

Part 50
Reportable Accidents
MSHA Form 7000-1

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



B

● Section A—Identification Data

Approved for Use Through December 31, 2004, OMB Number 1219-0007

MSHA ID Number 46-08791 Contractor ID _____ Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor.
Mine Name SAGO Company Name Anker 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 _____

[6] Month 12 Day 05 Year 05 Additional Support

● 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 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 06—Other
(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping 05—Continuous Mining 06—Hand 07—Caving 08—Other

6. Date of Accident _____ 7. Time of Accident _____ 8. Time Shift Started _____

Month 12 Day 05 Year 05 ☐ am ☒ pm 6:00 ☐ am ☒ pm

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment

An Unintentional roof fall was found on the 2nd mining section
in the #8 Entry 2 blocks in by spool station #3997. The fall measured
18' W X 7' High X 19' Long

10. Equipment Involved _____ Type N/A Manufacturer N/A Model Number N/A

11. Name of Witness to Accident/Injury/Illness None 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence N/A

13. Name of Injured/Ill Employee N/A 14. Sex ☐ Male ☒ Female 15. Date of Birth _____

16. Last Four Digits of Social Security Number N/A 17. Regular Job Title _____ 18. Check if this Injury/Illness resulted in death. ☐ N/A 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability). ☐ N/A

20. What Directly Inflicted Injury or Illness? N/A 21. Nature of Injury or Illness N/A

22. Part of Body Injured or Affected N/A 23. Occupational Illness (circle Applicable code—see instructions) 21—Occupational Skin Diseases
22—Dust Diseases of the Lungs 23—Respiratory Conditions (toxic agents) 24—Poisoning (toxic materials)
25—Disorders (physical agents) 26—Repetitive (repeated trauma) 29—Other

24. Employee's Work Activity When Injury or Illness Occurred _____ Experience _____ Years _____ Weeks _____
25. Experience in This Job Title _____
26. Experience at This Mine N/A
27. Total Mining Experience _____

● Section D—Return to Duty Information

☐ 28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) N/A 29. Date Returned to Regular Job at Full Capacity (or item 28) _____
30. Number of Days Away from Work (if none, enter 0) N/A 31. Number of Days Restricted Work Activity (if none, enter 0) N/A

Person Completing Form (name) James A. Schoonover Title Safety Dept
Date This Report Prepared (month, day, year) 12/14/05 Area Code and Phone Number 304-473-1676

MSHA Form 7000-1, Feb 00 (Revised)

For Official Use Only

Decision _____
Accident Type _____
Accident Class _____
Scheduled Charge _____
Key _____
DEC _____
REC _____

B

Approved for Use Through December 31, 2004, OMB Number 1219-0007

MSHA ID Number	Contractor ID	Report Category	<input type="checkbox"/> Check here if report pertains to contractor.
41-08791		<input type="checkbox"/> Metal/Nonmetal Mining <input checked="" type="checkbox"/> Coal Mining	

Mine Name _____ Company Name _____

● **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
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6 3

Month	Day	Year
11	27	2005

 Additional support in the area

● **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 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 06--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
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Month	Day	Year		<input type="checkbox"/> am	<input type="checkbox"/> am
11	27	2005	1:00	<input checked="" type="checkbox"/> pm	<input checked="" type="checkbox"/> pm
			7:00	<input type="checkbox"/> pm	<input type="checkbox"/> pm

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment

An Unintentional Roof Fall was discovered on the Northeast Mains, #3 Entry, 37 Block, Return. This fall measured 5' High, 25' Long, 18' wide. Located @ Spad 3761 Torque tension 5' rods were used in this area.

Fall was investigated if 6

10. Equipment Involved	Type	Manufacturer	Model Number	10
non op	N/A	N/A	N/A	Man

11. Name of Witness to Accident/Injury/Illness _____

13. Name of Injured/Ill Employee	14. Sex	15. Date of Birth	12
N/A	<input type="checkbox"/> Male	Month Day Year	14
	<input type="checkbox"/> Female N/A	N/A	16

16. Last Four Digits of Social Security Number	17. Regular Job Title	<input type="checkbox"/> 18. Check if this Injury/Illness resulted in death.	<input type="checkbox"/> 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability).	17
N/A	N/A	N/A	N/A	18
				19

20. What Directly Inflicted Injury or Illness?	21. Nature of Injury or Illness	20
N/A	N/A	21

22. Part of Body Injured or Affected	23. Occupational Illness (circle Applicable code—see instructions)	21—Occupational Skin Diseases	22
	22—Dust Diseases of the Lungs	23—Respiratory Conditions (toxic agents)	24
	25—Disorders (physical agents)	24—Poisoning (toxic materials)	
		26—Disorders (repeated trauma)	
		29—Other	

24. Employee's Work Activity When Injury or Illness Occurred N/A	Experience	Years	Weeks
	25. Experience in This Job Title		
	26. Experience at This Mine	N/A	
	27. Total Mining Experience		

● Section D—Return to Duty Information

<input type="checkbox"/> 28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) <i>N/A</i>	29. Date Returned to Regular Job at Full Capacity (or item 28)	30. Number of Days Away from Work (if none, enter 0) <i>N/A</i>	31. Number of Days Restricted Work Activity (if none, enter 0) <i>N/A</i>						
	<table border="1"> <tr> <td data-bbox="461 1749 568 1755">Month</td> <td data-bbox="568 1749 673 1755">Day</td> <td data-bbox="673 1749 727 1755">Year</td> </tr> <tr> <td><i>N/A</i></td> <td><i>N/A</i></td> <td></td> </tr> </table>	Month	Day	Year	<i>N/A</i>	<i>N/A</i>			
Month	Day	Year							
<i>N/A</i>	<i>N/A</i>								

Person Completing Form (name)	Title
James A. Schoonover	Safety Dept
Date This Report Prepared (month, day, year)	Area Code and Phone Number
12/1/05	304-473-1676

MSHA Form 7000-1, Feb 00 (Revised)

For Official Use Only

Degree

Accident Type

Accident Class

Scheduled Charge

Keyword

5

DEC

R

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



B

Section A—Identification Data

Approved for Use Through December 31, 2004, OMB Number 1219-0007

MSHA ID Number <u>46-08791</u>	Contractor ID	Report Category <input type="checkbox"/> Metal/Nonmetal Mining <input checked="" type="checkbox"/> Coal Mining	<input type="checkbox"/> Check here if report pertains to contractor.
Mine Name <u>SAGO</u>	Company Name <u>Anker W. V. Mining Co. Inc.</u>		

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
09 – Outburst	10 – Impounding Dam	11 – Hoisting	12 – Offsite Injury
			<u>08</u> – Roof Fall

2. Name of Investigator <u>E 6 I</u>	3. Date Investigation Started Month <u>11</u> Day <u>27</u> Year <u>2005</u>	4. Steps Taken to Prevent Recurrence of Accident <u>Additional support in the area</u>
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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 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 06—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 Month <u>11</u> Day <u>27</u> Year <u>2005</u>	7. Time of Accident <u>12:30</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	8. Time Shift Started <u>7:00</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
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9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment

An Unintentional Roof Fall was discovered on the North East Main, #4 Entry (Return) @ 39 Black Spad station #3781. The fall measured 18' High, 20' wide, 70' long. Torque Tension 5' Rods was used in this area.
Fall was Investigated by [6]

10. Equipment Involved <u>none</u>	Type <u>N/A</u>	Manufacturer <u>N/A</u>	Model Number <u>N/A</u>	10 Man
11. Name of Witness to Accident/Injury/Illness <u>none</u>	12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence			
13. Name of Injured/Ill Employee <u>N/A</u>	14. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	15. Date of Birth Month <u>N/A</u> Day <u>N/A</u> Year <u>N/A</u>		12 14 16
16. Last Four Digits of Social Security Number <u>N/A</u>	17. Regular Job Title <u>N/A</u>	18. Check if this Injury/Illness resulted in death. <input type="checkbox"/> <u>N/A</u>	19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, or permanent total disability). <input type="checkbox"/> <u>N/A</u>	17 18 19
20. What Directly Inflicted Injury or Illness? <u>N/A</u>	21. Nature of Injury or Illness <u>N/A</u>			20 21
22. Part of Body Injured or Affected <u>N/A</u>	23. Occupational Illness (circle Applicable code—see instructions) 22—Dust Diseases of the Lungs 23—Respiratory Conditions (toxic agents) 24—Poisoning (toxic materials) 25—Disorders (physical agents) 26—Disorders (repeated trauma) 29—Other			22 24
24. Employee's Work Activity When Injury or Illness Occurred <u>N/A</u>	Experience 25. Experience in This Job Title 26. Experience at This Mine 27. Total Mining Experience	Years <u>N/A</u>	Weeks	

Section D—Return to Duty Information

<input type="checkbox"/> 28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) <u>N/A</u>	29. Date Returned to Regular Job at Full Capacity (or item 28) Month <u>N/A</u> Day <u>N/A</u> Year <u>N/A</u>	30. Number of Days Away from Work (if none, enter 0) <u>N/A</u>	31. Number of Days Restricted Work Activity (if none, enter 0) <u>N/A</u>
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Person Completing Form (name) <u>James A. Schoonover</u>	Title <u>Safety Dept</u>
Date This Report Prepared (month, day, year) <u>12/1/05</u>	Area Code and Phone Number <u>304-473-1676</u>

MSHA Form 7000-1, Feb 00 (Revised)

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

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Logbook
Accident Type
Accident Class
Scheduled Charge
Keyword
DEC - 15
DEC

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



B

● Section A—Identification Data

Approved for Use Through December 31, 2004, OMB Number 1219-0007

MSHA ID Number 46-08791 Contractor ID _____ Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor.
Mine Name SAGO Company Name Anker 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 08

2. Name of Investigator

3. Date Investigation Started

4. Steps Taken to Prevent Recurrence of Accident

[6]

Month Day Year
11 25 2005

Tunnel liner +
Additional support in the area

● 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 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 06—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

Month Day Year
11 25 05

8:45 ☐ am ☐ pm

7:00 ☐ am ☐ pm

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment

An unattended roof fall was discovered on the Northeast main, #6 Entry (Track)
1 Break in by spade 3919. This fall measured 40' long x 20' wide x 7' high. Torque
tension 5' rods were used in this area.

Fall has been investigated by [6]

10. Equipment Involved

Type

Manufacturer

Model Number

None

N/A

N/A

N/A

11. Name of Witness to Accident/Injury/Illness

12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence

None

N/A

13. Name of Injured/Ill Employee

14. Sex

15. Date of Birth

N/A

☐ Male
☐ Female

Month Day Year
N/A

16. Last Four Digits of Social Security Number

17. Regular Job Title

18. Check if this Injury/Illness resulted in death.

19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability).

N/A

N/A

N/A

N/A

20. What Directly Inflicted Injury or Illness?

21. Nature of Injury or Illness

N/A

N/A

22. Part of Body Injured or Affected

23. Occupational Illness (circle Applicable code—see instructions)

21—Occupational Skin Diseases

N/A

22—Dust Diseases of the Lungs

23—Respiratory Conditions (toxic agents)

24—Poisoning (toxic materials)

25—Disorders (physical agents)

26—Disorders (repeated trauma)

29—Other

24. Employee's Work Activity When Injury or Illness Occurred

Experience

Years

Weeks

25. Experience in This Job Title

26. Experience at This Mine

27. Total Mining Experience

● 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)

29. Date Returned to Regular Job at Full Capacity (or item 28)

30. Number of Days Away from Work (if none, enter 0)

31. Number of Days Restricted Work Activity (if none, enter 0)

Month Day Year
N/A

N/A

N/A

N/A

Person Completing Form (name)

Title

James A. Schoonover

Safety Dept

Date This Report Prepared (month, day, year)

Area Code and Phone Number

12/1/05

304-473-1676

MSHA Form 7000-1, Feb 00 (Revised)

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

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Degree	
Accident Type	
Accident Class	
Scheduled Change	
Keyword	
DEC - 5	

Mine Accident, Injury and Illness Report
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 46-08791 Contractor ID _____ Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor.

Mine Name SAGO Company Name Anker W. V. 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 _____ 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 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 06–Other

(c) Underground Mining Method: 01–Longwall 02–Shortwall 03–Conventional Stopping 05–Continuous Mining 06–Hand 07–Caving 08–Other

6. Date of Accident _____ 7. Time of Accident _____ 8. Time Shift Started _____

Month _____ Day _____ Year _____ 11 7 2005 8:15 ☒ am ☒ pm 2:30 ☐ am ☒ pm

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment

Injured was pulling miner cable as C.M.D. was backing continuous miner out of cut when a coal rib fell striking

10. Equipment Involved _____ Type _____ Manufacturer _____ Model Number _____

11. Name of Witness to Accident/Injury/Illness _____ 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence 1

13. Name of Injured/Ill Employee _____ 14. Sex _____ 15. Date of Birth _____

16. Last Four Digits of Social Security Number _____ 17. Regular Job Title _____ 18. Check if this Injury/Illness resulted in death. ☐ 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability). ☐

20. What Directly Inflicted Injury or Illness? Coal Rib 21. Nature of Injury or Illness Struck-by

22. Part of Body Injured or Affected _____ 23. Occupational Illness (circle Applicable code—see instructions) 22–Dust Diseases of the Lungs 24–Poisoning (toxic materials) _____

24. Employee's Work Activity When Injury or Illness Occurred _____

Experience _____ Years _____ Weeks _____

25. Experience in This Job Title _____ 26. Experience at This Mine _____ 27. Total Mining Experience _____

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) _____ 30. Number of Days Away from Work (if none, enter 0) _____ 31. Number of Days Restricted Work Activity (if none, enter 0) _____

Month _____ Day _____ Year _____

Person Completing Form (name) James A. Schunauer Title Safety Dept.

Date This Report Prepared (month, day, year) 11/17/2005 Area Code and Phone Number 304-473-1676

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For Official Use Only

Signature _____

Agent Type _____

Agent Class _____

Scheduled Charge _____

Keyword _____

NOV 21 2005

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



B

Section A—Identification Data

Approved for Use Through December 31, 2004, OMB Number 1219-0007

MSHA ID Number 46-08791 Contractor ID _____ Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor.

Mine Name SAGO Company Name Anker 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 10 Day 26 Year 2005 Set floor to Roof support

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 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 06—Other
(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping 04—Continuous Mining 06—Hand 07—Caving 08—Other

6. Date of Accident _____ 7. Time of Accident 12:30 ☐ am ☒ pm 8. Time Shift Started 600 ☐ am ☒ pm

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment
An unintentional roof fall was discovered in the Northeast Main
1 Break in by sprd station # 3762, F7 Entry. The fall measured
5'4" x 30' long x 18" wide. This area was supported with 5" Torque Tension bolts,
oversize bearing plates (8" x 8") and was developed 3-31-05.

10. Equipment Involved N/A Type N/A Manufacturer N/A Model Number N/A

11. Name of Witness to Accident/Injury/Illness _____ 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence N/A

13. Name of Injured/Ill Employee N/A 14. Sex ☐ Male ☒ Female 15. Date of Birth _____

16. Last Four Digits of Social Security Number N/A 17. Regular Job Title _____ 18. Check if this Injury/Illness resulted in death. ☐ N/A 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, or permanent total disability). ☐ N/A

20. What Directly Inflicted Injury or Illness? N/A 21. Nature of Injury or Illness N/A

22. Part of Body Injured or Affected N/A 23. Occupational Illness (circle Applicable code—see instructions) 21—Occupational Skin Diseases 22—Dust Diseases of the Lungs 23—Respiratory Conditions (toxic agents) 24—Poisoning (toxic materials) 25—Disorders (physical agents) 26—Disorders (repeated trauma) 29—Other

24. Employee's Work Activity When Injury or Illness Occurred _____ Experience _____ Years _____ Weeks _____
25. Experience in This Job Title _____
26. Experience at This Mine N/A
27. Total Mining Experience N/A

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) _____ 30. Number of Days Away from Work (if none, enter 0) N/A 31. Number of Days Restricted Work Activity (if none, enter 0) N/A

Person Completing Form (name) James A. Schoonover Title Safety Dept
Date This Report Prepared (month, day, year) 10/30/05 Area Code and Phone Number 304-473-1676

MSHA Form 7000-1, Feb 00 (Revised)

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

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Decision _____
Accident Type _____
Accident Class _____
Scheduled Change _____
Keyword _____
NOV - 1 2005

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



B

Section A—Identification Data

Approved for Use Through December 31, 2004, OMB Number 1219-0007

MSHA ID Number 46-08791 Contractor ID _____ Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor.

Mine Name SAGO Mine Company Name Anchor W. V. M. 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 _____ 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 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 06—Other
(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping 05—Continuous Mining 06—Hand 07—Caving 08—Other

6. Date of Accident _____ 7. Time of Accident _____ 8. Time Shift Started _____

Month _____ Day _____ Year _____ 1:30 _____ 6:00 _____

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment
Injured was walking around end of S.C., put left hand against the
load end of car and sharp piece of steel caused 6

This Accident was reported to management 11-2-05.

10. Equipment Involved Shuttle Car Type 10SC/Endsteer Manufacturer Joy Model Number 10SC 10
Man

11. Name of Witness to Accident/Injury/Illness _____ 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence 1

13. Name of Injured/ill Employee _____ 14. Sex [6] 15. Date of Birth _____ 12
14
16
17
18
19
20
21
22
24

16. Last Four Digits of Social Security Number [6] 17. Regular Job Title [6] 18. Check if this Injury/Illness resulted in death. ☐ 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability). ☐

20. What Directly Inflicted Injury or Illness? sharp piece of steel 21. Nature of Injury or Illness [6]

22. Part of Body Injured or Affected _____ 23. Occupational Illness (circle applicable code—see instructions) _____ 21—Occupational Skin Diseases
22—Dust Diseases of the Lungs 23—Respiratory Conditions (toxic agents) 24—Poisoning (toxic materials)
25—Disorders (physical agents) 26—Disorders (repeated trauma) 29—Other

24. Employee's Work Activity When Injury or Illness Occurred _____ Experience _____ Years _____ Weeks _____

25. Experience in This Job Title _____ 26. Experience at This Mine _____ 27. Total Mining Experience _____

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) _____ 30. Number of Days Away from Work (if none, enter 0) [6] 31. Number of Days Restricted Work Activity (if none, enter 0) _____

Person Completing Form (name) James A. Schooner Title Safety Dept.
Date This Report Prepared (month, day, year) 11/10/05 Area Code and Phone Number 304-473-1676

MSHA Form 7000-1, Feb 00 (Revised)

For Official Use Only

Degree _____

Accident Type _____

Accident Class _____

Scheduled _____

Keyword _____

NOV 14 2005

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



B

Section A—Identification Data

Approved for Use Through December 31, 2004, OMB Number 1219-0007

MSHA ID Number 46-08791 Contractor ID _____ Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor.

Mine Name SAGO Company Name Anker 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 [6] 3. Date Investigation Started Month 10 Day 20 Year 2005 4. Steps Taken to Prevent Recurrence of Accident Set Floor to Roof Support

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 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 06—Other
(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping 04—Continuous Mining 06—Hand 07—Caving 08—Other

6. Date of Accident Month 10 Day 20 Year 2005 7. Time of Accident 11:00 ☒ am ☐ pm 8. Time Shift Started 600 ☒ am ☐ pm

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment
An Unintentional Roof Fall was caused in the North East Mains, #1 Entry, 10' in by sprd station 3185. Between Footage marks 28+75 + 26+65 the fall measured 150' L x 18' W x 5' H. This area was supported with 5' Torque Tension bolts, Roof mat + over sized bearing plates (8" x 8"). This area was developed 7-29-04.

10. Equipment Involved Type Manufacturer Model Number
N/A N/A N/A N/A

11. Name of Witness to Accident/Injury/Illness N/A 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence N/A

13. Name of Injured/Ill Employee N/A 14. Sex ☐ Male ☐ Female 15. Date of Birth Month N/A Day N/A Year N/A

16. Last Four Digits of Social Security Number N/A 17. Regular Job Title N/A 18. Check if this Injury/Illness resulted in death. ☐ 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, permanent total disability). ☐

20. What Directly Inflicted Injury or Illness? N/A 21. Nature of Injury or Illness N/A

22. Part of Body Injured or Affected N/A 23. Occupational Illness (circle Applicable code—see instructions) 21—Occupational Skin Diseases
22—Dust Diseases of the Lungs 23—Respiratory Conditions (toxic agents) 24—Poisoning (toxic materials)
25—Disorders (physical agents) 26—Disorders (repeated trauma) 29—Other

24. Employee's Work Activity When Injury or Illness Occurred

Experience	Years	Weeks
25. Experience in This Job Title		
26. Experience at This Mine		
27. Total Mining Experience		

Section D—Return to Duty Information

☐ 28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) N/A 29. Date Returned to Regular Job at Full Capacity (or item 28) Month N/A Day N/A Year N/A

30. Number of Days Away from Work (if none, enter 0) N/A 31. Number of Days Restricted Work Activity (if none, enter 0) N/A

Person Completing Form (name) James A. Schoonover Title Safety Dept
This Report Prepared (month, day, year) 2005-10-30-05 Area Code and Phone Number 304-473-1676

For Official Use Only

Define Accident Type
Accident Class
Scheduled Charge
Keywords

NOV - 1 2005

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



B

● Section A—Identification Data

Approved for Use Through December 31, 2004, OMB Number 1219-0007

MSHA ID Number 46-08791	Contractor ID	Report Category <input type="checkbox"/> Metal/Nonmetal Mining <input checked="" type="checkbox"/> Coal Mining	<input type="checkbox"/> Check here if report pertains to contractor.
Mine Name SAGO	Company Name Anker W. U. Mining Co. Inc.		

● Section B—Complete for Each Reportable Accident Immediately Reported to MSHA

1. Accident Code (circle applicable code—see instructions) 04 – Inundation 05 – Gas or Dust Ignition 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 [6]	3. Date Investigation Started Month 10 Day 20 Year 2005	4. Steps Taken to Prevent Recurrence of Accident Set Floor to Roof support
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● 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 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 **06—Other**

(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping **04—Continuous Mining** 06—Hand 07—Caving 08—Other

6. Date of Accident Month 10 Day 20 Year 2005	7. Time of Accident 11:00 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	8. Time Shift Started 6:00 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	9 7 8
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9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment
An Unintentional Roof Fall was found in the Northeast Mains, #1 Entry, 20ft Inby Spad Station 3181. The fall measured 50' L x 18' W x 5' H. This area was developed 7-23-04 and was supported with 5' Torque Tension Rods, Roof mat + oversized bearing plates (8' x 8').

10. Equipment Involved N/A	Type N/A	Manufacturer N/A	Model Number N/A	10 Man
11. Name of Witness to Accident/Injury/Illness N/A	12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence N/A			
13. Name of Injured/Ill Employee N/A	14. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female N/A	15. Date of Birth Month N/A Day N/A Year N/A		12 14 16
16. Last Four Digits of Social Security Number N/A	17. Regular Job Title N/A	18. Check if this Injury/Illness resulted in death. <input type="checkbox"/> N/A		17 18 19
19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, and permanent total disability). <input type="checkbox"/> N/A		20. What Directly Inflicted Injury or Illness? N/A		20 21
21. Nature of Injury or Illness N/A	22. Part of Body Injured or Affected N/A			22 24
23. Occupational Illness (circle Applicable code—see instructions) 22—Dust Diseases of the Lungs 23—Respiratory Conditions (toxic agents) 24—Poisoning (toxic materials) 25—Disorders (physical agents) 26—Disorders (repeated trauma) 29—Other		21—Occupational Skin Diseases		

24. Employee's Work Activity When Injury or Illness Occurred N/A	Experience	Years	Weeks
25. Experience in This Job Title	N/A		
26. Experience at This Mine	N/A		
27. Total Mining Experience	N/A		

● Section D—Return to Duty Information

<input type="checkbox"/> 28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) N/A	29. Date Returned to Regular Job at Full Capacity (or item 28) Month N/A Day N/A Year N/A	30. Number of Days Away from Work (if none, enter 0) N/A	31. Number of Days Restricted Work Activity (if none, enter 0) N/A
--	---	--	--

Person Completing Form (name) James A. Schoonover	Title Safety Dept
Date This Report Prepared (month, day, year) 10/20/2005	Area Code and Phone Number 304-473-1676

MSHA Form 100-1, Feb 00 (Revised)

COPY TO YOUR LOCAL MSHA DISTRICT OFFICE.

For Official Use Only	
Degree	
Accident Type	
Accident Class	
Scheduled Charge	
Keyword	
NOV	

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



B

● Section A—Identification Data

Approved for Use Through December 31, 2004, OMB Number 1219-0007

MSHA ID Number 46-08791 Contractor ID _____ Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor.

Mine Name SAGO Mine Company Name Anker W. V. 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 _____ 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 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 06—Other
(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping 04—Continuous Mining 06—Hand 07—Caving 08—Other

6. Date of Accident

7. Time of Accident

8. Time Shift Started

Month 10 Day 11 Year 2005

10:30 ☒ am ☐ pm

6:00 ☒ am ☐ pm

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment

A Roof fall was discovered on the 2 Left Mains in the #13 Entry @ 4078
This Fall was in by Second Mining. The estimated size - 6' high, 12' wide,
16' long.

10. Equipment Involved

Type

Manufacturer

Model Number

N/A N/A

N/A N/A

11. Name of Witness to Accident/Injury/Illness

12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence

13. Name of Injured/Ill Employee

14. Sex

15. Date of Birth

N/A

☐ Male ☒ Female N/A

Month N/A Day N/A Year N/A

16. Last Four Digits of Social Security Number

17. Regular Job Title

☐ 18. Check if this Injury/Illness resulted in death

☐ 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability).

20. What Directly Inflicted Injury or Illness?

21. Nature of Injury or Illness

22. Part of Body Injured or Affected

23. Occupational Illness (circle Applicable code—see instructions)

21—Occupational Skin Diseases

22—Dust Diseases of the Lungs

23—Respiratory Conditions (toxic agents)

24—Poisoning (toxic materials)

25—Disorders (physical agents)

26—Disorders (repeated trauma)

29—Other

24. Employee's Work Activity When Injury or Illness Occurred

Experience

Years

Weeks

25. Experience in This Job Title

26. Experience at This Mine

27. Total Mining Experience

For Official Use Only

Degree

Accident Type

Accident Class

● 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)

29. Date Returned to Regular Job at Full Capacity (or item 28)

30. Number of Days Away from Work (if none, enter 0)

31. Number of Days Restricted Work Activity (if none, enter 0)

Person Completing Form (name)

Title

James Schoonover

Safety Dept

Date This Report Prepared (month, day, year)

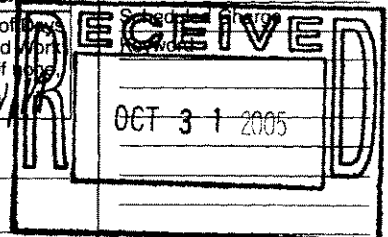
Area Code and Phone Number

10/19/05

304-473-1676

MSHA Form 7000-1, Feb 00 (Revised)

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



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



B

● Section A—Identification Data

Approved for Use Through December 31, 2004, OMB Number 1219-0007

MSHA ID Number 46-08791	Contractor ID	Report Category <input type="checkbox"/> Metal/Nonmetal Mining <input checked="" type="checkbox"/> Coal Mining	<input type="checkbox"/> Check here if report pertains to contractor.
Mine Name SAGO Mine	Company Name Anker 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		
		Month	Day	Year
4. Steps Taken to Prevent Recurrence of Accident				

● 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 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 06—Other **08—Other**
(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping 04—Continuous Mining 06—Hand 07—Caving 08—Other

6. Date of Accident			7. Time of Accident		8. Time Shift Started	
Month	Day	Year				
10	11	2005	700	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm	2 30	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment

Taking stepping out. block fell from top of stepping. 6.

10. Equipment Involved N/A	Type N/A	Manufacturer N/A	Model Number N/A
11. Name of Witness to Accident/Injury/Illness None		12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence 1	

13. Name of Injured/Ill Employee [6]	14. Sex [6]	15. Date of Birth Month Day Year [6]
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16. Last Four Digits of Social Security Number [6]	17. Regular Job Title [6]	18. Check if this Injury/Illness resulted in death. <input type="checkbox"/>	19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability). <input type="checkbox"/>
--	---------------------------------------	---	--

20. What Directly Inflicted Injury or Illness? 6" Hollow Block	21. Nature of Injury or Illness [6]
22. Part of Body Injured [6]	23. Occupational Illness (circle Applicable code—see instructions)
	22—Dust Diseases of the Lungs 23—Respiratory Conditions (toxic agents) 24—Poisoning (toxic materials) 25—Disorders (physical agents) 26—Disorders (repeated trauma) 29—Other

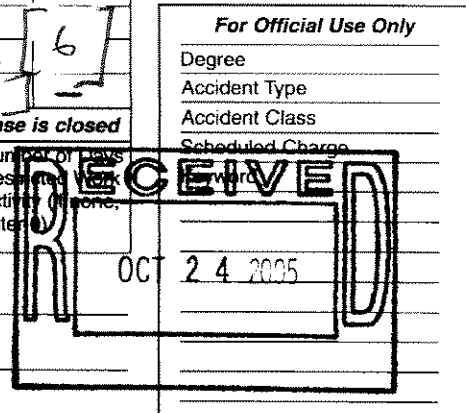
24. Employee's Work Activity When Injury or Illness Occurred	Experience	Years	Weeks
	25. Experience in This Job Title	[6]	[6]
	26. Experience at This Mine	[6]	[6]
	27. Total Mining Experience	[6]	[6]

● Section D—Return to Duty Information

<input type="checkbox"/> 28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31)	29. Date Returned to Regular Job at Full Capacity (or item 28)	30. Number of Days Away from Work (if none, enter 0)	31. Number of Days Resumed Activity (if none, enter 0)
	Month Day Year		

Person Completing Form (name) James Schooner	Title Safety Director
Date This Report Prepared (month, day, year) 10/21/05	Area Code and Phone Number 304-473-1676

MSHA Form 7000-1, Feb 00 (Revised)



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



B

● Section A—Identification Data

Approved for Use Through December 31, 2004, OMB Number 1219-0007

MSHA ID Number 46-08791 Contractor ID _____ Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor.

Mine Name SAGO Mine Company Name ANKER W.V. 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 James Schoonover 3. Date Investigation Started 08/22/2005 4. Steps Taken to Prevent Recurrence of Accident Added support, brow tenders, cablebolts

● 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 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 06—Other
(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping 05—Continuous Mining 06—Hand 07—Caving 08—Other

6. Date of Accident 08/22/2005 7. Time of Accident 5:00 8. Time Shift Started 11:00

Month 08 Day 22 Year 2005 ☒ am ☐ pm

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment

An unintentional roof fall occurred on the 2 West Mains Section 40 ft in by spool station 4093. The fall measured 100' L. x 20' W. x 12' H.

10. Equipment Involved NONE Type N/A Manufacturer N/A Model Number N/A

11. Name of Witness to Accident/Injury/Illness NONE 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence N/A

13. Name of Injured/Ill Employee N/A 14. Sex ☐ Male ☐ Female 15. Date of Birth N/A

16. Last Four Digits of Social Security Number N/A 17. Regular Job Title N/A 18. Check if this Injury/Illness resulted in death. ☐ 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability). ☐

20. What Directly Inflicted Injury or Illness? N/A 21. Nature of Injury or Illness N/A

22. Part of Body Injured or Affected N/A 23. Occupational Illness (circle Applicable code—see instructions) 21—Occupational Skin Diseases 22—Dust Diseases of the Lungs 23—Respiratory Conditions (toxic agents) 24—Poisoning (toxic materials) 25—Disorders (physical agents) 26—Disorders (repeated trauma) 29—Other

24. Employee's Work Activity When Injury or Illness Occurred N/A Experience N/A Years N/A Weeks N/A

● Section D—Return to Duty Information

☐ 28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) N/A 29. Date Returned to Regular Job at Full Capacity (or item 28) N/A 30. Number of Days Away from Work (if none, enter 0) N/A 31. Number of Days Restricted Work Activity (if none, enter 0) N/A

Person Completing Form (name) James H. Schoonover Title Safety Dept
Date This Report Prepared (month, day, year) 8/29/05 Area Code and Phone Number 304-473-1676

MSHA Form 7000-1, Feb 00 (Revised)

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

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Obtain
Accident Type
Accident Class
Scheduled Charge
Keyword
SEP - 1
BR

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



B

● Section A—Identification Data

Approved for Use Through December 31, 2004. OMB Number 1219-0007

MSHA ID Number <u>46-08791</u>	Contractor ID	Report Category <input type="checkbox"/> Metal/Nonmetal Mining <input checked="" type="checkbox"/> Coal Mining	<input type="checkbox"/> Check here if report pertains to contractor.
Mine Name <u>SAGO Mine</u>	Company Name <u>Anker W.V. Mining Co. Inc.</u>		

● 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
Month Day Year

4. Steps Taken to Prevent Recurrence of Accident

● 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 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 06—Other L.O.B.

(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping 04—Continuous Mining 06—Hand 07—Caving 08—Other

6. Date of Accident Month Day Year <u>08</u> <u>12</u> <u>2005</u>	7. Time of Accident <u>11:15</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	8. Time Shift Started <u>2:30</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	7 8
--	---	--	--------

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment

Injured was attempting to "break" loose a sitting on the value bank of the Fletcher roof bolter when the Hyd. Sitting broke, caused 6

10. Equipment Involved <u>none</u>	Type <u>N/A</u>	Manufacturer <u>N/A</u>	Model Number <u>N/A</u>	10 Man
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11. Name of Witness to Accident/Injury/Illness <u>none</u>	12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence <u>1</u>	
---	---	--

13. Name of Injured/Ill Employee <u>[6]</u>	14. Sex <u>[6]</u>	15. Date of Birth Month Day Year <u>[6]</u>	12 14 16
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16. Last Four Digits of Social Security Number <u>[6]</u>	17. Regular Job Title <u>[6]</u>	<input type="checkbox"/> 18. Check if this Injury/Illness resulted in death.	<input type="checkbox"/> 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, permanent total disability).	17 18 19
--	---------------------------------------	--	---	----------------

20. What Directly Inflicted Injury or Illness? <u>value bank</u>	21. Nature of Injury or Illness <u>[6]</u>	
---	---	--

22. Part of Body Injured or Affected <u>[6]</u>	23. Occupational Illness (circle Applicable code—see instructions) 22—Dust Diseases of the Lungs 23—Respiratory Conditions (toxic agents) 24—Poisoning (toxic materials) 25—Disorders (physical agents) 26—Disorders (repeated trauma) 29—Other	21—Occupational Skin Diseases	20 21 22 24
--	---	-------------------------------	----------------------

24. Employee's Work Activity When Injury or Illness Occurred <u>[6]</u>	Experience 25. Experience in This Job Title 26. Experience at This Mine 27. Total Mining Experience	Years Weeks <u>[6]</u>
--	--	-----------------------------

● Section D—Return to Duty information

<input type="checkbox"/> 28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) <u>N/A</u>	29. Date Returned to Regular Job at Full Capacity (or item 28) Month Day Year	30. Number of Days Away from Work (if none, enter 0) <u>[6]</u>	31. Number of Days Restricted Work Activity (if none, enter 0) <u>[6]</u>
--	--	--	--

Person Completing Form (name) <u>James A. Schoonover</u>	Title <u>Safety Dept.</u>
Date This Report Prepared (month, day, year) <u>8/21/05</u>	Area Code and Phone Number <u>304-473-1676</u>

MSHA Form 7000-1, Feb 00 (Revised)

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

For Official Use Only

Index

Accident Type

Accident Class

Scheduled Charge

Keyword

AUG 23

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



B
RF

Section A—Identification Data

Approved for Use Through December 31, 2004, OMB Number 1219-0007

MSHA ID Number 46-08791 Contractor ID _____ Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor.

