At approximately 5:45 a.m. on Wednesday, May 24, 2000, a collapse of the highwall occurred in the Coalburg highwall miner pit at the Martin County Coal Corp., MTR Surface Mine Number 1. Ronnie Wright, front-end loader operator, was working to move coal from the stockpile at the highwall miner conveyor stacker when the highwall fell onto the Caterpillar 988B front-end loader, resulting in fatal injuries.

A hill seam extended nearly vertical and parallel to the highwall face for a distance of approximately 265 feet in length and up to 12 feet in depth. The hill seam which was exposed to the surface at both ends was being undermined in the Coalburg seam by the highwall miner. The immediate roof of the mined openings consisted of 10-25 feet of shale overlain by a main roof of sandstone extending up to the Stockton seam near the top of the highwall.
The accident was a direct result of the miner operator’s failure to detect, recognize, and/or take appropriate measures regarding an adverse geologic condition in the highwall in an active highwall mining area. The adverse condition consisted of a continuous nearly-vertical joint, or hill seam, running nearly parallel to the highwall. The presence of this joint left a large, relatively narrow column of rock in a marginally stable condition, with minimal support in the back. In this condition, even minor disturbances would cause it to become unstable. Since the condition was not detected, no modifications to the normal mining procedure were implemented.

<table>
<thead>
<tr>
<th>Citation</th>
<th>Order</th>
<th>Type/Action:</th>
<th>Summary of Violation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>7369116</td>
<td></td>
<td>104(a)</td>
<td>Unsafe ground condition not corrected.</td>
</tr>
<tr>
<td>7369117</td>
<td></td>
<td>104(a)</td>
<td>Examination for hazardous conditions not adequate.</td>
</tr>
<tr>
<td>7373408</td>
<td></td>
<td>104(a)</td>
<td>Ground control plan was not being followed.</td>
</tr>
<tr>
<td>7369117</td>
<td></td>
<td>104(a)</td>
<td>Ground control plan was not being followed.</td>
</tr>
</tbody>
</table>

C. MSHA Information

26. Last Quarter NFDL Injury Incidence Rate (PEIR) for:

Industry: 2.03 This Mine: 0 Contractor: 0

29. MSHA District Office: Pikeville

30. MSHA Field Office: Martin, KY

32. Lead Accident Investigator: Name: Robert Newberry AR No.: 23654 Date: 06/30/2000

33. Date On-site Investigation Started: 05/24/2000

34. Formal Report: Yes X No |

35. Report Release Date: 07/18/2000

MSA Form 7000-50a, Dec 1994

Printed 08/09/2000 9:40:48 AM
Victim Information:

<table>
<thead>
<tr>
<th>1. Name of Injured/Ill Employee:</th>
<th>2. Sex</th>
<th>3. Victim's Age</th>
<th>4. Last Four Digits of SSN:</th>
<th>5. Degree of Injury:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ronnie J. Wright</td>
<td>M</td>
<td>45</td>
<td>4810</td>
<td>01 Fatal</td>
</tr>
</tbody>
</table>

6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:
   a. Date: 05/24/2000          b. Time: 10:44

7. Date and Time Started:
   a. Date: 05/23/2000 b. Time: 18:00

8. Regular Job Title: 082 Front-end-loader operator

9. Work Activity when Injured: 053 Operate front-end loader

10. Was this work activity part of regular job? Yes ☑ No

11. Experience:
   a. This Work Activity: 4 40 0
   b. Regular Job Title: 4 40 0
   c. This Mine: 4 40 0
   d. Total Mining: 23 0 0

12. What Directly Inflicted Injury or Illness?
    091 Fall of highwall (landslide)

13. Nature of Injury or Illness:
    170 Crushed by falling rock

14. Training Deficiencies:
    Hazard: New/Newly-Employed Experienced Miner: Annual: Task:

15. Company of Employment:(If different from production operator)
    Ranger Contracting, Inc. Independent Contractor ID: (if applicable) RUM

16. On-site Emergency Medical Treatment:
    Not Applicable: First-Aid: CPR: EMT: Medical Professional: None:

17. Part 50 Document Control Number: (form 7000-1)

18. Union Affiliation of Victim:

---

Victim Information:

<table>
<thead>
<tr>
<th>1. Name of Injured/Ill Employee:</th>
<th>2. Sex</th>
<th>3. Victim's Age</th>
<th>4. Last Four Digits of SSN:</th>
<th>5. Degree of Injury:</th>
</tr>
</thead>
</table>

6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:

7. Date and Time Started

8. Regular Job Title:

9. Work Activity when Injured:

10. Was this work activity part of regular job? Yes ☑ No

11. Experience:
   a. This Work Activity: Years Weeks Days
   b. Regular Job Title: Years Weeks Days
   c. This Mine: Years Week Days
   d. Total Mining: Years Weeks Days

12. What Directly Inflicted Injury or Illness?

13. Nature of Injury or Illness:

14. Training Deficiencies:
    Hazard: New/Newly-Employed Experienced Miner: Annual: Task:

15. Company of Employment:(If different from production operator)
    Independent Contractor ID: (if applicable)

16. On-site Emergency Medical Treatment:
    Not Applicable: First-Aid: CPR: EMT: Medical Professional: None:

17. Part 50 Document Control Number: (form 7000-1)

18. Union Affiliation of Victim:

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Victim Information:

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</tr>
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</table>

6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:

7. Date and Time Started

8. Regular Job Title:

9. Work Activity when Injured:

10. Was this work activity part of regular job? Yes ☑ No

11. Experience:
   a. This Work Activity: Years Weeks Days
   b. Regular Job Title: Years Weeks Days
   c. This Mine: Years Week Days
   d. Total Mining: Years Weeks Days

12. What Directly Inflicted Injury or Illness?

13. Nature of Injury or Illness:

14. Training Deficiencies:
    Hazard: New/Newly-Employed Experienced Miner: Annual: Task:

15. Company of Employment:(If different from production operator)
    Independent Contractor ID: (if applicable)

16. On-site Emergency Medical Treatment:
    Not Applicable: First-Aid: CPR: EMT: Medical Professional: None:

17. Part 50 Document Control Number: (form 7000-1)

18. Union Affiliation of Victim: