. Name of Injured/Ill Employee 1. Name of Injured/Ill Employee 1. Nature of Injured (Ill Employee) 1. Nature of Injury or Illness 2. Describer (repeated trauma) 2. Under the Accident (application of Reportable Injury or Illness 2. La the Car Cable 2. Part of Body Injured 2. Describer (repeated trauma) 2. Describer (repeated trauma) 2. Experience 2. Total Mining Experience 3. Number of Days (31	05-Culm Bank/Refuse Pile	06-Dredge Mining 12-	Other Surface Mining	17-Independent	Shops (with own	MSHA ID) 99-Office Facilities	
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Month Day Year JII. 45 pm 6 00 pm 7	(c) Underground Mining Metho	d: 01-Longwall 02-Short	wall 03-Convention	al Stoping 05 Cor	ntinuous Mining C	6-Hand 07-Caving 08-Other	
2 28 05 1/. 45 pm 6 00 pm 8 9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment was Alternative to "force" a skuttle car Cable that had Caught on the section power center, when tersion of shuttle car tookup stack on cable it in turn struck Alt the struck	6. Date of Accident	7. Time of Accident	8.	Time Shift Started			
8. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment Describe Fully the Conditions Contributing to the Accident/Injury/Illness		11:11-	···········	() - 0			7
had Caught on the scale power centers, when to so not shuffle car took up stack on table it in turn struck. At the scale power centers, when to so not shuffle car took up stack on table it in turn struck. At the struck At the struck	<u> </u>			T	<u> </u>	· · · · · · · · · · · · · · · · · · ·	8
40. Equipment involved Shuffile Car Full Stear Jo-/ Insert Model Number 10 Man	9. Describe Fully the Condition	s Contributing to the Accid	ent/Injury/Illness, an	d Quantify the Dar	nage or Impairme	nt Relia Mat	
40. Equipment involved Shuffile Car Full Stear Jo-/ Insert Model Number 10 Man	had coucht a	the section	ASSIGN THE	e a sku	n tersion	on chuttle	
10. Equipment Involved Shuffle Car In Steer Joy Manufacturer Model Number 10 Manufacturer Model Number 10 Manufacturer Model Number 11 Manufacturer Model Number 11 Manufacturer Model Number 12 Manufacturer Model Number 12 Manufacturer Model Number 12 Manufacturer Model Number 12 Manufacturer Model Number 13 Manufacturer Model Number 14 Manufacturer Model Number 15 Manufacturer Model Number 16 Manufacturer Model Number 17 Manufacturer Model Number 18 Manufacturer Model Number 19 Manufacturer 1	took wa stack	on cable it	atura sto	uck I	2(16 23/02)	JI JAAN IE CAY	
10. Equipment Involved Shuffle Car In Steer Joy Manufacturer Model Number 10 Manufacturer Model Number 10 Manufacturer Model Number 11 Manufacturer Model Number 11 Manufacturer Model Number 12 Manufacturer Model Number 12 Manufacturer Model Number 12 Manufacturer Model Number 12 Manufacturer Model Number 13 Manufacturer Model Number 14 Manufacturer Model Number 15 Manufacturer Model Number 16 Manufacturer Model Number 17 Manufacturer Model Number 18 Manufacturer Model Number 19 Manufacturer 1		6				Al Hertin	lan, per s
11. Name of Witness to Accident/Injury/Illness 12. Name of Witness to Accident/Injury/Illness 13. Name of Witness to Accident/Injury/Illness 14. Sex 15. Date of Birth 16. Last Four Digits of Social Security Number 16. Last Four Digits of Social Security Number 17. Regular Job Title Security Number 18. Check if this Injury/Illness Injury/Illness resulted in death. Injury/Illness resulted in death. Injury or Illness 3. Lattle Cac Cable 22. Part of Body Injured or Affected 22. Part of Body Injured 23. Occupational Illness (circle Applicable code—see instructions) or Affected 22. Dust Diseases of the Lungs 23-Respiratory Conditions (toxic agents) 24-Poisoning (toxic materials) 24-Poisoning (toxic materials) 24-Disorders (physical agents) 25-Disorders (physical agents) 25-Disorders (physical agents) 26-Disorders (repeated trauma) 27. Total Mining Experience 28. Experience at This Mine 29. Experience at This Mine 20. Experience at This Mine 21. Nature of Injury or Illness 24. Poisoning (toxic materials) 25-Disorders (physical agents) 26-Disorders (repeated trauma) 27. Total Mining Experience 28. Experience at This Mine 29. Experience at This Mine 20. Number of Days 13. Number of Days 14. Accident Class 14. Accident Class 14. Accident Class 14. Accident		6			-	1	~ <u>~</u>
11. Name of Witness to Accident/Injury/Illness 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence 13. Name of Injured/III Employee 14. Sex 15. Date of Birth 16. Last Four Digits of Social Security Number 17. Regular Job Title Injury/Illness resulted in death. Injury/Illness resulted in death. Injury Illness resulted in death. Injury Illness Shuff Ic Cac Cable 22. Part of Body Injured 23. Occupational Illness (circle Applicable code—see instructions) 24. Employee's Work Activity When Injury or Illness Occurred 25. Experience 26. Experience at This Mine 27. Total Mining Experience 27. Total Mining Experience 28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) 28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) 29. Date Returned to Regular Job Away from Work (if none, enter.) 19. Name of Reportable Injuries or Illnesses Resulting from This Occurrence 19. Name of Injury or Illness Cocurrence 19. Date Returned to Regular Job Away from Work (if none, enter.) 29. Date Returned to Regular Job Away from Work (if none, enter.) 29. Date Returned to Regular Job Away from Work (if none, enter.) 29. Date Returned to Regular Job Away from Work (if none, enter.) 20. A Schoonour 20. A Schoonour 21. Name of Report Prepared (month, day, year) 22. Name of Injury or Illness Cocurrence 23. Name of Injury or Illness (circle Applicable code—see instructions) 24. Employee's Work Activity When Injury or Illness 25. Experience in This Job Title 26. Experience 27. Total Mining Experience 28. Permanently Transferred or Answer 30 & 31 when case is closed 29. Date Returned to Regular Job Away from Work (if none, enter.) 29. Date Returned to Regular Job Away from Work (if none, enter.) 29. Date Returned to Regular Job Away from Work (if none, enter.) 29. Date Returned to Regular Job Away from Work (if none, enter.) 29. Date Returned to Regular Job Away from Work (if none, enter.) 29. Date Returned to Regular Job Away from	10. Equipment Involved		М	anufacturer	7		10
Illnesses Resulting from This Occurrence					4-14-3-2-4-	1056	Man
13. Name of Injured/III Employee 14. Sex 15. Date of Birth 12. Indicated Injury of III Injury / IIIness resulted in death. 20. What Directly Inflicted Injury or IIIness? 21. Nature of Injury or IIIness 22. Part of Body Injured 23. Occupational IIIness (circle Applicable code—see instructions) 24. Employee's Work Activity When Injury or IIIness Occurred 25. Experience 26. Experience in This Job Title 27. Total Mining Experience 28. Permanently Transferred or Terminated (if checked, complete Items 29, 30, & 31) 29. Date Returned to Regular Job at Full Capacity (or Item 28) 29. Date Returned		nt/injury/inness	12			rrence /	
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16. Last Four Digits of Social Security Number 17. Regular Job Title	······	Mary and the second sec	, et 1964 as 63/5	нирован 1811		INAL IVAL	14
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25. Experience in This Job Title 26. Experience at This Mine 27. Total Mining Experience 28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) 29. Date Returned to Regular Job at Full Capacity (or item 28) Away from Work (if none, enter 0) Answer 30 & 31 when case is closed Away from Work (if none, enter 0) Answer 30 & 31 when case is closed Away from Work (if none, enter 0) Answer 30 & 31 when case is closed Away from Work (if none, enter 0) Answer 30 & 31 when case is closed Accident Class Scheduled Charge Activity of the part of the complete items 29, 30, & 31) Person Completing Form (name) Title Answer 30 & 31 when case is closed Activity of the complete items 29, 30, & 31) Answer 30 & 31 when case is closed Activity of the complete items 29, 30, & 31) Answer 30 & 31 when case is closed Activity of the complete items 29, 30, & 31) Answer 30 & 31 when case is closed Activity of the complete items 29, 30, & 31) Answer 30 & 31 when case is closed Activity of the complete items 29, 30, & 31) Answer 30 & 31 when case is closed Activity of the complete items 29, 30, & 31) Answer 30 & 31 when case is closed Activity of the complete items 29, 30, & 31) Answer 30 & 31 when case is closed Activity of the complete items 29, 30, & 31) Answer 30 & 31 when case is closed Activity of the complete items 29, 30, & 31) Answer 30 & 31 when case is closed Activity of the complete items 29, 30, & 31 when case is closed Activity of the complete items 29, 30, & 31 when case is closed Activity of the complete items 29, 30, & 31 when case is closed Answer 30 & 31 when case is closed Activity of the complete items 29, 30, & 31 when case is closed Answer 30 & 31 when case is closed Answer 30 & 31 when case is closed Activity of the complete items 29, 30, & 31 when case is closed Answer 30 & 31 when case is closed Answ	24. Employee's Work Activity V	,, ,		sorders (repeated i			
26. Experience at This Mine 27. Total Mining Experience 27. Total Mining Experience 28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) 29. Date Returned to Regular Job at Full Capacity (or item 28) Month Day Year Month Day Year Date This Report Prepared (month, day, year) Accident Type Accident Class Scheduled Charge Activity of hope en MAR 10 205 MAR 10 205 Afea Code and Phone Number 304-473-1674	Injury or Illness Occurred	,,,,,	,	This lab Title	Value VV6		
27. Total Mining Experience 27. Total Mining Experience 27. Total Mining Experience 28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) 29. Date Returned to Regular Job at Full Capacity (or item 28) Month Day Year Month Day Year Person Completing Form (name) Title Accident Type Accident Class Scheduled Charge Restrict Work (if none, enter 0) Activity of hope enter Activity of hope enter MAR 1 0 2005 Afea Code and Phone Number 304-473-1676					L /.		nly
Section D—Return to Duty Information 28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) 29. Date Returned to Regular Job at Full Capacity (or item 28) Month Day Year Month Day Year MAR 10 205 Accident Class Scheduled Charge Restrict Work Activity of plane of Days Away from Work (if none, enter 0) Area Code and Phone Number 304-473-1676	T- 6	*****					
28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) 29. Date Returned to Regular Job at Full Capacity (or item 28) Month Day Year Month Day Year Person Completing Form (name) Title Schoonover Safety Dest Area Code and Phone Number 304-473-1676	Section D Peturn to Dut	(Information	27. Iotal Mining Ex	`		Applied and Olege	
Terminated (if checked, complete items 29, 30, & 31) Person Completing Form (name) Title Date This Report Prepared (month, day, year) at Full Capacity (or item 28) Away from Work (if none, enter 0) Away from Work (if none, enter 0) Area Code and Phone Number 304-473-1676			ned to Regular Joh)S8U	
Person Completing Form (name) Title James 1. Schoonover Safety Next Date This Report Prepared (month, day, year) Afea Code and Phone Number 304-473-/676	Terminated (if checked,	at Full Cap	acity (or item 28)	Away from Wo	ork Restricted 0) Activity of		#
Date This Report Prepared (month, day, year) Safety Dest Alea Code and Phone Number 304-473-1676	Person Completing Form (nam	e)	Title		IIN	1 D 1 O 1005	#
Date This Report Prepared (month, day, year) Afea Code and Phone Number 304-473-/676	James A. Schoon	over Safe				II MAU + ↑ ← ← → → → III -	#
	Date This Report Prepared (mo	onth, day, year)	Area Code and Pho	ne Number			华
	MSHA Form 7000-1, Feb 00 (F		J-1 11376)	Ψ			+

NFDL/ FRBK

Mine Accident, Injury and Illness Report

U.S. Department of Labor

Mine Safety and Health Administration



Rt/

Section A—Identification Data	App	roved for Use Through	December 31, 2004, 0	OMB Number 1219-0007
MSHA ID Number Contractor ID	Report Category			Check here if report
46-08791	Metal/Nonmetal Mining		ining	pertains to contractor.
Mine Name	Company N			
SAGO MINE	ANKERWIU. Min.			
● Section B—Complete for Each Reports	······································	orted to MSHA		
Accident Code (circle applicable code—se	•		2 - Serious Injury	03 - Entrapment
	~		7 – Explosives 2 – Offsite Injury	08 - Roof Fall
	3. Date Investigation Started Month Day Year		s Taken to Prevent Rec	currence of Accident
Section C—Complete for Each Reports				
5. Circle the Codes Which Best Describe Wh	• •	,	(O. 10) A. 1	
(a) Surface Location: 02–Surface at Under				n .
05-Culm Bank/Refuse Pile 06-Dredge (b) Underground Location: 01-Vertical Sha	-		• •	•
(c) Underground Mining Method: 01-Longw			-	
(c) Orderground winning wearloa. U1-E011gw	ali 02-3101 (wali 03-Convention	ar stoping to-Contin	uous iviiling to-naile	U7-Cavilly 06-Oniel
	e of Accident 8.	Time Shift Started	_	
Month Day Year	/30 Pan		am	
<u> </u>		<u> </u>	Hpm > 2-20.0	8
9. Describe Fully the Conditions Contributing				
The Injured employe				
maer on the Mains see	tion when arock of	ell from bet	ween bolts	
vv		,	~~~~~	

10. Equipment Involved Tr	ype M	lanufacturer	Mada	Number 10
)	AI/A	Node	Number 10
11. Name of Witness to Accident/Injury/Illne		2. Number of Reportat	ole Injuries or	- 18α
T 6		Illnesses Resulting	rom This Occurrence	1
13. Name of Injured/III Employee	1	4. Sex	15. Da	ate of Birth 12
***************************************			Mon	/
16. Last Four Digits of Social 17. Reg				
Security Number	ular Job Title	18. Check if this Injury/Illness		f this Injury/Illness 17 d in permanent disability 18
6	6	resulted in deatl	n. (include	e amputation, loss of use, 19 anent total disability).
20. What Directly Inflicted Injury or Illness?	2	1. Nature of Injury or I	Iness - /	20
<u>-</u>		1 6.		<u> </u>
or Affe tod	onal filmess (circle Applicable code	,		cupational Skin Diseases 22
LE Dust	-	espiratory Conditions (sorders (repeated trau	• ,	soning (toxic materials) 24
24. Employee's Work Activity When		Jordon (repeated trad		177
Injury or Illness Occurred	Experience	-1. 1.11.1.	Years Weeks	
	25. Experience in) /_	For Official Use Only
	26. Experience at	This Mine		Degree
	27. Total Mining Ex	xperience		Accident Type
Section D—Return to Duty Information		Answer 30 & 31 wl		Accident Class ATION
28. Permanently Transferred or 2 Terminated (if checked.	9. Date Returned to Regular Job at Full Capacity (or item 28)	30. Number of Days	7 1	Scheduled Charge/\/
complete items 29, 30, & 31)	Month Day Year	Away from Work (if none, enter 0)	Restricted Work Activity (if noneyma	Keyword
	()	6	enter	1 -4 -4 All II: 44 -
Person Completing Form (name)	Title	1 \		
James Schoonover			P	A TONIEN
Date This Report Prepared (month, day, year	safety Dept r) Area Code and Pho	ne Number		4 IVEU
3/2/05	304-473-16	76		
MSHA Form 7000-1, Feb 00 (Revised)		444444		
Page 2 MAIL THIS COPY TO YOUR LOCA	AL MSHA DISTRICT OFFICE.			

Mine Accident, Injury and Illness Report U.S. Department of Labor



MOCIFSEM
FRENER/CRIBS/CA-VIII
BETWEEN

Mine Safety and Health Administration	
Section A—Identification Data	Approved for Use Through December 31, 2004, OMB Number 1219-0007
MSHA ID Number Contractor ID Report Category	Check here if report
46-08791	nertains to contractor
Mine Name Cor	npany Name
	I.V. Mining Co. Inc
Section B—Complete for Each Reportable Accident Immediate	y Reported to MSHA
Accident Code (circle applicable code—see instructions) 04 - Inundation	01 - Death 02 - Serious Injury 03 - Entrapment 06 - Mine Fire 11 - Hoisting
2. Name of Investigator 3. Date Investigation Start Month Day Year	Iness S Occurred (see inst paration Plant, etc.
Section C—Complete for Each Reportable Accident, Injury or II	ness (M) M (M 3)
5. Circle the Codes Which Best Describe Where Accident/Injury/Illness	3 Occurred (see inst
(a) Surface Location: 02-Surface at Underground Mine 30-Mill, Pre	paration Plant etc.
05-Culm Bank/Refuse Pile 06-Dredge Mining 12-Other Surface	Mining 17-Indept
(b) Underground Location: 01-Vertical Shaft 02-Slope/Inclined Shaft	aft 03-Face 04
(c) Underground Mining Method: 01-Longwall 02-Shortwall 03-Con	, X, (1)
6. Date of Accident 7. Time of Accident	8. Time Shift Started
Month Day Year	a. Time Sink Started
2 16 05 5:30 pm	11:00 From 2-15-05
9. Describe Fully the Conditions Contributing to the Accident/Injury/Illr	ess, and Quantify the Damage or Impairment
Blocking the feeder with cris	bs to pull on tailpiece.
Citurance was close + Freder st	d off of cr.bs.
between Feeder + Coul R.h. Accid	dent occured I Bienk inby spad A
3622 in the PS Entit	
10. Equipment Involved Type Stamfer Feeder Coal Feeder	Manufacturer Model Number 10
11. Name of Witness to Accident/Injury/Illness	Stamler BF-14A-37-103C Man 12. Number of Reportable Injuries or
	Illnesses Resulting from This Occurrence
13. Name of Injured/III Employee	14. Sex 15. Date of Birth 12
The state of the s	Month Day Year 14
16. Last Four Digits of Social 17. Regular Job Title	16
16. Last Four Digits of Social 17. Regular Job Title Security Number	18. Check if this Injury/Illness 17 Injury/Illness resulted in permanent disability 18
	resulted in death. (include amputation, loss of use, & permanent total disability). 19
20. What Directly Inflicted Injury or Illness?	21. Nature of Injury or Illness 20
Feeder and Coullib	21
22. Part of Body Injured 23. Occupational Illness (circle Applica	ole code—see instructions) 21—Occupational Skin Diseases 22
or Affected 22-Dust Diseases of the Lungs	23-Respiratory Conditions (toxic agents) 24-Poisoning (toxic materials) 24
25–Disorders (physical agents)	26-Disorders (repeated trauma) 29-Other
24. Employee's Work Activity When Injury or Illness Occurred Experience	Yeare Weeks
25. Experie	nce in This Job Title For Official Use Only
26. Experie	nce at This Mine Degree
27. Total M	ning Experience Accident Type
● Section D—Return to Duty Information	Answer 30 & 31 when case is closed Accident Class
28. Permanently Transferred or 29. Date Returned to Regula	
Terminated (if checked, at Full Capacity (or item complete items 29, 30, & 31)	
Month Day Y	ear (if none, enter 0) Activit (if or enter 0) enter
Person Completing Form (name) Title	TIDY COD A A MOST
	\\ FEB 2 4 2005
INCOMES A SALAMONEY SALAMONEY	
Date This Report Prepared (month, day, year) Area Code a	
	nd Phone Number

U.S. Department of Labor

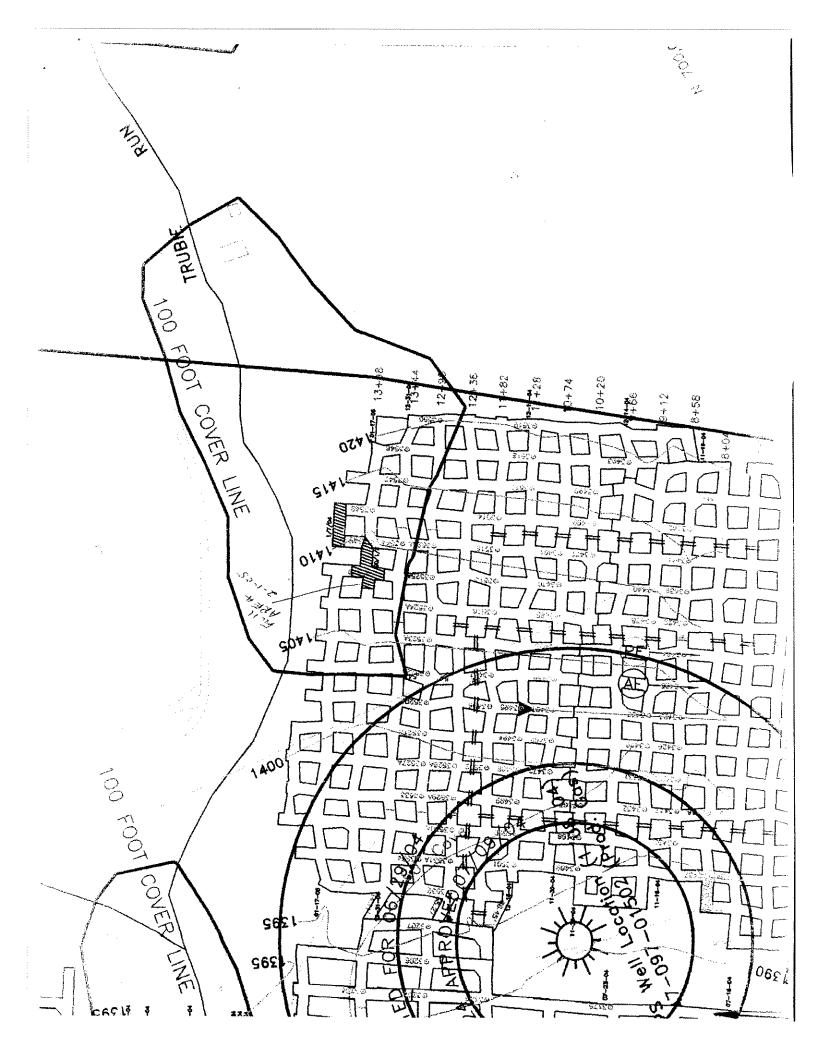
Mine Safety and Health Administration



Section A— Identification Data	Approved for Use Through September 30, 2002, OMB Number 1219-0007
MSHA ID Number Contractor ID Repo	ort Category Check here if report
46-08791 DM	Metal/Nonmetal Mining Pertains to contractor.
Mine Name	Company Name
	W.U. Mining Co. Inc
Section B—Complete for Each Reportable Acc	
_	or Dust Ignition 06 – Mine Fire 07 – Explosives 08 – Roof Fall unding Dam 11 – Hoisting 12 – Offsite Injury
2. Name of Investigator 3. Date I	nvestigation Started 4. Steps Taken to Prevent Recurrence of Accident
Month 02	Day Year DI Set M.ne props floor to Roof- Dangered off
Section C— Complete for Each Reportable Acc	
5. Circle the Codes Which Best Describe Where Acci	dent/injury/illness Occurred (see instructions)
	Mine 30-Mill, Preparation Plant,etc. 03-Strip/Open Pit Mine 04-Surface Auger Operation
05-Culm Bank/Refuse Pile 06-Dredge Mining	12-Other Surface Mining 17-Independent Shops (with own MSHA ID) 99-Office Facilities
(b) Underground Location: 01-Vertical Shaft 02-	-Slope/Inclined Shaft 03-Face 69-Intersection 05-Underground Shop/Office 06-Other
	Shortwall 03-Conventional Stoping 09-Continuous Mining 06-Hand 07-Caving 08-Other
6. Date of Accident 7. Time of Acci	dent 8. Tirne Shift Started
Month Day Year	Fam Fam 7
02 01 05 6:10	□pm 6:00 □pm
Describe Fully the Conditions Contributing to the A	ccident/Injury/Illness, and Quantify the Damage or Impairment
	was sound @ 610 Am in the old 1st Right
	no longer being mined. Area was pangered off
and wine prous were set in	all accesses, old ISTRT Punel - I Break inby \$3545 (spud =)
Fall Has been investigated	
10. Equipment Involved Type	Manufacturer Model Number 10
N/V+ N/A	N//4 N//4 Man
11. Name of Witness to Accident/Injury/Illness	12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence
13. Name of Injured/III Employee	14. Sex 15. Date of Birth 12
	Male Month Day Year 14
NA	N/A Female N/A 16
16. Last Four Digits of Social 17. Regular Job Security Number	
Security Number	Injury/Illness resulted in permanent disability 18 /// resulted in death. //// (include amputation, loss of use,
N/A N/A	N/7+ & permanent total disability). 19
20. What Directly Inflicted Injury or Illness?	21. Nature of Injury or Illness 20
22. Part of Body Injured 23. Occupational Illne	ess (circle Applicable code-see instructions) 21–Occupational Skin Diseases 22
or Affected 22-Dust Disease:	to (office) ipplicable code code instructions/
N/A N/A-25-Disorders (ph	
24. Employee's Work Activity When	Experience Years Weeks
Injury or Illness Occurred	25 Evagriance in This Joh Title
	20 Syndian - AThird Min.
11/1	The second secon
Section D—Return to Duty Information	27. Total Mining Experience Accident Type Answer 30 & 31 when case is closed Accident Class
28. Permanently Transferred or 29. Date	Returned to Regular Job 30, Number of Days 31, Number of Days
Terminated (if checked, at Ful	Capacity (or item 28) Away from Work Restricted Was 150 and 15
complete items 29, 30, & 31)	nth Day Year (if none, enter 0) Activity (if no enter, 0)
NIF	nth NPA Year W/A enter 04
Person Completing Form (name)	Title FFR - 7 2005
James A. Schoonover	Safety Dept. Area Code and Phone Number
Date This Report Prepared (month, day, year)	
2- 3- 05 (C M / C MSHA Form 7000-1, Feb 00 (Revised)	304-473-1676
Page 2 MAIL/THIS COPY TO YOUR LOCAL MSH.	A DISTRICT OR SUBDISTRICT OFFICE.

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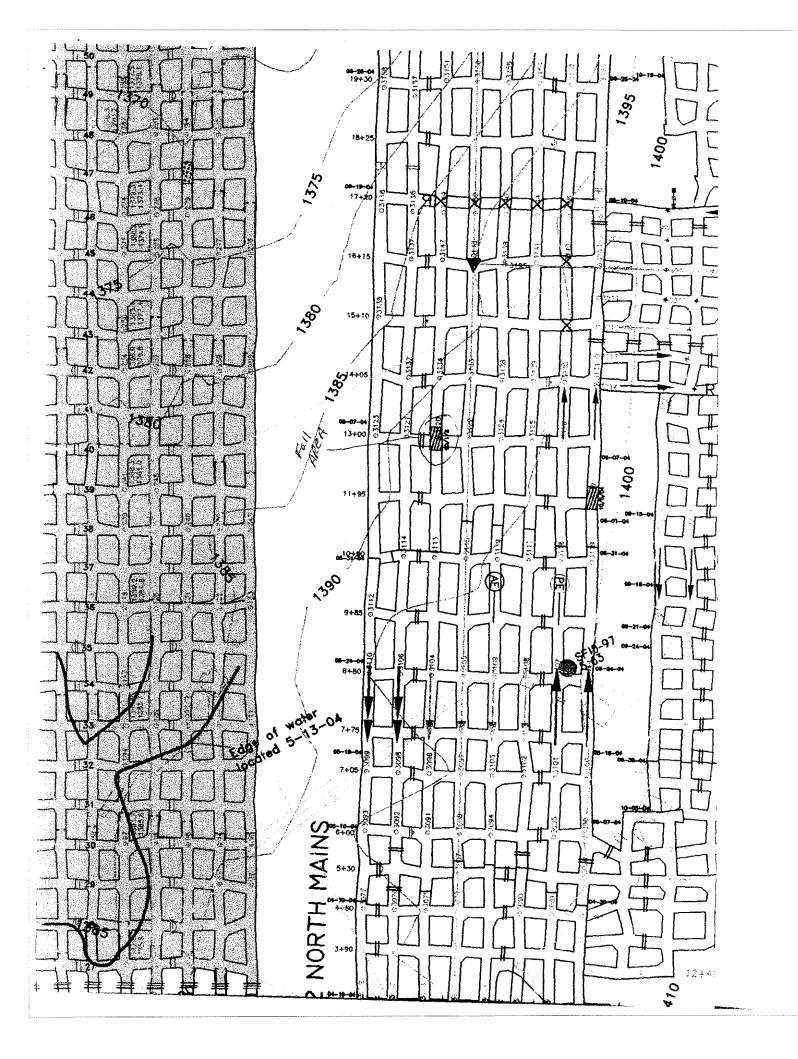


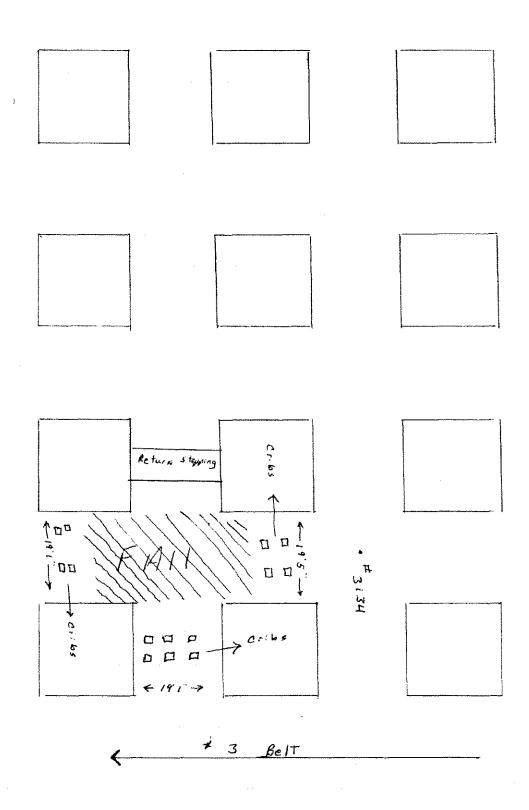
Mine Accident, Injury and Illness Report U.S. Department of Labor

Page 2 MAIL THIS COPY TO YOUR LOCAL MSHA DISTRICT OFFICE.



Section A—Identification I	Data	Appro	oved for Use Through	December 31, 2004,	OMB Number 1219-0007
ISHA ID Number Contra	ictor ID Report Ca				Check here if report
46-08791	☐ Metal/	Nonmetal Mining	4 Coal M	- Tining	pertains to contractor.
line Name		Company N	ame		
SAGO Mine		ANKER W. V.	Mining Co	Inc.	
Section B—Complete for I	Each Reportable Accident	Immediately Repor	rted to MSHA		
. Accident Code (circle applica	able code—see instructions) 01 -	- Death C	02 – Serious Injury	03 - Entrapment
04 – Inund 09 – Outb		•		77 – Explosives 12 – Offsite Injury	8 Roof Fall
Name of Investigator	3. Date Invest	igation Started	4. Step	s Taken to Prevent Re	currence of Accident
6	Month Da	y Year 05	5	et Mine Pro	ops Floor to Roof
Section C—Complete for I	Each Reportable Accident	, Injury or Illness			,
Circle the Codes Which Best	Describe Where Accident/	injury/liiness Occurr	ed (see instructions)		
) Surface Location: 02-Sur	face at Underground Mine	30-Mill, Preparation	Plant,etc. 03-Strip	/Open Pit Mine 04-9	Surface Auger Operation
05-Culm Bank/Refuse Pile					
) Underground Location: 01	•			-	•
) Underground Mining Methor	3: 01-Longwall 02-Shortv	vall 03-Conventiona	il Stoping 05/Contin	uous Mining 06-Han	d 07-Caving 08-Other
Date of Accident	7. Time of Accident	8.	Time Shift Started	······································	****
onth Day Year	_	am am		H am	
02 01 05	2,50	I II pm (6:00	pm	
Describe Fully the Condition	s Contributing to the Accide	nt/Injury/Illness, and	d Quantify the Dama	ge or Impairment	
Aw Unintention Spad #3134 along	a Roaf fall 1	ins sound	@ 1:00 At	2.1.0C 1B.	a. V authu
	# 2				<u> </u>
Space 3154 along	-3 Main line be	elt. Fall m	easured 40	L X 19 W X 8	High_
,	-				7
		· · · · · · · · · · · · · · · · · · ·			
Equipment Involved	Type	Ма	anufacturer	Mod	el Number
N 194	<u>NIP</u>		NIH		<i>VI [</i> +
. Name of Witness to Accide	nt/Injury/Iliness	12	. Number of Reporta	•	
NIA			Illnesses Resulting	from This Occurrence	
I. Name of Injured/III Employ	ee	14	. Sex	15. C	Date of Birth
NIA		NIA	Male Female	Mo	nth NYA Year
Last Four Digits of Social Security Number	17. Regular Job Title] 18. Check if this Injury/Illness		if this Injury/Illness ad in permanent disability
4.44	NIA	1	resulted in deal	th. 11/14-(includ	le amputation, loss of use,
N // T		***************************************	·		nanent total disability).
D. What Directly Inflicted Injur N/A	/ or Illness?	21	Nature of Injury or I	Illness	44404
2. Part of Body Injured	23. Occupational Illness (c	• •	•		ccupational Skin Diseases
or Attacted	22-Dust Diseases of the	ne Lungs 23–Re:	spiratory Conditions	(toxic agents) 24–Po	
or Affected	نا و بستسوال				pisoning (toxic materials)
1 / /	N/P5-Disorders (physical	agents) 26-Dis	orders (repeated trai	ıma) 29-O	
N/A Employee's Work Activity W	· // /	agents) 26–Dis		uma) 29-O	
NA	· // /		orders (repeated trac	·	ther
W/A Employee's Work Activity W Injury or Illness Occurred	· // /	Experience 25. Experience in T	orders (repeated trau	·	For Official Use Only
W/A Employee's Work Activity W Injury or Illness Occurred	· // /	Experience 25. Experience in T 26. Experience at T	orders (repeated trau This Job Title This Mine	·	For Official Use Only Degree
W/A Employee's Work Activity W Injury or Illness Occurred	/hen	Experience 25. Experience in T	orders (repeated trau This Job Title This Mine perience	Years Weeks	For Official Use Only Degree Accident Type
W/A 4. Employee's Work Activity W Injury or Illness Occurred W/A Section D—Return to Duty	/hen / Information	Experience 25. Experience in T 26. Experience at T 27. Total Mining Ex	This Job Title This Mine perience Answer 30 & 31 w	Years Weeks	For Official Use Only Degree Accident Type Accident Class
W/A 4. Employee's Work Activity W Injury or Illness Occurred	/hen / Information if or 29. Date Return	Experience 25. Experience in T 26. Experience at T 27. Total Mining Ex ned to Regular Job	This Job Title This Mine perience Answer 30 & 31 w	Years Weeks	For Official Use Only Degree Accident Type
4. Employee's Work Activity Winjury or Illness Occurred WA Section D—Return to Duty 28. Permanently Transferred	/ Information if or 29. Date Return at Full Cape	Experience 25. Experience in T 26. Experience at T 27. Total Mining Ex ned to Regular Job acity (or item 28)	This Job Title This Mine perience Answer 30 & 31 w 30. Number of Days Away from Work	Years Weeks hen case is closed 31. Number 20068	For Official Use Only Degree Accident Type Accident Class
4. Employee's Work Activity Winjury or Illness Occurred Section D—Return to Duty 28. Permanently Transferred Terminated (if checked, complete items 29, 30, 40)	/ Information d or 29. Date Return at Full Cape	Experience 25. Experience in T 26. Experience at T 27. Total Mining Ex ned to Regular Job	This Job Title This Mine perience Answer 30 & 31 w 30. Number of Days Away from Work (if none, enter 0)	Years Weeks hen case is closed 31. Number 20068	For Official Use Only Degree Accident Type Accident Class
Section D—Return to Duty 28. Permanently Transferred Terminated (if checked, complete items 29, 30, 40, 40, 40, 40, 40, 40, 40, 40, 40, 4	/ Information if or 29. Date Return at Full Cape & 31)	Experience 25. Experience in T 26. Experience at T 27. Total Mining Ex ned to Regular Job acity (or item 28) Day Year	This Job Title This Mine perience Answer 30 & 31 w 30. Number of Days Away from Work	hen case is closed 31. Number Deservice in the case is closed. Activity in the enter Deservice in the case is closed.	For Official Use Only Degree Accident Type Accident Class
Section D—Return to Duty 28. Permanently Transferred Terminated (if checked, complete items 29, 30, and person Completing Form (name	/ Information if or 29. Date Return at Full Cape & 31) Month	Experience 25. Experience in T 26. Experience at T 27. Total Mining Ex red to Regular Job acity (or item 28) Day Year Title	This Job Title This Mine perience Answer 30 & 31 w 30. Number of Days Away from Work (if none, enter 0)	hen case is closed 31. Number Deservice in the case is closed. Activity in the enter Deservice in the case is closed.	For Official Use Only Degree Accident Type Accident Class
Section D—Return to Duty 28. Permanently Transferred Terminated (if checked, complete items 29, 30, 10) Prison Completing Form (name) Sames A. School	y Information if or 29. Date Return at Full Cape & 31) Month e)	Experience 25. Experience in T 26. Experience at T 27. Total Mining Ex red to Regular Job acity (or item 28) Day Year Title SA Scty	This Job Title This Mine perience Answer 30 & 31 w 30. Number of Days Away from Work (if none, enter 0) W/A	hen case is closed 31. Number Deservice in the case is closed. Activity in the enter Deservice in the case is closed.	For Official Use Only Degree Accident Type Accident Class
Section D—Return to Duty 28. Permanently Transferred Terminated (if checked, complete items 29, 30, 4) Person Completing Form (names A. School and This Report Prepared (mo	y Information if or 29. Date Return at Full Cape & 31) Month e)	Experience 25. Experience in T 26. Experience at T 27. Total Mining Ex red to Regular Job acity (or item 28) Day Year Title SAFety Area Code and Phore	This Job Title This Mine perience Answer 30 & 31 w 30. Number of Days Away from Work (if none, enter 0) W/A Ment	hen case is closed 31. Number Deservice in the case is closed. Activity in the enter Deservice in the case is closed.	For Official Use Only Degree Accident Type Accident Class
4. Employee's Work Activity Winjury or Illness Occurred Section D—Return to Duty 28. Permanently Transferred Terminated (if checked, complete items 29, 30, 40)	Information of or 29. Date Return at Full Cape 8. 31) Month e) OUPF onth, day, year)	Experience 25. Experience in T 26. Experience at T 27. Total Mining Ex red to Regular Job acity (or item 28) Day Year Title SA Scty	This Job Title This Mine perience Answer 30 & 31 w 30. Number of Days Away from Work (if none, enter 0) W/A Ment	hen case is closed 31. Number Deservice in the case is closed. Activity in the enter Deservice in the case is closed.	For Official Use Only Degree Accident Type Accident Class