Mine Name SAGO Mine Company Name Anker W. V. 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 _____ 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 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 06—Other
(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping 05—Continuous Mining 06—Hand 07—Caving 08—Other

6. Date of Accident _____ 7. Time of Accident _____ 8. Time Shift Started _____

Month _____ Day _____ Year _____ 10:50 am pm 2:30 am pm

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment

While operating the Joy 1415 CM continuous miner on the 2 left Section in a
x-cut "3x2" entries, a piece of rock 36" x 28" x 10" thick dislodged from the mine
roof between the rib + rib bolts. The rock struck [] This rock had slick surfaces

10. Equipment Involved NONE Type N/A Manufacturer N/A Model Number N/A

11. Name of Witness to Accident/Injury/Illness NONE 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence 1

13. Name of Injured/Ill Employee [] 14. Sex [] 15. Date of Birth []

16. Last Four Digits of Social Security Number [] 17. Regular Job Title [] 18. Check if this Injury/Illness resulted in death. ☐ 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability). ☐

20. What Directly Inflicted Injury or Illness? Roof Rock 21. Nature of Injury or Illness []

22. Part of Body Injured or Affected 6 23. Occupational Illness (circle Applicable code—see instructions) 21—Occupational Skin Diseases
22—Dust Diseases of the Lungs 23—Respiratory Conditions (toxic agents) 24—Poisoning (toxic materials)
25—Disorders (physical agents) 26—Disorders (repeated trauma) 29—Other

24. Employee's Work Activity When Injury or Illness Occurred _____ Experience _____ Years _____ Weeks _____
25. Experience in This Job Title _____
26. Experience at This Mine _____
27. Total Mining Experience []

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) _____ 30. Number of Days Away from Work (if none, enter 0) _____ 31. Number of Days Restricted Work Activity (if none, enter 0) _____

Person Completing Form (name) James A. Schoonover Title Safety Dept.
Date This Report Prepared (month, day, year) 8/18/05 Area Code and Phone Number 304-478-1676

MSHA Form 7000-1, Feb 00 (Revised)

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

For Official Use Only

Degree _____
Accident Type _____
Accident Class _____
Scheduled Charge _____

AUG 22 2005

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



B
RF

● Section A—Identification Data

Approved for Use Through December 31, 2004, OMB Number 1219-0007

MSHA ID Number 46-08791 Contractor ID _____ Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor.
Mine Name SAGO MINE Company Name Anker W.V. 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 [6] 3. Date Investigation Started Month 08 Day 02 Year 05 4. Steps Taken to Prevent Recurrence of Accident Install longer bolts / tighten bolt at Horn

● 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 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 06—Other
(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping 04—Continuous Mining 06—Hand 07—Caving 08—Other
6. Date of Accident Month 08 Day 02 Year 05 7. Time of Accident 3:00 ☐ am ☒ pm 8. Time Shift Started 2:30 ☐ am ☒ pm
9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment
An unintentional roof fall was discovered in the #5 Entry, 2 left Mains, @ Spad Station 4089. The fall measured 75ft H x 18.5ft W x 50ft long.
[6] were present in fall cavity.

10. Equipment Involved None Type N/A Manufacturer N/A Model Number N/A
11. Name of Witness to Accident/Injury/Illness None 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence N/A
13. Name of Injured/Ill Employee N/A 14. Sex ☐ Male ☒ Female 15. Date of Birth Month N/A Day N/A Year N/A
16. Last Four Digits of Social Security Number N/A 17. Regular Job Title N/A 18. Check if this Injury/Illness resulted in death. ☐ N/A 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, N/A & permanent total disability). ☐ N/A
20. What Directly Inflicted Injury or Illness? N/A 21. Nature of Injury or Illness N/A
22. Part of Body Injured or Affected N/A 23. Occupational Illness (circle Applicable code—see instructions) 21—Occupational Skin Diseases 22—Dust Diseases of the Lungs 23—Respiratory Conditions (toxic agents) 24—Poisoning (toxic materials) 25—Disorders (physical agents) 26—Disorders (repeated trauma) 29—Other

24. Employee's Work Activity When Injury or Illness Occurred
N/A
Experience Years Weeks
25. Experience in This Job Title N/A
26. Experience at This Mine N/A
27. Total Mining Experience N/A

● Section D—Return to Duty Information

☐ 28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) N/A 29. Date Returned to Regular Job at Full Capacity (or item 28) Month N/A Day N/A Year N/A 30. Number of Days Away from Work (if none, enter 0) N/A 31. Number of Days Restricted Work Activity (if none, enter 0) N/A

Person Completing Form (name) James A Schoonover Title Safety Dept.
Date This Report Prepared (month, day, year) 8-8-05 Area Code and Phone Number 304-473-1676

MSHA Form 7000-1, Feb 00 (Revised)

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

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Signature _____

Agent Type _____

Accident Class _____

Scheduled Charge _____

Keyword _____

AUG 10 2005

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



B
RF

● Section A—Identification Data

Approved for Use Through December 31, 2004, OMB Number 1219-0007

MSHA ID Number 46-08791 Contractor ID _____ Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor.

Mine Name SAGO Mine Company Name Anker 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 James Schoonover 3. Date Investigation Started Month 07 Day 21 Year 05 4. Steps Taken to Prevent Recurrence of Accident Tighten Bolt Pattern/Longer bolts

● 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 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 06—Other
(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping 04—Continuous Mining 06—Hand 07—Caving 08—Other

6. Date of Accident Month 07 Day 21 Year 05 7. Time of Accident 7:30 ☒ am ☐ pm 8. Time Shift Started 6:00 ☒ am ☐ pm

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment
An Unintentional Roof fall was discovered in the #9 Entry @ spud station #3993 on #4 Track - Mains. The fall measured 7'h x 18'w x 60'l. Clay was present in main roof (7' above mine roof) - area was cribbed off - dangered off.

10. Equipment Involved None Type N/A Manufacturer N/A Model Number N/A
11. Name of Witness to Accident/Injury/Illness None 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence 0
13. Name of Injured/Ill Employee N/A 14. Sex ☐ Male ☐ Female N/A 15. Date of Birth Month _____ Day _____ Year _____
16. Last Four Digits of Social Security Number N/A 17. Regular Job Title N/A 18. Check if this Injury/Illness resulted in death. ☐ N/A 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability). ☐ N/A
20. What Directly Inflicted Injury or Illness? N/A 21. Nature of Injury or Illness N/A
22. Part of Body Injured or Affected N/A 23. Occupational Illness (circle Applicable code—see instructions) 21—Occupational Skin Diseases
22—Dust Diseases of the Lungs 23—Respiratory Conditions (toxic agents) 24—Poisoning (toxic materials)
25—Disorders (physical agents) 26—Disorders (repeated trauma) 29—Other

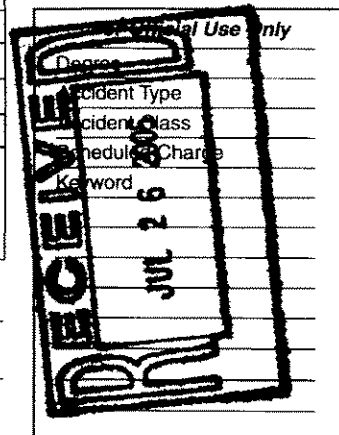
24. Employee's Work Activity When Injury or Illness Occurred
N/A
Experience Years Weeks
25. Experience in This Job Title N/A
26. Experience at This Mine N/A
27. Total Mining Experience N/A

● Section D—Return to Duty Information

☐ 28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) N/A 29. Date Returned to Regular Job at Full Capacity (or item 28) Month _____ Day N/A Year _____
30. Number of Days Away from Work (if none, enter 0) N/A 31. Number of Days Restricted Work Activity (if none, enter 0) N/A

Person Completing Form (name) James Schoonover Title Safety Dept.
Date This Report Prepared (month, day, year) 7/25/05 Area Code and Phone Number 304-473-1676

MSHA Form 7000-1, Feb 00 (Revised)



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



B

● Section A—Identification Data

Approved for Use Through December 31, 2004, OMB Number 1219-0007

MSHA ID Number 46-08791 Contractor ID _____ Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor.

Mine Name SAGO Mine Company Name Anker 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 James Schoonover 3. Date Investigation Started Month 7 Day 11 Year 05 4. Steps Taken to Prevent Recurrence of Accident Taper/angle brows

● 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 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 06—Other
(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping 04—Continuous Mining 06—Hand 07—Caving 08—Other

6. Date of Accident Month 07 Day 11 Year 05 7. Time of Accident 11:20 ☐ am ☒ pm 8. Time Shift Started 3:30 ☐ am ☒ pm

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment
[6] backed miner out of face of #4 Entry, shut off machine and walked towards a roof bolter parked in x-cut #4 x #3 when rock d. slodged from brow at edge of x-cut of #4 Entry. Rock struck [6]

10. Equipment Involved none Type N/A Manufacturer N/A Model Number N/A 10 Man

11. Name of Witness to Accident/Injury/Illness none 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence 1

13. Name of Injured/Ill Employee [6] 14. Sex [6] 15. Date of Birth Month [6] Day [6] Year [6] 12 14 16

16. Last Four Digits of Social Security Number [6] 17. Regular Job Title [6] 18. Check if this Injury/Illness resulted in death. ☐ 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability). ☐ 17 18 19

20. What Directly Inflicted Injury or Illness? Rock / Roof 21. Nature of Injury or Illness Struck by 20 21

22. Part of Body Injured or Affected [6] 23. Occupational Illness (circle Applicable code—see instructions) 24—Occupational Skin Diseases 22
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 Years Weeks
25. Experience in This Job Title [6]
26. Experience at This Mine [6]
27. Total Mining Experience [6]

● 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 [6] Day [6] Year [6] 30. Number of Days Away from Work (if none, enter 0) [6] 31. Number of Days Restricted Work Activity (if none, enter 0) [6]

Person Completing Form (name) James A. Schoonover Title Safety Dept.
Date This Report Prepared (month, day, year) 7-13-05 Area Code and Phone Number 304-473-1676

MSHA Form 7000-1, Feb 00 (Revised)

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

For Official Use Only

Degree _____

Accident Type _____

Accident Class _____

Scheduled Charge _____

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



B

Section A—Identification Data

Approved for Use Through December 31, 2004, OMB Number 1219-0007

MSHA ID Number 46-08791 Contractor ID _____ Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor.

Mine Name SAGO Mine Company Name Anker 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 James Schoonover 3. Date Investigation Started 06/23/05 4. Steps Taken to Prevent Recurrence of Accident Instruction on proper lifting procedure

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 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 09—Other
(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping 05—Continuous Mining 06—Hand 07—Caving 08—Other

6. Date of Accident 06/23/05 7. Time of Accident 12:45 ☐ am ☒ pm 8. Time Shift Started 6:00 ☒ am ☐ pm

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment
[6] Picked up a bag of Rock dust to add to the #2 Dr. area (22 Block)
when he experienced [6]

10. Equipment Involved N/A Type N/A Manufacturer N/A Model Number N/A 10 Man

11. Name of Witness to Accident/Injury/Illness None 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence 1

13. Name of Injured/Ill Employee [6] 14. Sex [6] 15. Date of Birth [6] 12 14 16

16. Last Four Digits of Social Security Number [6] 17. Regular Job Title [6] 18. Check if this Injury/Illness resulted in death. ☐ 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability). ☐

20. What Directly Inflicted Injury or Illness? Lifting 21. Nature of Injury or Illness [6] 20 21

22. Part of Body Injured or Affected [6] 23. Occupational Illness (circle applicable code—see instructions) 21—Occupational Skin Diseases 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

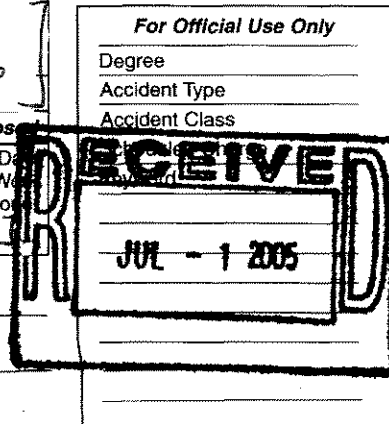
24. Employee's Work Activity When Injury or Illness Occurred [6] Experience Years Weeks 25. Experience in This Job Title 26. Experience at This Mine 27. Total Mining Experience 6

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) [6] 30. Number of Days Away from Work (if none, enter 0) [6] 31. Number of Days Restricted Work Activity (if none, enter 0) [6]

Person Completing Form (name) James A. Schoonover Title Safety Dept
Date This Report Prepared (month, day, year) 6/29/05 Area Code and Phone Number 304-473-1676

MSHA Form 7000-1, Feb 00 (Revised)



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



B

● Section A—Identification Data

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MSHA ID Number 46-08791 Contractor ID _____ Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor.
Mine Name SAGO Mine Company Name ANKER 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 James Schoonover 3. Date Investigation Started Month 06 Day 13 Year 2005 4. Steps Taken to Prevent Recurrence of Accident Get help setting mine props, Have tools wedges, cap boards readily available

● 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 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 06—Other outby
(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping 05—Continuous Mining 06—Hand 07—Caving 08—Other

6. Date of Accident Month 06 Day 11 Year 2005 7. Time of Accident 5:30 ☒ am ☐ pm 8. Time Shift Started 5:30 ☐ am ☒ pm

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment
[6] was attempting to set a mine prop when he bent over to get a cap wedge. The timber started to fall toward a co-worker. In an attempt to catch the timber [6]

10. Equipment Involved N/A Type N/A Manufacturer N/A Model Number N/A

11. Name of Witness to Accident/Injury/Illness [6] 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence 1

13. Name of Injured/Ill Employee [6] 14. Sex [6] 15. Date of Birth Month 6 Day 6 Year 6

16. Last Four Digits of Social Security Number [6] 17. Regular Job Title [6] 18. Check if this Injury/Illness resulted in death. ☐ 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability). ☐

20. What Directly Inflicted Injury or Illness? Mine Prop 21. Nature of Injury or Illness [6]

22. Part of Body Injured or Affected [6] 23. Occupational Illness (circle applicable code—see instructions) 21—Occupational Skin Diseases
22—Dust Diseases of the Lungs 23—Respiratory Conditions (toxic agents) 24—Poisoning (toxic materials)
25—Disorders (physical agents) 26—Disorders (repeated trauma) 29—Other

24. Employee's Work Activity When Injury or Illness Occurred Experience Years Weeks
25. Experience in This Job Title [6]
26. Experience at This Mine [6]
27. Total Mining Experience [6]

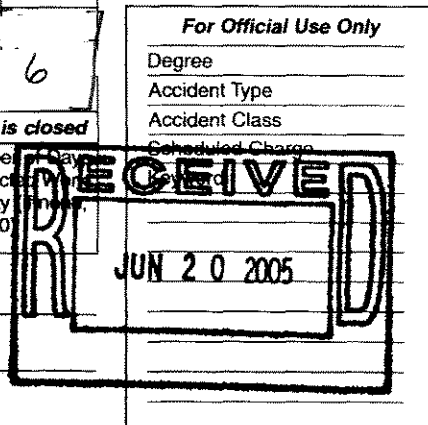
● Section D—Return to Duty Information

☐ 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 _____ 30. Number of Days Away from Work (if none, enter 0) [6] 31. Number of Days Restricted Activity (if none, enter 0) [6]

Person Completing Form (name) James A. Schoonover Title Safety Dept.
Date This Report Prepared (month, day, year) 6-17-05 Area Code and Phone Number 304-473-1676

MSHA Form 7000-1, Feb 00 (Revised)

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



Mine Accident, Injury and Illness Report
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 46-08791 Contractor ID _____ Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor.
Mine Name SAGO Mine Company Name Anker W. V. 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 James Schoonover 3. Date Investigation Started 06/06/05 4. Steps Taken to Prevent Recurrence of Accident Had safety meeting on lifting procedure

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 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 06—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 06/04/2005 7. Time of Accident 1:10 8. Time Shift Started 11:00

Month 06 Day 04 Year 2005 ☒ am ☐ pm

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment

Was lifting and carrying 80lb. Bags of cement mix to a form built for the installation of new belt take-up. After carrying several bags

10. Equipment Involved N/A Type N/A Manufacturer N/A Model Number N/A

11. Name of Witness to Accident/Injury/Illness _____ 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence 1

13. Name of Injured/Ill Employee [redacted] 14. Sex [redacted] 15. Date of Birth [redacted]

16. Last Four Digits of Social Security Number [redacted] 17. Regular Job Title [redacted] 18. Check if this Injury/Illness resulted in death. ☐ 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability). ☐

20. What Directly Inflicted Injury or Illness? Lifting 21. Nature of Injury or Illness [redacted]

22. Part of Body Injured or Affected [redacted] 23. Occupational Illness (circle Applicable code—see instructions) 21—Occupational Skin Diseases
22—Dust Diseases of the Lungs 23—Respiratory Conditions (toxic agents) 24—Poisoning (toxic materials)
25—Disorders (physical agents) 26—Disorders (repeated trauma) 29—Other

24. Employee's Work Activity When Injury or Illness Occurred

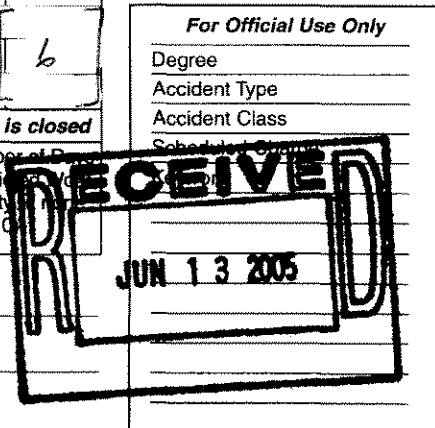
Experience Years Weeks
25. Experience in This Job Title [redacted]
26. Experience at This Mine [redacted]
27. Total Mining Experience [redacted]

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) 6/10/05 30. Number of Days Away from Work (if none, enter 0) [redacted] 31. Number of Days Restricted Activity (if none, enter 0) [redacted]

Person Completing Form (name) James A. Schoonover Title Safety Dept
Date This Report Prepared (month, day, year) 6/10/05 Area Code and Phone Number 304-473-1616

MSHA Form 7000-1, Feb 00 (Revised)



Mine Accident, Injury and Illness Report
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 46 08791 Contractor ID _____ Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor

Mine Name SAGO Mine Company Name Anker W.V. M. & L. 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 _____ 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: 01—Surface at Underground Mine 02—Surface at Open Pit Mine 03—Strip/Open Pit Mine 04—Surface Auger Operation 05—Culm Bank/Refuse Pile 06—Dredge Mining 07—Other Surface Mining 08—Independent Shops (with own MSHA ID) 09—Office Facilities

(b) Underground Location: 01—Vertical Shaft 02—Slope/Inclined Shaft 03—Face 04—Intersection 05—Underground Shop/Office 06—Other (circle)

(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping 04—Continuous Mining 05—Hand 06—Caving 07—Other

6. Date of Accident _____ 7. Time of Accident _____ 8. Time Shift Started _____

Month _____ Day _____ Year _____

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment

Employee was stepping out of motor (supply), lost footing and fell across
1 ft. on supply track striking
[6]

10. Equipment Involved N/A Type N/A Manufacturer N/A Model Number N/A 10. Man _____

11. Name of Witness to Accident/Injury/Illness _____ 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence 1

13. Name of Injured or Sick Employee _____ 14. Sex [6] 15. Date of Birth _____

Month _____ Day _____ Year _____

16. Last Four Digits of Social Security Number [6] 17. Regular Job Title [6] 18. Check if this Injury/Illness resulted in death. ☐ 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use & permanent total disability). ☐

20. What Directly Inflicted Injury or Illness? Track Roll 21. Nature of Injury or Illness [6]

22. Part of Body Injured or Affected [6] 23. Occupational Illness (circle applicable code—see instructions):

22—Dust Diseases of the Lungs	23—Respiratory Conditions (toxic agents)	24—Poisoning (toxic materials)
25—Disorders (physical agents)	26—Disorders (repeated trauma)	29—Other

24. Employee's Work Activity When Injury or Illness Occurred

Experience	Years	Weeks
25. Experience in This Job Title	<u>[6]</u>	<u>[6]</u>
26. Experience at This Mine	<u>[6]</u>	<u>[6]</u>
27. Total Mining Experience	<u>[6]</u>	<u>[6]</u>

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) _____

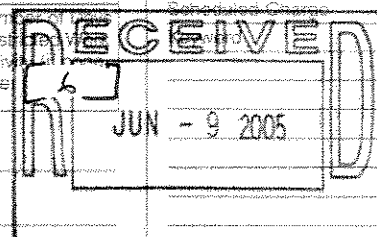
Month _____ Day _____ Year _____

30. Number of Days Away from Work (if none, enter 0) [6]

31. Number of Days Restricted Activity (if none, enter 0) [6]

Person Completing Form (name) James Schaninger Title Safety Dept

Date This Report Prepared (month, day, year) 6-8-05 Area Code and Phone Number 304-473-1676



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



Section A—Identification Data Approved for Use Through December 31, 2004 OMB Number: 1210-0067

MSHA ID Number 46-08791 Contractor ID _____ Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor

Mine Name SAGO Company Name AWKCO WV Mining Co. Inc.

