

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Fall of Roof or Back		3. Date/Time of Accident 02/23/2017 09:30 PM		4. Date/Time of Death 04/06/2017 04:45 PM		5. Fatal Case No 5						
6. Mine Information :														
a) Mining Company Name C K Coal Corporation			b) Mine Name Mine No. 5			c) Parent of Mining Company Anthony P. Cline								
7. Mine Location :		a) City Delbarton		b) County Mingo		c) State WV		8. Mine ID Number: 46-09362		9. Union: NO				
10. Primary Mineral Mined: BITUMINOUS COAL UNDERGROUND			11. Number of Mine Employees:		a) Total 43	b) Underground 36	c) Open Pit/Quarry		d) Mill/Prep Plant	e) Other 7				
12. Contractor Name:						13. Union		14. Contractor ID Number:						
15. Contractor Address:				a) City		b) County		c) State		d) Zip Code				
16. Number of Contractor Employees:					a) Total	b) Underground	c) Open Pit/Quarry	d) Mill/Prep Plant	e) Other					
17. Number of Persons in Mine at Time of Accident:					a) Mine Employees: 14	b) Contractor Employees: 0	18. Number of Persons Unaccounted For:							
					a) Mine Employees: 0	b) Contractor Employees: 0								
19) Location of Accident								20. Mining Height:						
<input checked="" type="checkbox"/> 01-Underground	<input type="checkbox"/> 02-Surface at Underground	<input type="checkbox"/> 03-Open Pit	<input type="checkbox"/> 06-Dredge Mining	<input checked="" type="checkbox"/> 07-Advance Mining	<input type="checkbox"/> 08-Retreat Mining	<input type="checkbox"/> 30-Mill/Prep Plant	<input type="checkbox"/> 99-Office Facility	<input type="checkbox"/> Other (specify)	Feet	Inches				
								9	6					
21. Nonfatal Injuries:			22. Fatal Injuries:			1								
23. Victim Information :				a) Name DENNIS FILLINGER		b) Age 62								
c) Regular Job Title: SECTION FOREMAN				d) Activity at Time of Accident: SECTION FOREMAN				X. Mine Employee						
24. Experience :			Years Weeks Days			Years Weeks Days			Years Weeks Days					
a) Total:			38 0 0			b) at the mine: 0 10 0			c) at activity (23d) 0 10 0			d) with Contractor 0 0 0		
25. Autopsy Performed: If Yes, Location						26. Mine Telephone No.: (304) 475-3657								

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):
 A section foreman was seriously injured by roof rock that fell in the No. 3 entry on the active working section. The rock fell from between roof bolts and was approximately 3 feet wide by 2 feet long by 3 to 4 inches thick. First aid was administered and the injured miner was transported to a medical center. Due to medical complications from the injuries he sustained, the victim died on April 6, 2017."

The information provided in this notice is based on preliminary data ONLY and does not represent final determinations regarding the nature of the incident or conclusions regarding the cause of the accident.

28. Equipment Manufacturer:				29. Model:			
30. District: C1200 Pineville		32. Field Office: Logan WV			33. Event Number: 6308297		
34. Accident Investigator: RICKY O. RUNYON			35. MSHA Person Notified: KENNETH BUTCHER			Date 02/24/2017	Time 04:20 A
36. Type of Report: Amended		37. Name of Preparer and Date Prepared RICKY RUNYON				Date 04/11/2017	
38. Reason For Amendment: INITIALLY, THIS WAS A NON-FATAL INJURY. UPDATED ITEM 24 EXPERIENCE TO 38							