Page 2 MAIL THIS COPY TO YOUR LOCAL MSHA DISTRICT OFFICE.

U.S. Department of Labor



Mine Safety and Health Administration ● Section A—Identification Data Approved for Use Through December 31, 2004, OMB Number 1219-0007 MSHA ID Number Report Category Contractor ID Check here if report pertains to contractor. 46-08791 Metal/Nonmetal Mining Coal Mining Mine Name Company Name SAGOM.AP AWKER W.U. Mining Co. Inc Section B—Complete for Each Reportable Accident Immediately Reported to MSHA 1. Accident Code (circle applicable code—see instructions) 01 - Death 02 - Serious Injury 03 - Entrapment 04 - Inundation 05 - Gas or Dust Ignition 06 - Mine Fire 07 - Explosives 08 - Roof Fall 09 - Outburst 10 - Impounding Dam 11 - Hoisting 12 - Offsite Injury 2. Name of Investigator 3. Date Investigation Started 4. Steps Taken to Prevent Recurrence of Accident Month Day Section C—Complete for Each Reportable Accident, Injury or Illness Circle the Codes Which Best Describe Where Accident/Injury/Illness Occurred (see instructions) (a) Surface Location: 02-Surface at Underground Mine 30-Mill, Preparation Plant, etc. 03-Strip/Open Pit Mine 04-Surface Auger Operation 05-Culm Bank/Refuse Pile 06-Dredge Mining 12-Other Surface Mining 17-Independent Shops (with own MSHA ID) 99-Office Facilities (b) Underground Location: 01--Vertical Shaft 02--Slope/Inclined Shaft 03-Face 04-Intersection 05-Underground Shop/Office 104-Other (c) Underground Mining Method: 01-Longwall 02-Shortwall 03-Conventional Stoping (05-Continuous Mining 06-Hand 07-Caving 08-Other 6. Date of Accident 7. Time of Accident 8. Time Shift Started 4:00 4:20 03 24 Ppm 9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment out of roadway a crib block 10. Equipment Involved Manufacturer A Model Number 10 Man 11. Name of Witness to Accident/Injury/Illness 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence 13. Name of Injured /II Employee 14. Sex 15. Date of Birth 12 Year 14 16 16. Last Four Digits of Social 17. Regular Job Title 18. Check if this 19. Check if this Injury/Illness 17 Security Number Injury/Illness resulted in permanent disability 18 resulted in death. (include amputation, loss of use, 19 & permanent total disability). 20. What Directly Inflicted Injury or Illness? 21. Nature of Injury or Illness 20 Listing 21 22. Part of Body Injured 23. Occupational Illness (circle Applicable code-see instructions) 22 21-Occupational Skin Diseases or Affected 22-Dust Diseases of the Lungs 23-Respiratory Conditions (toxic agents) 24-Poisoning (toxic materials) 24 25-Disorders (physical agents) 26-Disorders (repeated trauma) 24. Employee's Work Activity When Injury or Illness Occurred Experience Years Weeks 25. Experience in This Job Title For Official Use Only 26. Experience at This Mine Degree Accident Type 27. Total Mining Experience **Accident Class** Section D—Return to Duty Information Answer 30 & 31 when case is closed 28. Permanently Transferred or 29. Date Returned to Regular Job 30. Number of Days 31. Number Terminated (if checked, at Full Capacity (or item 28) Away from Work Restrict complete items 29, 30, & 31) (if none, enter 0) Day Activity enter 0) Person Completing Form (name) 2005 James A Schoonover Date This Report Prepared (month, day, year) 5/13/05 MSHA Form 7000-1, Feb 00 (Revised)