Section B—Complete for Each Reportable Accident Immediately Reported to MSHA

1. Accident Code (circle applicable code—see instructions):
01—Inundation 02—Gas or Dust Ignition 03—Mine Fire 04—Explosives 05—Roof Fall
06—Outburst 07—Impounding Dam 08—Hoisting 09—Offsite Injury

2. Name of Investigator _____ 3. Date Investigation Started _____ 4. Steps Taken to Prevent Recurrence of Accident: _____

[6]

Month 06 Day 02 Year 2005

Dangered off - set floor to roof support

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 30—Mill, Preparation Plant, etc. 03—Strip/Open Pit Mine 04—Surface Auger Operation
05—Quim 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 06—Other by
(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping 04—Continuous Mining 05—Hand 07—Caving 08—Other

6. Date of Accident _____ 7. Time of Accident 10.30 ☐ am ☐ pm 8. Time Shift Started 600 ☐ am ☐ pm

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment

An Unintentional Roof Fall was discovered during a weekly air course exam. The fall was found in the #3 Entry on the 2 North Wings, #2 Block along #4 Mainline Belt. Footage Mark 75+15 in the return air course. The fall has been dangered off + crib. The fall measured 31' x 18' x 7' H

10. Equipment Involved _____ Type N/A Manufacturer N/A Model Number N/A

11. Name of Witness to Accident/Injury/Illness N/A - none 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence N/A

13. Name of Injured/Ill Employee N/A 14. Sex ☐ Male ☐ Female N/A 15. Date of Birth _____

16. Last Four Digits of Social Security Number N/A 17. Regular Job Title N/A 18. Check if this injury/illness resulted in death ☐ N/A 19. Check if this injury/illness resulted in permanent disability (include amputation, loss of use & permanent total disability) ☐ N/A

20. What Directly Inflicted Injury or Illness? N/A 21. Nature of Injury or Illness N/A

22. Part of Body Injured or Affected N/A 23. Occupational Illness (circle applicable code—see instructions):
22—Dust Diseases of the Lungs 23—Respiratory Conditions (toxic agents) 24—Poisoning (toxic materials)
25—Disorders (physical agents) N/A 26—Disorders (repeated trauma) 29—Other

24. Employee's Work Activity When Injury or Illness Occurred _____
Experience _____ Years _____ Weeks _____
25. Experience in This Job Title _____
26. Experience at This Mine N/A
27. Total Mining Experience _____

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) _____
30. Number of Days Away from Work (if none, enter 0) N/A 31. Number of Restricted Activity (if none, enter 0) N/A

Person Completing Form (name) James A Schoonover Title Safety Dept
Date This Report Prepared (month, day, year) 6-6-05 Area Code and Phone Number 304-473-1673

MSHA Form 7000-1, Feb 00 (Revised)

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

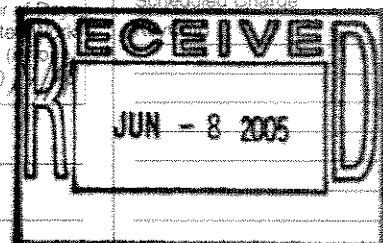
For Official Use Only

Degree

Accident Type

Accident Class

Scheduled Charge



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



Section A—Identification Data

Approved for Use Through December 31, 2004. OMS Number: 1219-0007

MSHA ID Number: 46-08791 Contractor ID: Report Category: ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor

Mine Name: SAGO Mine Company Name: Anker 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: [6] 3. Date Investigation Started: Month: 06 Day: 02 Year: 2005 4. Steps Taken to Prevent Recurrence of Accident: Dangerous off-sight crabs

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 30—Mill, Preparation Plant, etc. 03—Strip/Open Pit Mine 04—Surface Auger Operation 05—Cum 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 06—Other (c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping 04—Continuous Mining 06—Hand 07—Caving 08—Other

6. Date of Accident: 7. Time of Accident: 8. Time Shift Started:

Month: 06 Day: 02 Year: 2005 10:40 am 6:00 pm

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment

An unintentional Roof Fall was discovered during a weekly air course exam. The Fall was found in the #3 Entry on the 2 North Meads #40 Block along #4 Main Line Belt. Footage Mark 77+75 is a return air course. The fall has been dangerous off-sight crabs. The fall measured 30' L x 18' W x 7' H

10. Equipment Involved: N/A Type: N/A Manufacturer: N/A Model Number: N/A

11. Name of Witness to Accident/Injury/Illness: N/A - none 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence: 1

13. Name of Injured/Ill Employee: N/A 14. Sex: ☐ Male ☐ Female 15. Date of Birth: N/A

16. Last Four Digits of Social Security Number: N/A 17. Regular Job Title: 18. Check if this Injury/Illness resulted in death: N/A 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability): N/A

20. What Directly Inflicted Injury or Illness?: N/A 21. Nature of Injury or Illness: N/A

22. Part of Body Injured or Affected: N/A 23. Occupational Illness (circle Applicable code—see instructions): 21—Occupational Skin Diseases 22—Dust Diseases of the Lungs 23—Respiratory Conditions (toxic agents) 24—Poisoning (toxic materials) 25—Disorders (physical agents) 26—Disorders (repeated trauma) 29—Other

24. Employee's Work Activity When Injury or Illness Occurred: N/A Experience: Years: Weeks: 25. Experience in This Job Title: N/A 26. Experience at This Mine: N/A 27. Total Mining Experience: N/A

Section D—Return to Duty Information

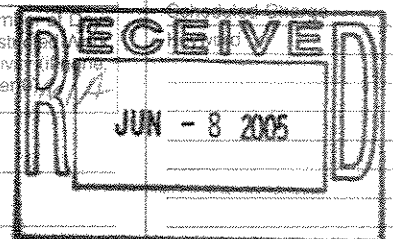
Answer 30 & 31 when case is closed

28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31): N/A 29. Date Returned to Regular Job at Full Capacity (or item 28): N/A 30. Number of Days Away from Work (if none, enter 0): N/A 31. Number of Days Restricted Activity (if none, enter 0): N/A

Person Completing Form (name): James A. Schanover Title: Safety Dept Date This Report Prepared (month, day, year): 6-6-05 Area Code and Phone Number: 304-473-1676

MSHA Form 7000-1, Feb 00 (Revised)

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



Mine Accident, Injury and Illness Report
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 46-08791 Contractor ID _____ Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor.

Mine Name SAGO Mine Company Name ANKER 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 _____ 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 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 06—Other
(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping 04—Continuous Mining 06—Hand 07—Caving 08—Other

6. Date of Accident _____ 7. Time of Accident 3:10 ☐ am ☒ pm 8. Time Shift Started 5:30 ☒ am ☐ pm

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment

Employee was installing a Roof Bolt in an overcast area when a piece of rock (Rib) fell and struck Employee on the head. Accident occurred 45 ft in by sped 3928 on Mains Section.

10. Equipment Involved N/A Type N/A Manufacturer N/A Model Number N/A

11. Name of Witness to Accident/Injury/Illness _____

12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence 1

13. Name of Injured/Ill Employee _____

14. Sex [6]

15. Date of Birth _____

16. Last Four Digits of Social Security Number [6]

17. Regular Job Title _____

18. Check if this Injury/Illness resulted in death. ☐

19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability). ☐

20. What Directly Inflicted injury or illness? Rock from 100 ft Rib

21. Nature of Injury or Illness [6]

22. Part of Body Injured or Affected [6]

23. Occupational Illness (circle Applicable code—see instructions)

22—Dust Diseases of the Lungs

23—Respiratory Conditions (toxic agents)

21—Occupational Skin Diseases

24—Poisoning (toxic materials)

25—Disorders (physical agents)

26—Disorders (repeated trauma)

29—Other

24. Employee's Work Activity When Injury or Illness Occurred _____

Experience _____

Years _____

Weeks _____

25. Experience in This Job Title _____

26. Experience at This Mine _____

27. Total Mining Experience _____

For Official Use Only

Degree _____

Accident Type _____

Accident Class _____

Scheduled Charge _____

● 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) _____

Answer 30 & 31 when case is closed

30. Number of Days Away from Work (If none, enter 0) _____

31. Number of Days Restricted Work Activity (If none, enter 0) _____

Person Completing Form (name) _____

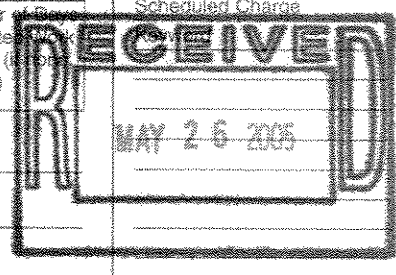
Title _____

Date This Report Prepared (month, day, year) 5-24-05

Area Code and Phone Number 304-473-1676

MSHA Form 7000-1, Feb 00 (Revised)

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



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



B- RF

Section A—Identification Data

Approved for Use Through December 31, 2004. OMB Number 1218-0007

MSHA ID Number 46-08791 Contractor ID Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor

Pine Name SAGO Mine Company Name ANKER W U Mining Co. Inc.

Section B—Complete for Each Reportable Accident Immediately Reported to MSHA

1. Accident Code (circle applicable code—see instructions)

04 - Inundation	05 - Gas or Dust Ignition	01 - Death	02 - Serious Injury	03 - Entrapment
09 - Outburst	10 - Impounding Dam	06 - Mine Fire	07 - Explosives	<u>08</u> - Roof Fall
		11 - Hoisting	12 - Offsite Injury	

2. Name of Investigator 3. Date Investigation Started 05/10/05 4. Steps Taken to Prevent Recurrence of Accident Shut section down / move out of area

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 30-Misc Preparation Plant, etc. 03-Strip/Open Pit Mine 04-Surface Auger Core/Drill
05-Cum 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 06-Other

(c) Underground Mining Method: 01-Longwall 02-Shortwall 03-Conventional Stopping 05-Continuous Mining 06-Hand 07-Caving 08-Other

6. Date of Accident 05/10/05 7. Time of Accident 5:30 ☐ am ☒ pm 8. Time Shift Started 11:00 ☐ am ☒ pm

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment

An unintentional roof fall was discovered on the 2 Right Panel in the #31st crosscut 1 Block by span # 3865. Fall measured 10'11" x 17'2" w x 25'6" Th 1 miner w/1 (0036) was put into non-producing status and moved from that area

10. Equipment Involved N/A Type N/A Manufacturer N/A Model Number N/A

11. Name of Witness to Accident/Injury/Illness N/A 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence N/A

13. Name of Injured Ill Employee N/A 14. Sex ☐ Male ☒ Female 15. Date of Birth N/A

16. Last Four Digits of Social Security Number N/A 17. Regular Job Title N/A 18. Check if this Injury/Illness resulted in death. ☐ N/A 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability). ☐ N/A

20. What Directly Inflicted Injury or Illness? N/A 21. Nature of Injury or Illness N/A

22. Part of Body Injured or Affected N/A 23. Occupational Illness (circle applicable code—see instructions)
22-Dust Diseases of the Lungs N/A 23-Respiratory Conditions (toxic agents) N/A 24-Poisoning (toxic materials) N/A
25-Disorders (physical agents) N/A 26-Disorders (repeated trauma) N/A 29-Other N/A

24. Employee's Work Activity When Injury or Illness Occurred N/A

Experience	Years	Weeks
25. Experience in This Job Title		
26. Experience at This Mine	<u>N/A</u>	
27. Total Mining Experience		

Section D—Return to Duty Information

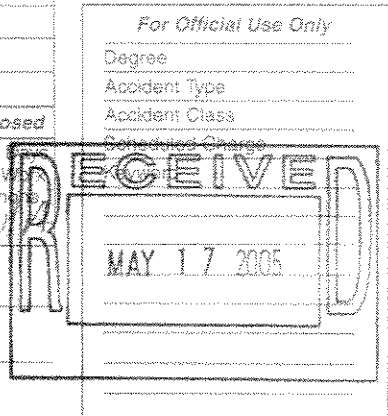
Answer 30 & 31 when case is closed

☐ 28. Permanently Transferred or Terminated (if checked, complete items 29, 30 & 31) N/A 29. Date Returned to Regular Job at Full Capacity (or item 28) N/A 30. Number of Days Away from Work (if none, enter 0) N/A 31. Number of Days Restricted Work Activity (if none, enter 0) N/A

Person Completing Form (name) James A. Schoonover Title Safety Dept
Date This Report Prepared (month, day, year) 5-14-05 Area Code and Phone Number 304-473-1676

MSHA Form 7000-1, Feb 00 (Revised)

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



B

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



Section A—Identification Data Approved for Use Through December 31, 2004. OMB Number 1218-0007

MSHA ID Number 46-08791 Contractor ID _____ Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor.

Mine Name SAGO Mine Company Name Anker 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 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 30—Mill, Preparation Plant etc. 03—Strip/Open Pit Mine 04—Surface Auger Operation
05—Quarry Bank/Refuse Pile 06—Dredge Mining 12—Other Surface Mining 17—Independent Shops (with own MSHA ID) 39—Office Facilities
(b) Underground Location: 01—Vertical Shaft 02—Slope/Inclined Shaft 03—Face 04—Intersection 05—Underground Shop/Office 06—Other
(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping 05—Continuous Mining 06—Hand 07—Caving 08—Other

6. Date of Accident 7. Time of Accident 8. Time Shift Started
Month Day Year 3:40 ☐ am ☒ pm 6:00 ☐ am ☒ pm

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment
[6] was carrying a receiver for a rail runner. Montip and stepped on a large piece of stone in pit area with right foot. sharp pain and pop. was felt in arch of right foot.

10. Equipment Involved Type Manufacturer Model Number
N/A N/A N/A N/A

11. Name of Witness to Accident/Injury/Illness 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence
NONE 1

13. Name of Injured/Ill Employee 14. Sex 15. Date of Birth
[6] [6] [6]

16. Last Four Digits of Social Security Number 17. Regular Job Title 18. Check if this Injury/Illness resulted in death. 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use & permanent total disability).
[6] [6] ☐ ☐

20. What Directly Inflicted Injury or Illness? 21. Nature of Injury or Illness
Rock/Stone [6]

22. Part of Body Injured or Affected 23. Occupational Illness (circle Applicable code—see instructions) 24. Occupational Skin Diseases
[6] 22—Dust Diseases of the Lungs 23—Respiratory Conditions (toxic agents) 24—Poisoning (toxic materials)
25—Disorders (physical agents) 26—Disorders (repeated trauma) 29—Other

24. Employee's Work Activity When Injury or Illness Occurred Experience Years Weeks
25. Experience in This Job Title [6]
26. Experience at This Mine 6
27. Total Mining Experience

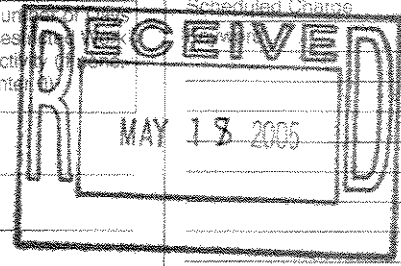
Section D—Return to Duty Information Answer 30 & 31 when case is closed

☐ 28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) 29. Date Returned to Regular Job at Full Capacity (or item 28) 30. Number of Days Away from Work (if none, enter 0) 31. Number of Days Res. Activity (if none, enter 0)

Person Completing Form (name) Title
James A. Schomauer Safety Dept
Date This Report Prepared (month, day, year) Area Code and Phone Number
5/17/05 304-473-1676

MSHA Form 7000-1, Feb 00 (Revised)

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



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



B

Section A—Identification Data

Approved for Use Through December 31, 2004. OMS Number 1219-0007

MSHA ID Number 46-08791 Contractor ID _____ Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor.
Mine Name SAGO Mine Company Name Anker W. D. 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 _____ 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 30—Mill, Preparation Plant, etc. 03—Strip/Open Pit Mine 04—Surface Auger Operation
05—Curt Bank/Petusa 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 06—Other Track
(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping 04—Continuous Mining 05—Hand 07—Caving 08—Other

6. Date of Accident _____ 7. Time of Accident 5:50 ☐ am ☒ pm 8. Time Shift Started 5:30 ☐ am ☒ pm

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment

[6] was setting in a stopped mantrip when on coming mantrip (outhby trip) failed to stop, sliding into the stopped trip causing injured to strike [6] against canopy of mantrip [6]

10. Equipment Involved Mantrip Type Railrunner Manufacturer Emeco Model Number Rebuild / N/A 10 _____
Man

11. Name of Witness to Accident/Injury/Illness _____ 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence 1

13. Name of Injured/Ill Employee _____ 14. Sex [6] 15. Date of Birth [6] 12 _____
Month _____ Day _____ Year _____

16. Last Four Digits of Social Security Number [6] 17. Regular Job Title _____ 18. Check if this Injury/Illness resulted in death. ☐ 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use & permanent total disability) ☐ 18 _____
19 _____

20. What Directly Inflicted Injury or Illness? Mantrip 21. Nature of Injury or Illness [6] 20 _____
21 _____

22. Part of Body Injured or Affected [6] 23. Occupational Illness (circle Applicable code—see instructions) 21—Occupational Skin Diseases 22 _____
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 _____ Years _____ Weeks _____
25. Experience in This Job Title [6]
26. Experience at This Mine [6]
27. Total Mining Experience [6]

Section D—Return to Duty Information

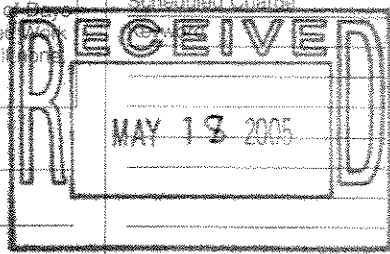
Answer 30 & 31 when case is closed

☐ 28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) 29. Date Returned to Regular Job at Full Capacity (or item 28) _____ 30. Number of Days Away from Work (if none, enter 0) _____ 31. Number of Days Restricted Work Activity (if none, enter 0) _____
Month _____ Day _____ Year _____

Person Completing Form (name) James A Schoonover Title Safety Dept
Date This Report Prepared (month, day, year) 5-12-05 Area Code and Phone Number 304-473-1676

MSHA Form 7000-1, Feb 00 (Revised)

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



Mine Accident, Injury and Illness Report
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 46-08791 Contractor ID _____ Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor.

Mine Name SAGOMINE Company Name Anker W.V. 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 E 6 3. Date Investigation Started Month 04 Day 23 Year 05 4. Steps Taken to Prevent Recurrence of Accident Longer Bolts - Cable Bolts is needed

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 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 06—Other
(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping 05—Continuous Mining 06—Hand 07—Caving 08—Other

6. Date of Accident Month 04 Day 23 Year 05 7. Time of Accident 4:20 ☐ am ☒ pm 8. Time Shift Started 5:30 ☒ am ☐ pm

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment
An unintentional Roof Fall occurred on the 2nd Right Panel, #6 Entry 1 Block in by Spad #3810. The fall measured 8'H x 17 1/2' W x 55' L, the Fall occurred in by the loading point of section.

10. Equipment Involved <u>N/A</u>	Type <u>N/A</u>	Manufacturer <u>N/A</u>	Model Number <u>N/A</u>	10. Mon
11. Name of Witness to Accident/Injury/Illness <u>N/A</u>	12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence <u>N/A</u>			
13. Name of Injured/Ill Employee <u>N/A</u>	14. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	15. Date of Birth Month Day Year		12
16. Last Four Digits of Social Security Number <u>N/A</u>	17. Regular Job Title <u>N/A</u>	18. Check if this Injury/Illness resulted in death. <input type="checkbox"/> <u>N/A</u>		14
19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, permanent total disability). <input type="checkbox"/> <u>N/A</u>				16
20. What Directly Inflicted Injury or Illness? <u>N/A</u>	21. Nature of Injury or Illness <u>N/A</u>			17
22. Part of Body Injured or Affected <u>N/A</u>	23. Occupational Illness (circle Applicable code—see instructions) 22—Dust Diseases of the Lungs <u>N/A</u> 23—Respiratory Conditions (toxic agents) <u>N/A</u> 25—Disorders (physical agents) <u>N/A</u> 26—Disorders (repeated trauma) <u>N/A</u>	21—Occupational Skin Diseases 24—Poisoning (toxic materials) 29—Other		18
24. Employee's Work Activity When Injury or Illness Occurred <u>N/A</u>	Experience 25. Experience in This Job Title 26. Experience at This Mine 27. Total Mining Experience	Years <u>N/A</u>	Weeks	19

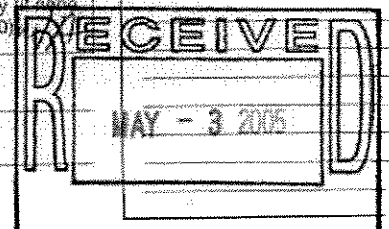
Section D—Return to Duty Information

☐ 28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) N/A 29. Date Returned to Regular Job at Full Capacity (or item 28) Month N/A Day N/A Year N/A 30. Number of Days Away from Work (if none, enter 0) N/A 31. Number of Days Restricted Work Activity (if none, enter 0) N/A

Person Completing Form (name) James A. Schenover Title Safety Dept
Date This Report Prepared (month, day, year) 5-1-05 Area Code and Phone Number 304-473-1676

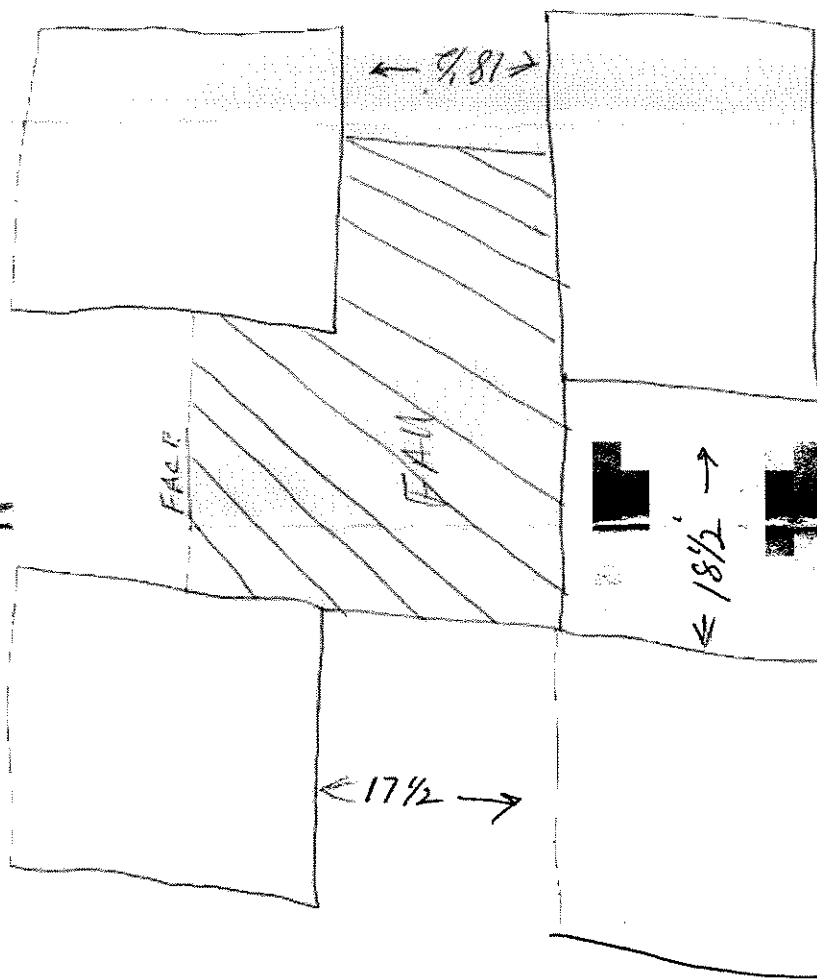
MSHA Form 7000-1, Feb 00 (Revised)

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



#7
Entry

#6 Entry



Spad # 3810

EDocument ID: 182435

EDocument Status: OriginalOnlineForm

Current District: Morgantown, WV(CO300)

Current Assigned Person: Not Assigned

MSIS Document ID:

Show Review History

[Return To Listing](#)

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

Document Control Number

Return To Work DCN

Current Document Exception ** None **

Section A - Mine Information

Mine ID 46-08791

Mine Type Underground/ Coal

Company Name Anker West Virginia Mining Company Inc

Mine Name Sago Mine

Contractor ID

Company Name

Section B - Accident Immediately Reported to MSHA

1. Accident Code 08 - Roof Fall

2. Name of Investigator [6 7]

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 - Continuous Mining

6. Accident Date 4/21/2005

7. Accident Time 6:48 PM

8. Shift Started 4:00 PM

9. Conditions Contributing to the Accident/Injury/Illness

An unintentional roof fall was found at approximately 6:48 pm. The fall measured 5'11x30'wx25". The fall was dangerous off, Roof Fall Cleaning Procedures were reviewed and posted at the fall and proceeded with the clean-up. The fall was in the #6 Entry, inby spad station #3756, Mains Section.

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
22. Part of Body Affected
23. Occupational Illness Code
24. Work Activity when Injured

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

Section D - Return To Duty Information

28. Permanently Transferred 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 AM
Phone Number (304) 473-1676

Coded by ** Coding needed **

FOR OFFICIAL USE ONLY	
Degree	
Accident Type	
Accident Class	
Scheduled Charge	

Mine Accident, Injury and Illness Report (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 Inc
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 - Continuous Mining
6. Accident Date 4/21/2005 7. Accident Time 6:48 PM 8. Shift Started 4:00 PM

9. Conditions Contributing to the Accident/Injury/Illness

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

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

22. Part of Body Affected

23. Occupational Illness Code

24. Work Activity when Injured

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

Section D - Return To Duty Information

28. Permanently Transferred 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

FOR OFFICIAL USE ONLY

Degree	
Accident Type	
Accident Class	
Scheduled Charge	

Entered by James Schoonover

Completed by James Schoonover, on 4/24/2005 12:00:00 AM Phone Number (304) 473-1676

Coded by ** Coding needed **

Mine Accident, Injury and Illness Report
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 46-08791 Contractor ID _____ Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor.
Mine Name SAGO Mine Company Name Anker W.U. Mining Co. Inc.

● Section B—Complete for Each Reportable Accident Immediately Reported to MSHA

1. Accident Code (circle applicable code—see instructions)
04 – Inundation 05 – Gas or Dust Ignition 01 – Death 02 – Serious Injury 03 – Entrapment
09 – Outburst 10 – Impounding Dam 06 – Mine Fire 07 – Explosives 08 – Roof Fall
11 – Hoisting 12 – Offsite Injury

2. Name of Investigator _____ 3. Date Investigation Started _____ 4. Steps Taken to Prevent Recurrence of Accident _____

● 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 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 06—Other
(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping 05—Continuous Mining 06—Hand 07—Caving 08—Other

6. Date of Accident _____ 7. Time of Accident _____ 8. Time Shift Started _____

Month 04 Day 12 Year 05 11:30 ☐ am ☐ pm 6:00 ☐ am ☐ pm

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment

Injured employee was carrying desk at upshur Properties (Anker)
for the SAGO Mines new office facility when
between office desk and filing cabinet.
was caught

10. Equipment Involved N/A Type N/A Manufacturer N/A Model Number N/A 10

11. Name of Witness to Accident/Injury/Illness _____ 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence 1

13. Name of Injured/Ill Employee _____ 14. Sex _____ 15. Date of Birth _____ 12

Month _____ Day _____ Year 6 14

16. Last Four Digits of Social Security Number _____ 17. Regular Job Title _____ 18. Check if this Injury/Illness resulted in death. ☐ 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability). ☐ 16

20. What Directly Inflicted Injury or Illness? office desk / filing cabinet 21. Nature of Injury or Illness _____ 17

22. Part of Body Injured or Affected _____ 23. Occupational Illness (circle Applicable code—see instructions) _____ 18

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 _____ 19

24. Employee's Work Activity When Injury or Illness Occurred _____ Experience _____ Years _____ Weeks _____

25. Experience in This Job Title _____ 26. Experience at This Mine _____ 27. Total Mining Experience _____

● 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) 29. Date Returned to Regular Job at Full Capacity (or item 28) _____ 30. Number of Days Away from Work (if none, enter 0) _____ 31. Number of Days Absent _____

Person Completing Form (name) James A. Schoonover Title Safety Dept.

Date This Report Prepared (month, day, year) 4-25-05 Area Code and Phone Number 304-473-1676

MSHA Form 7000-1, Feb 00 (Revised) **DECEIVED** APR 27 2005

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

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



AMENDED

Section A— Identification Data

MSHA ID Number Contractor ID Report Category

46-08791 MVK ☐ Metal/Nonmetal Mining ☒ Coal Mining

Mine Name

SHAG

Company Name

GMS MINE REPAIR & MAINTENANCE

Approved for Use Through September 30, 2002, OMB Number 1219-0007

☒ Check here if report
pertains to contractor.

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

Month Day Year

4. Steps Taken to Prevent Recurrence of Accident

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 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 06—Other
(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping 05—Continuous Mining 06—Hand 07—Caving 08—Other

6. Date of Accident

7. Time of Accident

8. Time Shift Started

Month Day Year

9:00

☒ am
☐ pm

7:00

☒ am
☐ pm

7

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment

INJURED WAS PLASTERING A WALL WITH A-BOND AND
GOT B-BOND ON ARMS AND LEGS

10. Equipment Involved Type

Manufacturer

Model Number

10

11. Name of Witness to Accident/Injury/Illness

12. Number of Reportable Injuries or
Illnesses Resulting from This Occurrence

1

13. Name of Injured/Ill Employee

14. Sex

15. Date of Birth

12

16. Last Four Digits of Social
Security Number

17. Regular Job Title

18. Check if this
injury/illness
resulted in death.

19. Check if this injury/illness
resulted in permanent disability
(include amputation, loss of use,
& permanent total disability).

20. What Directly Inflicted Injury or Illness?

21. Nature of Injury or Illness

22. Part of Body Injured
or Affected

23. Occupational Illness (circle Applicable code—see instructions)

21—Occupational Skin Diseases

22—Dust Diseases of the Lungs

23—Respiratory Conditions (toxic agents)

24—Poisoning (toxic materials)

25—Disorders (physical agents)

26—Disorders (repeated trauma)

29—Other

24. Employee's Work Activity When
Injury or Illness Occurred

Experience

Years

Weeks

25. Experience in This Job Title

26. Experience at This Mine

27. Total Mining Experience

For Official Use Only

Degree

Accident Type

Accident Class

Scheduled Charge

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

Answer 30 & 31 when case is closed

30. Number of Days
Away from Work
(if none, enter 0)

31. Number of Days
Rest/Recovery
Activity (if none, enter 0)

Person Completing Form (name)

Date This Report Prepared (month, day, year)

THOMAS GALES JR.
5-4-05 AMENDED

Title

SAFETY DIRECTOR

Area Code and Phone Number

301 - 334 - 8186

MSHA Form 7000-1, Feb 00 (Revised)

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

RECEIVED
MAY - 5 2005

Mine Accident, Injury and Illness Report
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 4608791 Contractor ID _____ Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor.
Mine Name SAGO Mine Company Name ANKER 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 Year 04 06 05 Dangered off

● 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 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 06—Other
(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stoping 04—Continuous Mining 06—Hand 07—Caving 08—Other

6. Date of Accident _____ 7. Time of Accident 7:10 ☒ am ☐ pm 8. Time Shift Started 6:00 ☒ am ☐ pm
Month Day Year 04 06 05

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment
An unintentional roof fall was discovered at 7:10 AM on the main section. The fall was in the #1 Entry, 1 Break in by spade #3765. The fall measured 5ft H x 20ft W x 18ft L. Fall was investigated by [redacted] wait. at 7:10 AM, 4-6-05, and by state Inspector Ed Redcord at 8:40 AM 4-6-05. The fall occurred in a 3-way intersection.