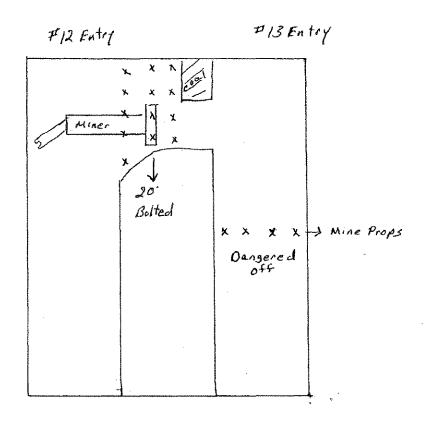
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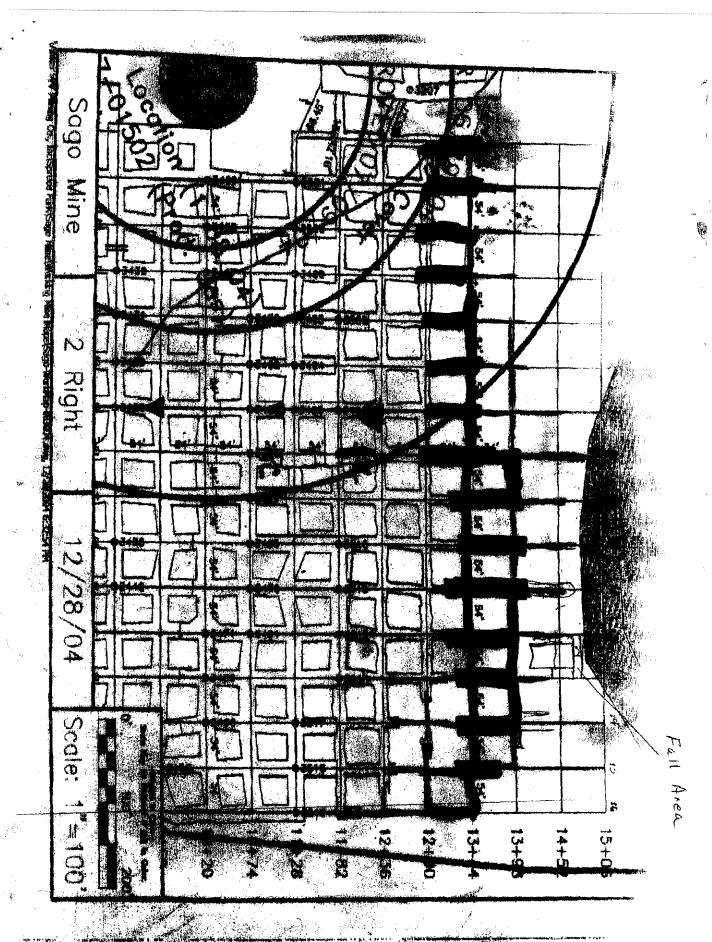
Mine Safety and Health Administration



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Section A—Identification Da	ita	App	proved for Use Throug	h December 31, 20	04, OMB Number 1219-0007	
MSHA ID Number Contract	tor ID Report Ca				Check here if report	
48-08791	☐ Metal/	Nonmetal Mining	L Coal N	Mining	pertains to contractor.	
Mine Name		Company	Name			
SAGO MINE		ANKER W.L	1 Maing Co.	Inc		
Section B—Complete for Ea	ich Reportable Accident	Immediately Rep	orted to MSHA			
Accident Code (circle applicab 04 - Inundat 09 - Outbur	tion 05 – Gas or Dus	st Ignition 06	- Mine Fire	02 – Serious Injury 07 – Explosives 12 – Offsite Injury	03 – Entrapment 08) – Roof Fall	
2. Name of Investigator		igation Started			Recurrence of Accident	
	Month Da		_	en Bolt Pa		
Section C—Complete for Ea	ch Reportable Accident		73.77	en port te		
5. Circle the Codes Which Best D			wood /oos instance			
					1. Builde and Assess Outstanding	
(a) Surface Location: 02-Surface		•	•	•	• •	
05-Culm Bank/Refuse Pile						
(b) Underground Location: 01–1			_	-		
(c) Underground Mining Method:	01~Longwall 02~Shortv	/all 03-Convention	nal Stoping 05-Contin	nuous Mining 06-l	land 07-Caving 08-Other	
6. Date of Accident	7. Time of Accident	8	. Time Shift Started	***************************************		
Month Day Year		am am		H ām		7
1 07 05	3:20		5:30	Dbш		8
9. Describe Fully the Conditions	Contributing to the Accide	nt/Injury/Illness, ar	nd Quantify the Dama	ge or Impairment		
work and fell on a at time of investi	a the Brun	between *	2 entry and	#13 entry 7	too bream to	
work and fell on The	wher the "A" c	un was ane	ued into we "	* 13mn to v. W	lines is Maying	
at time of avect	cation the C.	1 0.+	t -Cuar	+ + + 4	The state of the s	
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thefirst ent was ac	2 4 7.		· · · · · · · · · · · · · · · · · · ·			
10 Equipment Involved	T					
10. Equipment Involved	Туре		lanufacturer f		lodel Number	10
Continuous Miner	Ripper		04		1415 CM	Man
11. Name of Witness to Accident	/injury/illiness	1	2. Number of Reports	ible Injuries or from This Occurrer	200 /3	
	-					
/ .		'	4. Sex	F	5. Date of Birth	12
N/A		11/4	Male		Month Day Year	14
16. Last Foul Digits of Social	17. Regular Job Title	N/M	Female		N//T	16
Security Number	17. negular Job Title	. L	18. Check if this Injury/Illness		eck if this Injury/Illness ulted in permanent disability	17
AI / IA	NILA		resulted in dea	th. /// (inc	clude amoutation, loss of use,	18
7V P4			N/A-		ermanent total disability).	19
20. What Difectly Inflicted Injury of	ir iliness?	2	1. Nature of Injury or	lliness		20
22. Part of Body Injured 2:	^ ^					21
or Affected	3. Occupational Illness (ci				Occupational Skin Diseases	22
NA	22-Dust Digeases of the 25-Disorders (physical	agents) 26-Di	espiratory Conditions sorders (repeated trai	,	-Poisoning (toxic materials) -Other	24
24. Employee's Work Activity Whe	∍n	Experience		Years Weeks		
Injury or filness Occurred	,	25. Experience in	This Job Title		For Official Use O	
1.0		26. Experience at		11/4	→ →	THY
NA				V///T	Degree	
P T		27. Total Mining E	xperience		Accident Type	
Section D—Return to Duty I			Answer 30 & 31 w			
 28. Permanently Transferred of Terminated (if checked, 	r 29. Date Return	ed to Regular Job	30. Number of Days		Scheduled Charge	
complete items 29, 30, & 3	Month	city (or item 28) Day Year	Away from Work (if none, enter 0)	Activit (it note	CEIVER	亚
70//T		10//-	14/14	enter D		
Person Completing Form (name)		Title		II H		Ш
James A School	LOUEF	SASety Area Code and Pho	Dept.	111 \\ 1	JAN 1 2 2005 III	Π
Date This Report Prepared (mont	h, day, year)	Area Code and Pho	ne Number	111 111		$\eta =$
1-10-05		-473-167	<u>'</u>	In n		1
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