10. Equipment Involved _____ Type _____ Manufacturer _____ Model Number _____
N/A N/A N/A N/A

11. Name of Witness to Accident/Injury/Illness _____ 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence N/A
N/A - none

13. Name of Injured/Ill Employee _____ 14. Sex ☒ Male ☐ Female 15. Date of Birth _____
N/A N/A Month Day Year N/A

16. Last Four Digits of Social Security Number _____ 17. Regular Job Title _____ 18. Check if this Injury/Illness resulted in death. ☐ 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability). ☐
N/A N/A N/A N/A

20. What Directly Inflicted Injury or Illness? _____ 21. Nature of Injury or Illness _____
N/A N/A

22. Part of Body Injured or Affected _____ 23. Occupational Illness (circle Applicable code—see instructions) 21—Occupational Skin Diseases
22—Dust Diseases of the Lungs 23—Respiratory Conditions (toxic agents) 24—Poisoning (toxic materials)
25—Disorders (physical agents) 26—Disorders (repeated trauma) 29—Other
N/A N/A N/A N/A

24. Employee's Work Activity When Injury or Illness Occurred _____ Experience _____ Years _____ Weeks _____
N/A 25. Experience in This Job Title _____ 26. Experience at This Mine _____ 27. Total Mining Experience _____
N/A

● 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) _____ 29. Date Returned to Regular Job at Full Capacity (or item 28) _____ 30. Number of Days Away from Work (if none, enter 0) _____ 31. Number of Days Restricted Activity or Entitled to Compensation _____
N/A Month Day Year N/A N/A N/A

Person Completing Form (name) _____ Title _____
James A. Schoonover Safety Dept.
Date This Report Prepared (month, day, year) _____ Area Code and Phone Number _____
4-15-05 304-473-1676

MSHA Form 7000-1, Feb 00 (Revised)

For Official Use Only

Degree _____
Accident Type _____
Accident Class _____
Scheduled Change _____

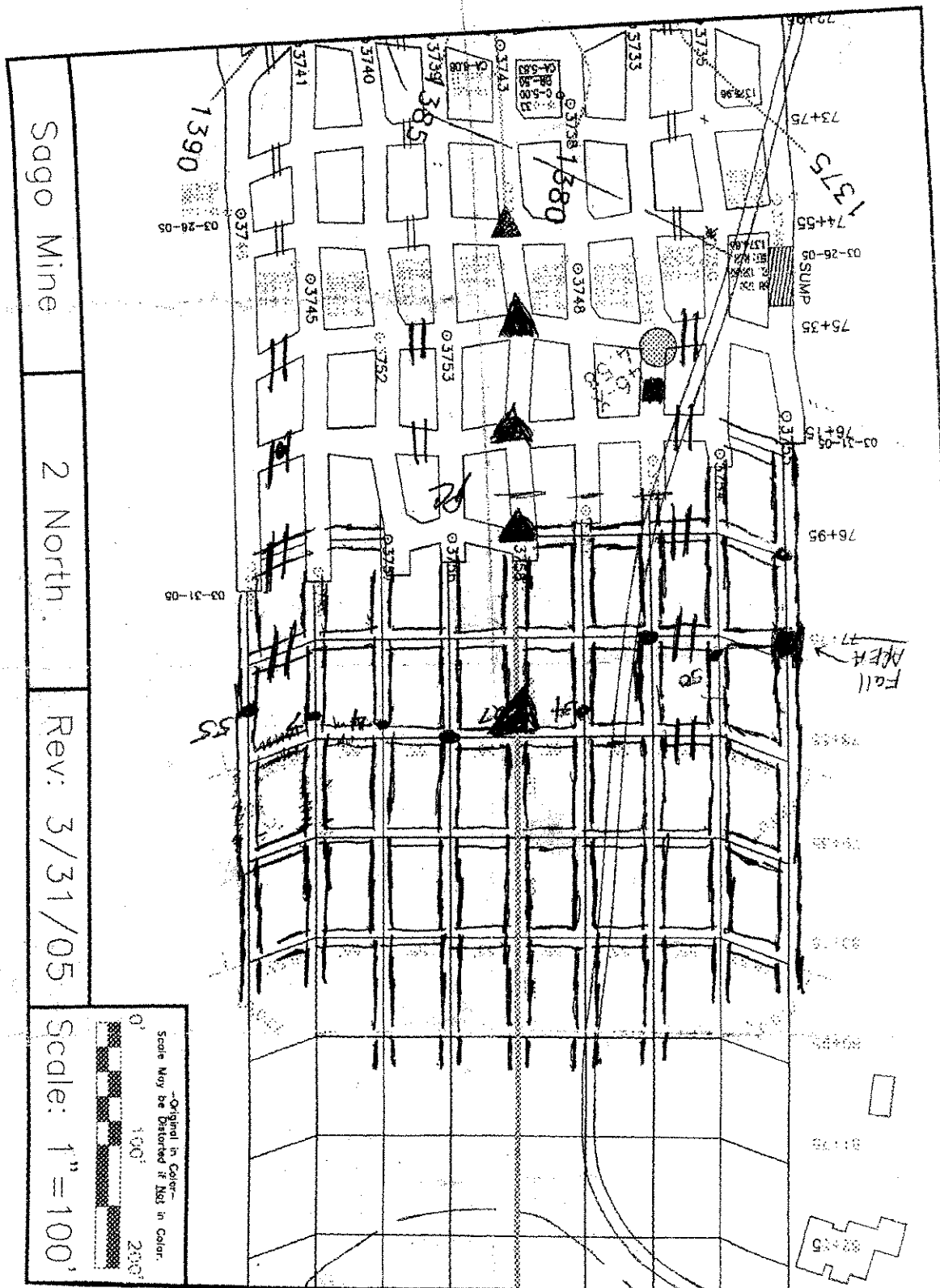
APR 18 2005

Sent By: ALPHA;

304 255 4156;

Apr-1-05 7:14AM;

Page 2/2



NFDL / FRBIC

RT

✓ Mine Accident, Injury and Illness Report
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 46-08791 Contractor ID MVK Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☒ Check here if report pertains to contractor.

Mine Name SAGD Company Name GMS MINE REPAIR & MAINTENANCE

● 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 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 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 06—Other
(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping 05—Continuous Mining 06—Hand 07—Caving 08—Other

6. Date of Accident

7. Time of Accident

8. Time Shift Started

Month Day Year
3 9 05

3:10 ☒ am ☐ pm

12:00 ☒ am ☐ pm

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment

INJURED WAS OPENING DOOR FOR SCOOP TO GO THROUGH
WHEN A PIECE OF ROCK FELL

10. Equipment Involved N/A Type Manufacturer Model Number

11. Name of Witness to Accident/Injury/Illness

12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence 1

13. Name of Injured/Ill Employee

14. Sex

15. Date of Birth

[] [] [] [] [] [] [] [] [] []

16. Last Four Digits of Social Security Number

17. Regular Job Title

☐ 18. Check if this Injury/Illness resulted in death.

☐ 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability).

20. What Directly Inflicted Injury or Illness?

21. Nature of Injury or Illness

PIECE OF FALLING ROCK

22. Part of Body Injured or Affected

23. Occupational Illness (circle Applicable code—see instructions)

21—Occupational Skin Diseases

24—Poisoning (toxic materials)

22—Dust Diseases of the Lungs

23—Respiratory Conditions (toxic agents)

25—Disorders (physical agents)

26—Disorders (repeated trauma)

29—Other

24. Employee's Work Activity When Injury or Illness Occurred

Experience

Years

Weeks

25. Experience in This Job Title

26. Experience at This Mine

27. Total Mining Experience

For Official Use Only

Degree

Accident Type

Accident Class

Schedule Change

Signature

Date

Initials

Title

MAR 16 2005

[] [] [] [] [] [] [] [] [] []

[] [] [] [] [] [] [] [] [] []

[] [] [] [] [] [] [] [] [] []

[] [] [] [] [] [] [] [] [] []

[] [] [] [] [] [] [] [] [] []

[] [] [] [] [] [] [] [] [] []

[] [] [] [] [] [] [] [] [] []

[] [] [] [] [] [] [] [] [] []

● 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)

Answer 30 & 31 when case is closed

30. Number of Days Away from Work (if none, enter 0)

31. Number of Days Restricted Activity (if none, enter 0)

Month Day Year
[] [] []

[] [] []

[] [] []

Person Completing Form (name)

Title

THOMAS GAYLES JR.
Date This Report Prepared (month, day, year)

SAFETY DIRECTOR
Area Code and Phone Number

3-15-05
MSHA Form 7000-1, Feb 00 (Revised)

301-334-8184

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



NOL/RF

Section A—Identification Data

Approved for Use Through December 31, 2004, OMB Number 1219-0007

MSHA ID Number 46-08791 Contractor ID _____ Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor.

Mine Name SAGO Mine Company Name Anker 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 Year 03 04 05 5 Ft Mine Posts Slur to Roof

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 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 06—Other
(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping 05—Continuous Mining 06—Hand 07—Caving 08—Other

6. Date of Accident _____ 7. Time of Accident _____ 8. Time Shift Started _____

Month Day Year 03 04 05 12:30 ☒ am ☐ pm 11:00 ☐ am ☒ pm

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment

An Unintentional Roof fall was sound @ 12:30 AM, March 4, 2005. The fall measured 22' long, 19' wide, 5' high. Fall is located 1 Breakerby spool # 3680 on main section. Fall was not in by heading point.

10. Equipment Involved N/A Type N/A Manufacturer N/A Model Number N/A

11. Name of Witness to Accident/Injury/Illness none 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence 0

13. Name of Injured/Ill Employee N/A 14. Sex ☐ Male ☒ Female 15. Date of Birth _____

16. Last Four Digits of Social Security Number N/A 17. Regular Job Title N/A 18. Check if this Injury/Illness resulted in death. ☐ N/A 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability). ☐ N/A

20. What Directly Inflicted Injury or Illness? N/A 21. Nature of Injury or Illness N/A

22. Part of Body Injured or Affected N/A 23. Occupational Illness (circle Applicable code—see instructions) 21—Occupational Skin Diseases
22—Dust Diseases of the Lungs 23—Respiratory Conditions (toxic agents) 24—Poisoning (toxic materials)
25—Disorders (physical agents) 26—Disorders (repeated trauma) 29—Other

24. Employee's Work Activity When Injury or Illness Occurred N/A Experience _____ Years _____ Weeks _____
25. Experience in This Job Title _____
26. Experience at This Mine _____
27. Total Mining Experience _____

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) N/A 29. Date Returned to Regular Job at Full Capacity (or item 28) _____
Month Day Year N/A N/A N/A 30. Number of Days Away from Work (if none, enter 0) N/A 31. Number of Days Restricted Activity (if none, enter 0) N/A

Person Completing Form (name) James A. Schoonover Title Safety Dept.
Date This Report Prepared (month, day, year) 3/8/05 Area Code and Phone Number 304-473-1676

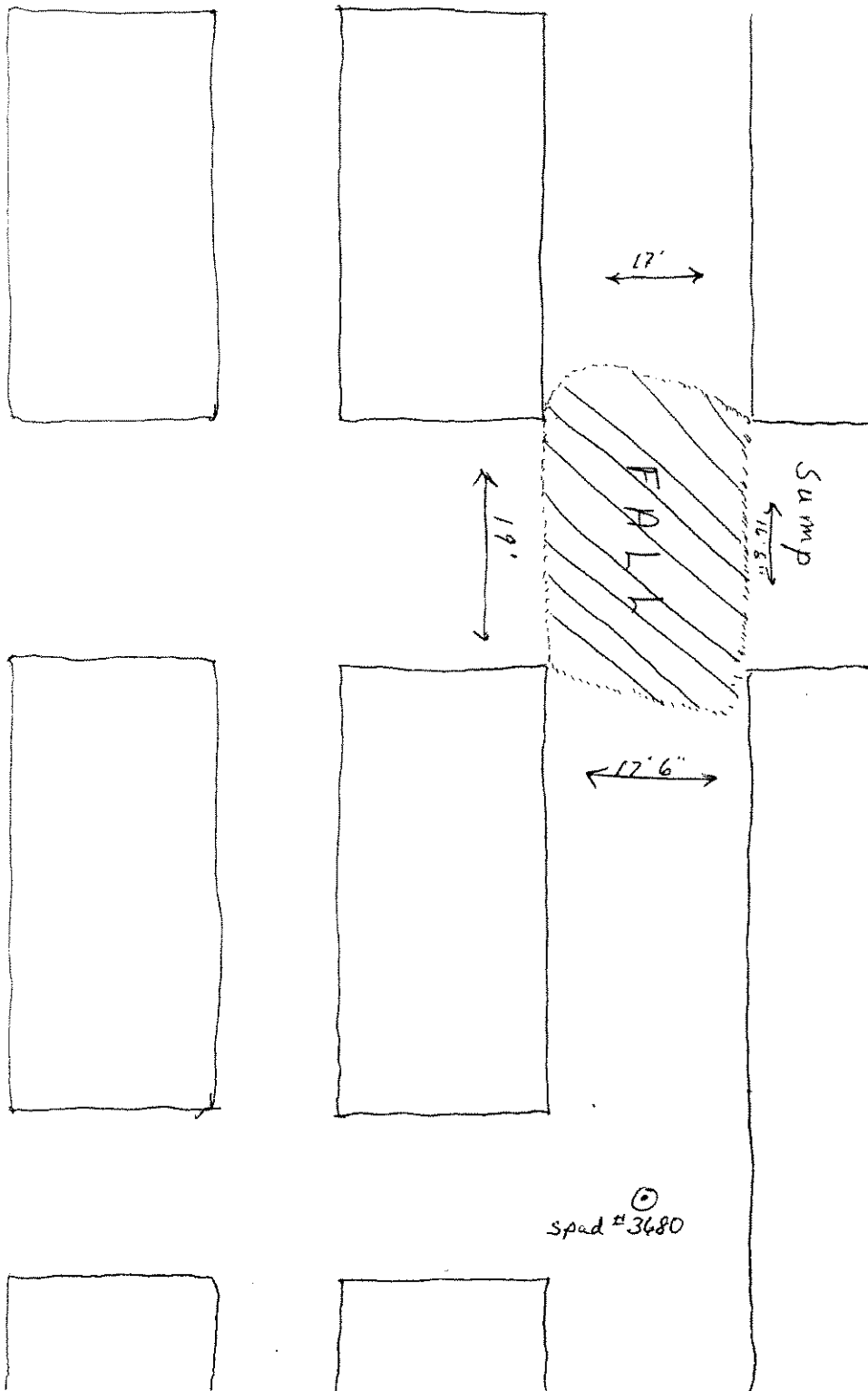
MSHA Form 7000-1, Feb 00 (Revised)

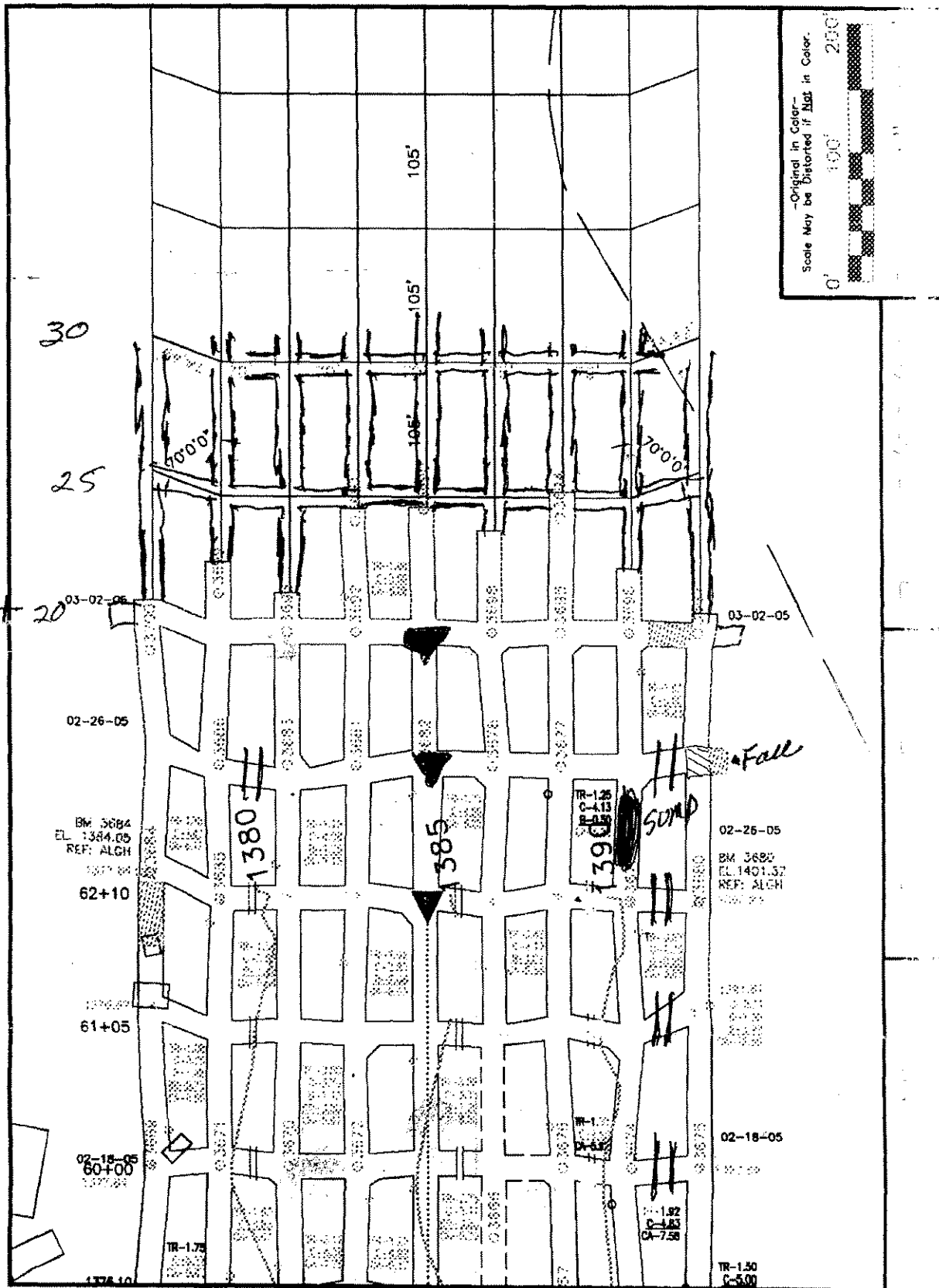
For Official Use Only

Degree _____
Accident Type _____
Accident Class _____
Scheduled Charge _____

MAR 11 2005

#9 Entry





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



NFOL/mach
SHUTTLE CAR CABLE/STBY

Section A—Identification Data

Approved for Use Through December 31, 2004, OMB Number 1219-0007

MSHA ID Number 46-08791 Contractor ID _____ Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor.

Mine Name SAGO Mine Company Name Anker 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

Month _____ Day _____ Year _____

4. Steps Taken to Prevent Recurrence of Accident _____

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 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 06—Other
(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping 04—Continuous Mining 06—Hand 07—Caving 08—Other

6. Date of Accident

7. Time of Accident

8. Time Shift Started

Month 2 Day 28 Year 05

11:45 ☒ am ☐ pm

6:00 ☒ am ☐ pm

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment

6 was attempting to "free" a shuttle car cable that had caught on the section power center, when tension on shuttle car took up slack on cable, it in turn struck 6 At this time

10. Equipment Involved

Type

Manufacturer

Model Number

Shuttle Car End Steer

Joy

105C

11. Name of Witness to Accident/Injury/Illness

12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence 1

13. Name of Injured/Ill Employee

14. Sex

15. Date of Birth

16. Last Four Digits of Social Security Number

17. Regular Job Title

☐ 18. Check if this Injury/Illness resulted in death.

☐ 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability).

20. What Directly Inflicted Injury or Illness?

21. Nature of Injury or Illness

shuttle car cable

22. Part of Body Injured or Affected

23. Occupational Illness (circle Applicable code—see instructions)

21—Occupational Skin Diseases

22—Dust Diseases of the Lungs

23—Respiratory Conditions (toxic agents)

24—Poisoning (toxic materials)

25—Disorders (physical agents)

26—Disorders (repeated trauma)

29—Other

24. Employee's Work Activity When Injury or Illness Occurred

Experience

Years

Weeks

25. Experience in This Job Title

26. Experience at This Mine

27. Total Mining Experience

For Official Use Only

Degree

Accident Type

Accident Class

Scheduled Charge

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 _____

30. Number of Days Away from Work (if none, enter 0)

31. Number of Days Restricted Work Activity (if none, enter 0)

Person Completing Form (name)

Title

James A. Schoonover

Safety Dept

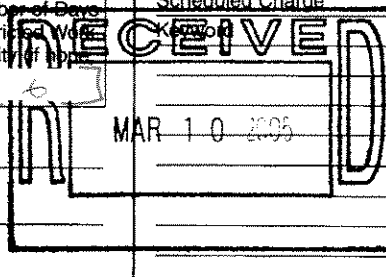
Date This Report Prepared (month, day, year)

Area Code and Phone Number

304-473-1676

MSHA Form 7000-1, Feb 00 (Revised)

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



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



NFDL / FRBK

RT/

Section A—Identification Data

Approved for Use Through December 31, 2004, OMB Number 1219-0007

MSHA ID Number 46-08791 Contractor ID _____ Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor.
Mine Name SAGO Mine Company Name ANKER W.V. 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 _____ 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 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 06—Other
(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping 05—Continuous Mining 06—Hand 07—Caving 08—Other

6. Date of Accident _____ 7. Time of Accident 4:30 ☒ am ☐ pm 11:00 ☐ am ☒ pm > 2-20-05
Month _____ Day _____ Year _____

8. Time Shift Started _____

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment
The Injured employee was performing service work on the Joy miner on the Mains section when a rock fell from between bolts [6]

10. Equipment Involved N/A Type N/A Manufacturer N/A Model Number N/A

11. Name of Witness to Accident/Injury/Illness _____ 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence 1

13. Name of Injured/Ill Employee _____ 14. Sex [6] 15. Date of Birth _____

Month _____ Day _____ Year _____

16. Last Four Digits of Social Security Number [6] 17. Regular Job Title _____ 18. Check if this Injury/Illness resulted in death. ☐ 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability). ☐

20. What Directly Inflicted Injury or Illness? [6] 21. Nature of Injury or Illness [6]

22. Part of Body Injured or Affected [6] 23. Occupational Illness (circle Applicable code—see instructions) 21—Occupational Skin Diseases 22—Dust Diseases of the Lungs 23—Respiratory Conditions (toxic agents) 24—Poisoning (toxic materials) 25—Disorders (physical agents) 26—Disorders (repeated trauma) 29—Other

24. Employee's Work Activity When Injury or Illness Occurred _____

Experience _____ Years _____ Weeks _____

25. Experience in This Job Title _____

26. Experience at This Mine [6]

27. Total Mining Experience _____

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) _____ 30. Number of Days Away from Work (if none, enter 0) [6] 31. Number of Days Restricted Work Activity (if none, enter 0) [6]

Person Completing Form (name) James Schoenover Title Safety Dept

Date This Report Prepared (month, day, year) 3/2/05 Area Code and Phone Number 304-473-1676

MSHA Form 7000-1, Feb 00 (Revised)

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

For Official Use Only

Degree _____
Accident Type _____
Accident Class _____
Scheduled Charge _____
Keyword _____
MAR -4 AM 11:44

RECEIVED

✓ Mine Accident, Injury and Illness Report
U.S. Department of Labor
Mine Safety and Health Administration



NDC/FSRM
FEEDER/CRIBS/CAUTION
BETWEEN

● Section A—Identification Data

Approved for Use Through December 31, 2004, OMB Number 1219-0007

MSHA ID Number 46-08791 Contractor ID _____ Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor.
Mine Name SAGO Mine Company Name Anker W.V. 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
09—Outburst 10—Impounding Dam 11—Hoisting

2. Name of Investigator _____ 3. Date Investigation Started _____

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 inst

(a) Surface Location: 02—Surface at Underground Mine 30—Mill, Preparation Plant, etc.
05—Culm Bank/Refuse Pile 06—Dredge Mining 12—Other Surface Mining 17—Indep
(b) Underground Location: 01—Vertical Shaft 02—Slope/Inclined Shaft 03—Face 04
(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stoping 04

6. Date of Accident _____ 7. Time of Accident _____ 8. Time Shift Started _____

Month 2 Day 16 Year 05 5:30 ☒ am ☐ pm 11:00 ☐ am ☒ pm 2-15-05

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment

Blocking the feeder with cribs to pull on tailpiece.
Clearance was close; Feeder slid off of cribs,
between Feeder + Coal Rib. Accident occurred 1 BCR in by spad #
3622 in the PS Entry

10. Equipment Involved Stamper Feeder Type Coal Feeder Manufacturer Stamler Model Number BF-14A-37-103C

11. Name of Witness to Accident/Injury/Illness _____ 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence 1

13. Name of Injured/Ill Employee _____ 14. Sex 6 15. Date of Birth _____

Month _____ Day _____ Year _____

16. Last Four Digits of Social Security Number 6 17. Regular Job Title 6 18. Check if this Injury/Illness resulted in death. ☐ 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability). ☐

20. What Directly Inflicted Injury or Illness? Feeder and Coal Rib 21. Nature of Injury or Illness 6

22. Part of Body Injured or Affected _____ 23. Occupational Illness (circle Applicable code—see instructions) 21—Occupational Skin Diseases
22—Dust Diseases of the Lungs 23—Respiratory Conditions (toxic agents) 24—Poisoning (toxic materials)
25—Disorders (physical agents) 26—Disorders (repeated trauma) 29—Other

24. Employee's Work Activity When Injury or Illness Occurred _____ Experience _____ Years _____ Weeks _____

25. Experience in This Job Title _____
26. Experience at This Mine _____
27. Total Mining Experience _____

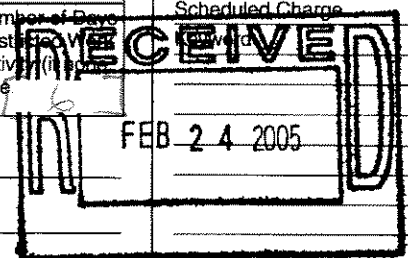
● Section D—Return to Duty Information

☐ 28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) 29. Date Returned to Regular Job at Full Capacity (or item 28) _____ 30. Number of Days Away from Work (if none, enter 0) 6 31. Number of Days Restricted Activity (if none, enter 0) 6

Person Completing Form (name) James A. Schoonover Title Safety Dept.
Date This Report Prepared (month, day, year) 2-22-05 Area Code and Phone Number 304-473-1676

MSHA Form 7000-1, Feb 00 (Revised)

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



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



NOL/RT

Section A— Identification Data

Approved for Use Through September 30, 2002, OMB Number 1219-0007

MSHA ID Number 46-08791 Contractor ID _____ Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor.

Mine Name SAGO Mine Company Name ANKER 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 02/01/05 4. Steps Taken to Prevent Recurrence of Accident Set M.ine props floor to Roof Dangered off

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 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 06—Other
(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping 04—Continuous Mining 06—Hand 07—Caving 08—Other

6. Date of Accident 02/01/05 7. Time of Accident 6:10 8. Time Shift Started 6:00

Month Day Year 02 01 05 ☒ am ☐ pm ☒ am ☐ pm

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment

An Unintentional roof fall was found @ 6:10 AM in the old 1st Right panel. This panel area is no longer being mined. Area was Dangered off and mine props were set in all accesses. Old 1st Rt Panel - 1 Break in by "3545 (spud)" Fall has been investigated by MSHA. - 1 2-1-05

10. Equipment Involved N/A Type N/A Manufacturer N/A Model Number N/A

11. Name of Witness to Accident/Injury/Illness none 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence 1

13. Name of Injured/Ill Employee N/A 14. Sex N/A ☐ Male ☐ Female ☒ 15. Date of Birth N/A

16. Last Four Digits of Social Security Number N/A 17. Regular Job Title N/A 18. Check if this Injury/Illness resulted in death. N/A ☐ 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability). N/A ☐

20. What Directly Inflicted Injury or Illness? N/A 21. Nature of Injury or Illness N/A

22. Part of Body Injured or Affected N/A 23. Occupational Illness (circle Applicable code—see instructions) 21—Occupational Skin Diseases
22—Dust Diseases of the Lungs 23—Respiratory Conditions (toxic agents) 24—Poisoning (toxic materials)
25—Disorders (physical agents) 26—Disorders (repeated trauma) 29—Other

24. Employee's Work Activity When Injury or Illness Occurred N/A Experience Years Weeks
25. Experience in This Job Title N/A
26. Experience at This Mine N/A
27. Total Mining Experience N/A

Section D— Return to Duty Information

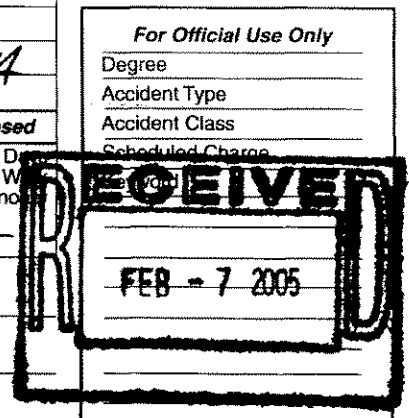
Answer 30 & 31 when case is closed

☐ 28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) N/A 29. Date Returned to Regular Job at Full Capacity (or item 28) N/A 30. Number of Days Away from Work (if none, enter 0) N/A 31. Number of Days Restricted Work Activity (if none, enter 0) N/A

Person Completing Form (name) James A. Schoonover Title Safety Dept.
Date This Report Prepared (month, day, year) 2-3-05 Area Code and Phone Number 304-473-1676

MSHA Form 7000-1, Feb 00 (Revised)

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

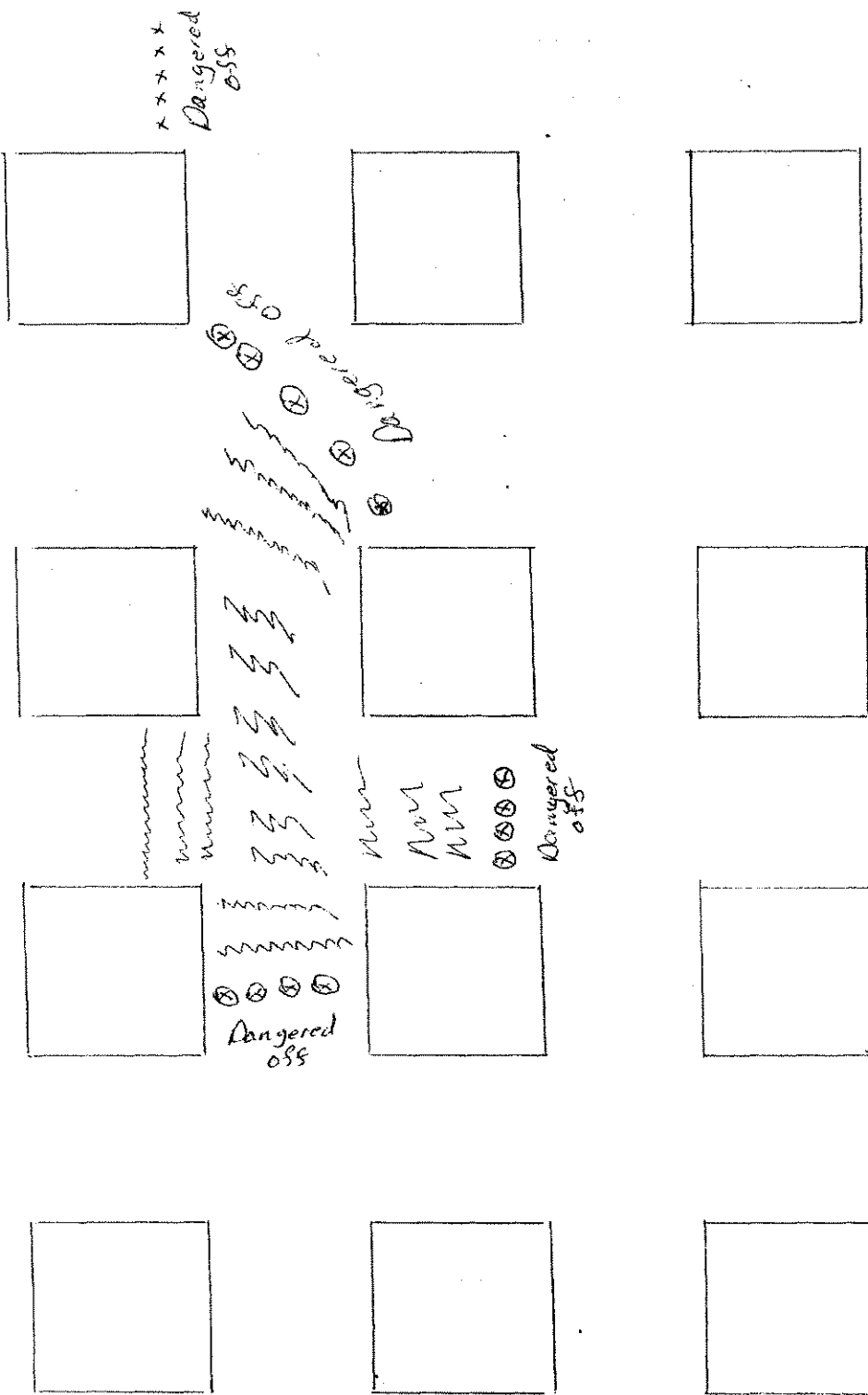


9

10

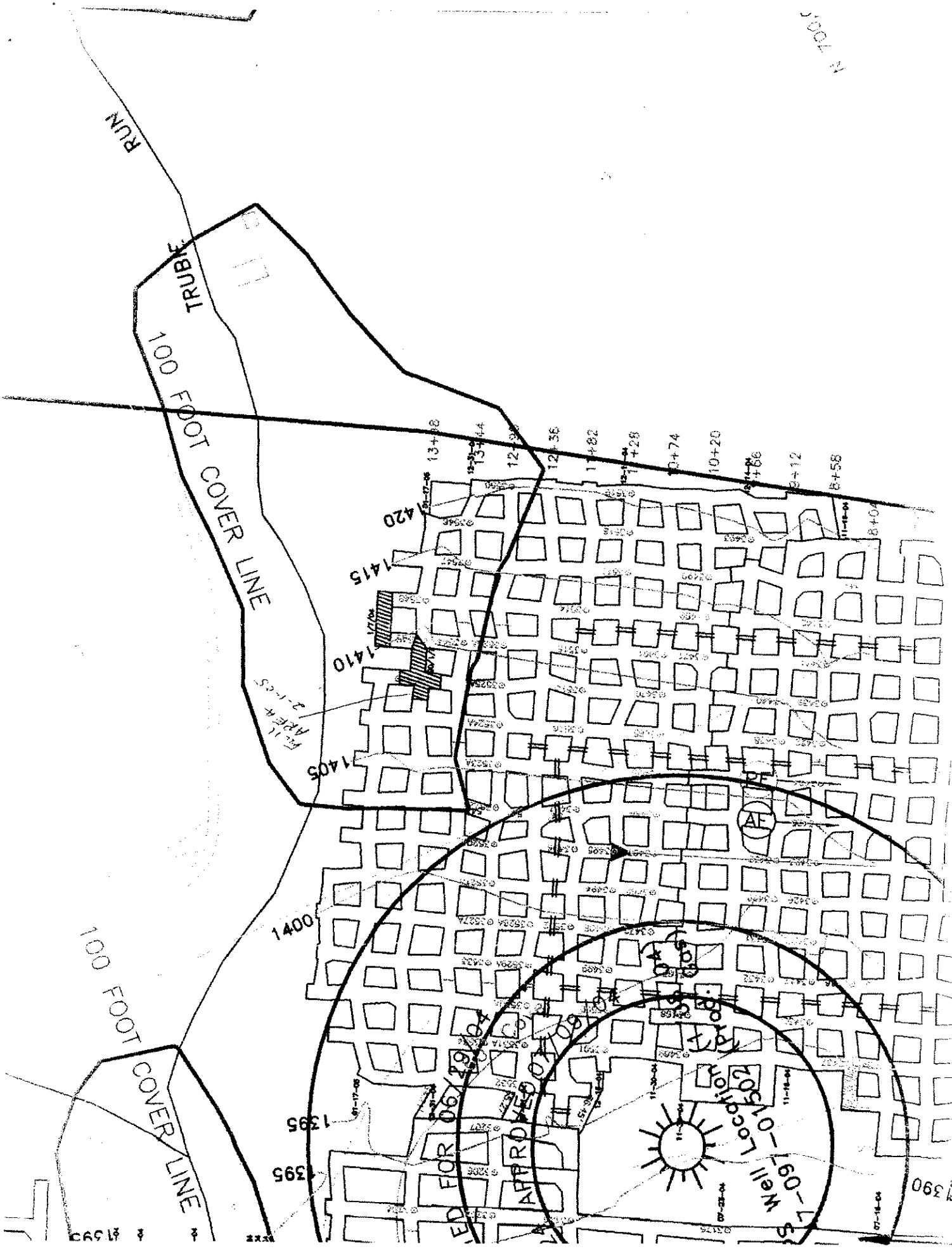
11

12



All access to fall are dangered off- old workings of 1st Right Panel

This Area is not being mined



N 700

RUN

TRUBNE

100 FOOT COVER LINE

100 FOOT COVER LINE

1400

1405

1410

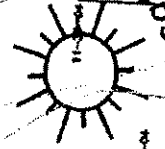
1415

1420

1395

1390

ED FOR 06/29/04
APPROVED 07/08/04



Well Location
1097-01

AF

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



NOL/RF

Section A—Identification Data

Approved for Use Through December 31, 2004, OMB Number 1219-0007

MSHA ID Number 46-08791 Contractor ID _____ Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor.

Mine Name SAGO Mine Company Name ANKER 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 02 Day 01 Year 05

Set Mine Props Floor to Roof

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 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 06—Other
(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping 04—Continuous Mining 06—Hand 07—Caving 08—Other

6. Date of Accident _____ 7. Time of Accident _____ 8. Time Shift Started _____

Month 02 Day 01 Year 05 2:50 ☐ am ☒ pm 6:00 ☐ am ☐ pm

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment

An Unintentional Roof fall was sound @ 2:50pm, 2-1-05 1 Break out by
spad #3134 along #3 Main line belt. Fall measured 40' L x 19' W x 8' High

10. Equipment Involved N/A Type N/A Manufacturer N/A Model Number N/A

11. Name of Witness to Accident/Injury/Illness N/A 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence _____

13. Name of Injured/Ill Employee N/A 14. Sex ☐ Male ☐ Female 15. Date of Birth _____

16. Last Four Digits of Social Security Number N/A 17. Regular Job Title N/A 18. Check if this Injury/Illness resulted in death. ☐ N/A 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability). ☐ N/A

20. What Directly Inflicted Injury or Illness? N/A 21. Nature of Injury or Illness N/A

22. Part of Body Injured or Affected N/A 23. Occupational Illness (circle Applicable code—see instructions) 21—Occupational Skin Diseases 22
22—Dust Diseases of the Lungs 23—Respiratory Conditions (toxic agents) 24—Poisoning (toxic materials) 24
24—Disorders (physical agents) 26—Disorders (repeated trauma) 29—Other

24. Employee's Work Activity When Injury or Illness Occurred _____ Experience _____ Years _____ Weeks _____
25. Experience in This Job Title _____
26. Experience at This Mine N/A
27. Total Mining Experience _____

Section D—Return to Duty Information

☐ 28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) N/A 29. Date Returned to Regular Job at Full Capacity (or item 28) _____
Month _____ Day N/A Year _____ 30. Number of Days Away from Work (if none, enter 0) N/A 31. Number of Days Restricted Work Activity (if none, enter 0) N/A

Person Completing Form (name) James A. Schomover Title Safety Dept
Date This Report Prepared (month, day, year) 2-3-05 Area Code and Phone Number 304-473-1676

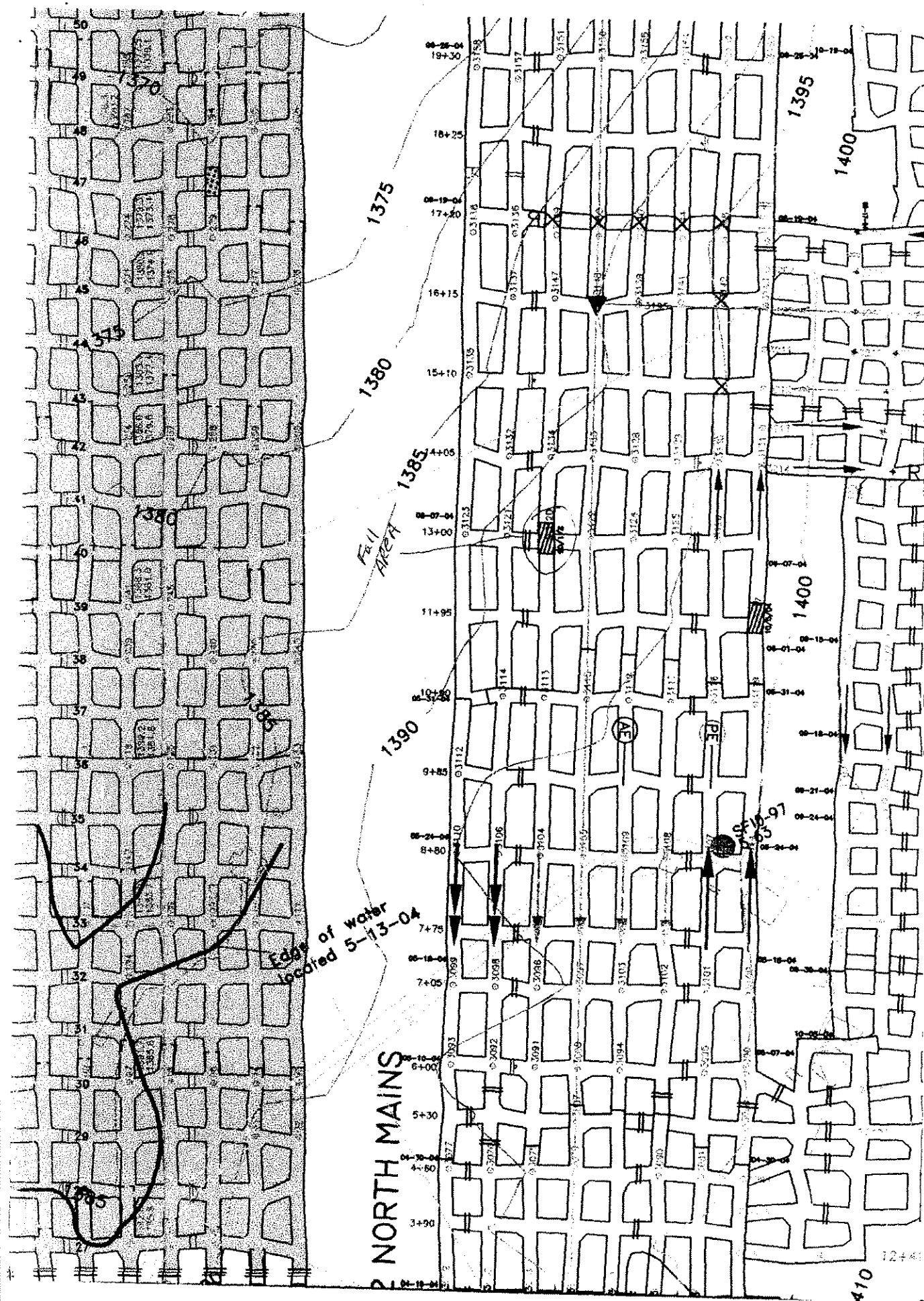
MSHA Form 7000-1, Feb 00 (Revised)

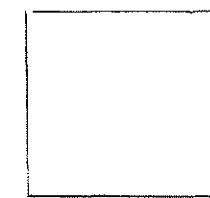
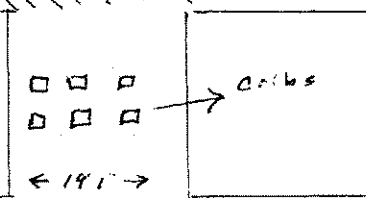
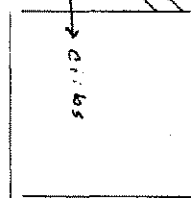
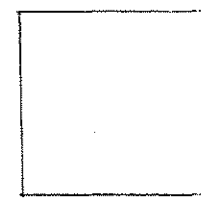
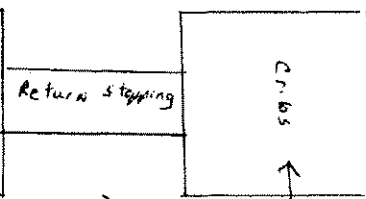
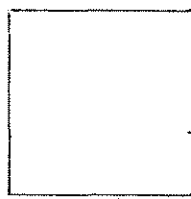
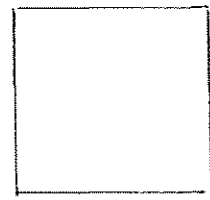
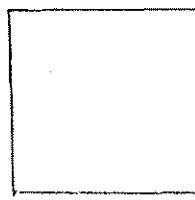
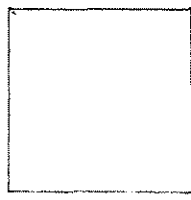
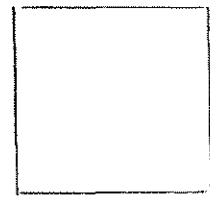
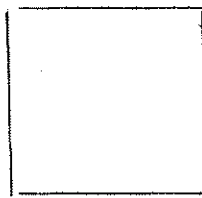
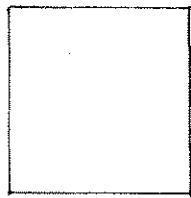
Page 2 MAIL THIS COPY TO YOUR LOCAL MSHA DISTRICT OFFICE.

For Official Use Only

Degree _____
Accident Type _____
Accident Class _____

FEB - 7 2005





3134

← # 3 Belt →

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



B-H

Section A—Identification Data

Approved for Use Through December 31, 2004, OMB Number 1219-0007

MSHA ID Number 46-08791 Contractor ID _____ Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor.
Mine Name SAGOMI Company Name 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 _____ 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 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 06—Other
(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping 04—Continuous Mining 06—Hand 07—Caving 08—Other

6. Date of Accident Month 01 Day 24 Year 05 7. Time of Accident 4:20 ☐ am ☒ pm 8. Time Shift Started 4:00 ☐ am ☒ pm

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 N/A Type N/A Manufacturer N/A Model Number N/A 10
Man

11. Name of Witness to Accident/Injury/Illness _____ 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence 1

13. Name of Injured/Ill Employee _____ 14. Sex 6 15. Date of Birth _____ 12
14
16

16. Last Four Digits of Social Security Number 6 17. Regular Job Title 6 18. Check if this Injury/Illness resulted in death. ☐ 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability). ☐ 17
18
19

20. What Directly Inflicted Injury or Illness? Lifting 21. Nature of Injury or Illness 6 20
21

22. Part of Body Injured or Affected 6 23. Occupational Illness (circle Applicable code—see instructions) 21—Occupational Skin Diseases 22
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 _____ Years _____ Weeks _____
25. Experience in This Job Title _____
26. Experience at This Mine 6
27. Total Mining Experience _____

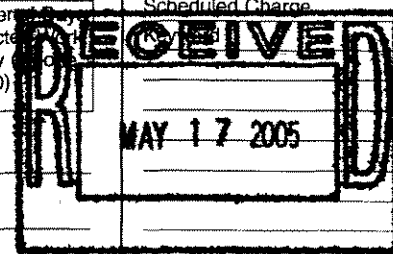
Section D—Return to Duty Information

Answer 30 & 31 when case is closed

☐ 28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) 29. Date Returned to Regular Job at Full Capacity (or item 28) Month _____ Day _____ Year _____ 30. Number of Days Away from Work (if none, enter 0) _____ 31. Number of Days Restricted Activity (if none, enter 0) _____

Person Completing Form (name) James A Schoonover Title Safety Dept.
Date This Report Prepared (month, day, year) 5/13/05 Area Code and Phone Number 304-475-1676

MSHA Form 7000-1, Feb 00 (Revised)



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



NOL/RP

Section A—Identification Data

Approved for Use Through December 31, 2004, OMB Number 1219-0007

MSHA ID Number 48-08791 Contractor ID _____ Report Category ☐ Metal/Nonmetal Mining ☒ Coal Mining ☐ Check here if report pertains to contractor.

Mine Name SAGO MINE Company Name ANKER 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 [Signature] 3. Date Investigation Started Month 1 Day 07 Year 05 4. Steps Taken to Prevent Recurrence of Accident Tighten Bolt Pattern

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 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 06—Other
(c) Underground Mining Method: 01—Longwall 02—Shortwall 03—Conventional Stopping 05—Continuous Mining 06—Hand 07—Caving 08—Other

6. Date of Accident Month 1 Day 07 Year 05 7. Time of Accident 3:20 ☐ am ☒ pm 8. Time Shift Started 5:30 ☒ am ☐ pm

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment

Joy Miner Mining the "B" run between #12 entry and #13 entry. Top began to work and fell on miner. The "A" run was opened into the #13 entry. Miner is moving at time of investigation. The first cut out of the X-cut #12 to #13 was bolted. The first cut was lost.

10. Equipment Involved Continuous Miner Type Ripper Manufacturer Joy Model Number 1415 CM

11. Name of Witness to Accident/Injury/Illness [Signature] 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence 0

13. Name of Injured/Ill Employee N/A 14. Sex ☐ Male ☒ Female 15. Date of Birth Month N/A Day N/A Year N/A

16. Last Four Digits of Social Security Number N/A 17. Regular Job Title N/A 18. Check if this Injury/Illness resulted in death. ☒ 19. Check if this Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability). ☒

20. What Directly Inflicted Injury or Illness? N/A 21. Nature of Injury or Illness N/A

22. Part of Body Injured or Affected N/A 23. Occupational Illness (circle applicable code—see instructions) 24—Occupational Skin Diseases
22—Dust Diseases of the Lungs 23—Respiratory Conditions (toxic agents) 24—Poisoning (toxic materials)
25—Disorders (physical agents) 26—Disorders (repeated trauma) 29—Other

24. Employee's Work Activity When Injury or Illness Occurred N/A Experience _____ Years _____ Weeks _____
25. Experience in This Job Title _____
26. Experience at This Mine N/A
27. Total Mining Experience _____

Section D—Return to Duty Information

☐ 28. Permanently Transferred or Terminated (if checked, complete items 29, 30, & 31) N/A 29. Date Returned to Regular Job at Full Capacity (or item 28) Month N/A Day N/A Year N/A 30. Number of Days Away from Work (if none, enter 0) N/A 31. Number of Days Restricted Work Activity (if none, enter 0) N/A

Person Completing Form (name) James A. Schroeder Title Safety Dept.
Date This Report Prepared (month, day, year) 1-10-05 Area Code and Phone Number 304-473-1676

MSHA Form 7000-1, Feb 00 (Revised)

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Degree

Accident Type

Accident Class

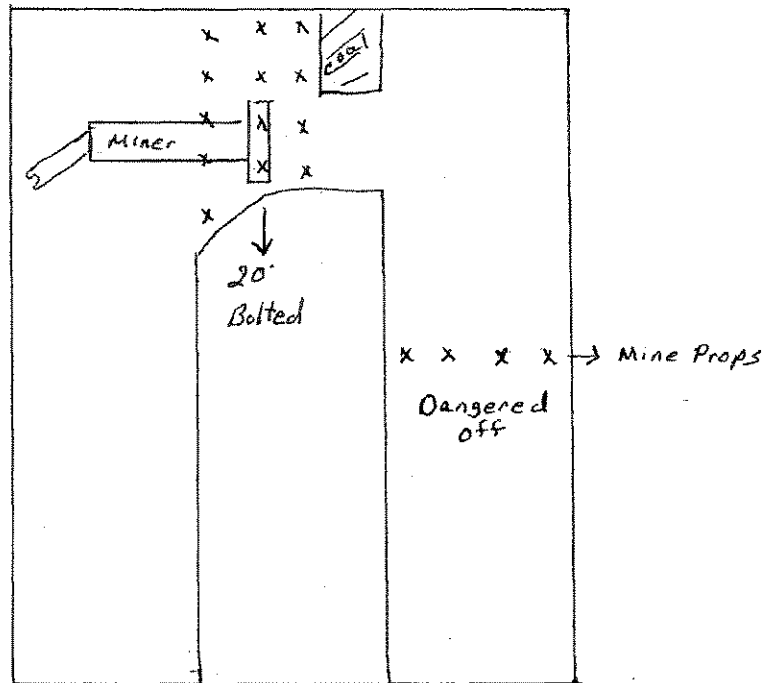
Scheduled Charge

Keyword

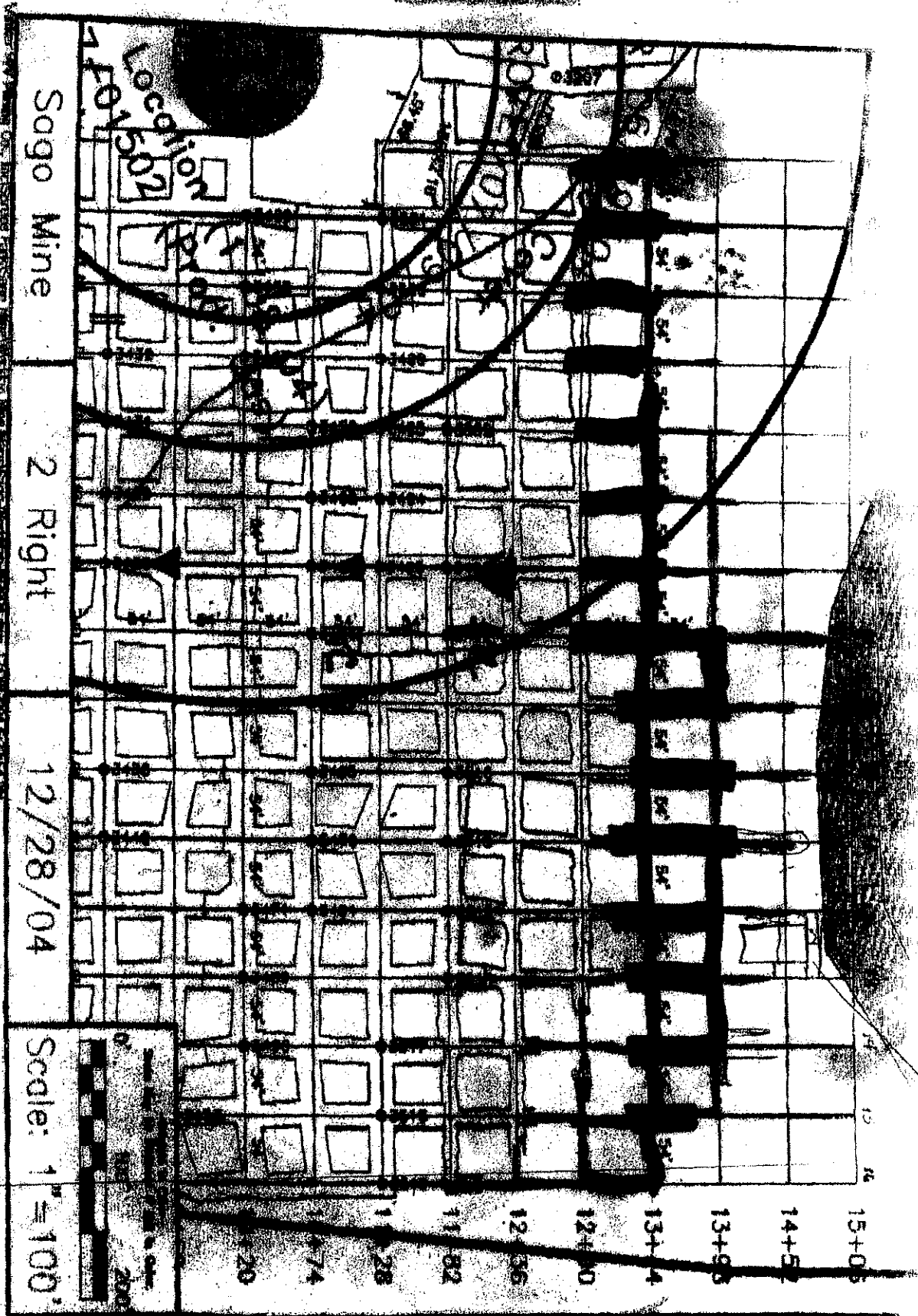
JAN 12 2005

#12 Entry

#13 Entry



Fall Area



Sago Mine

2 Right

12/28/04

Scale: 1"=100'

Vertical text on the left margin, likely a title or reference number.