

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Electrical		3. Date/Time of Accident 03/23/2012 09:30 PM		4. Date/Time of Death 03/23/2012 10:45 PM		5. Fatal Case No 6						
6. Mine Information :														
a) Mining Company Name Drummond Company Inc			b) Mine Name Shoal Creek Mine			c) Parent of Mining Company Drummond Company Inc								
7. Mine Location :		a) City Oakman		b) County Jefferson		c) State AL		8. Mine ID Number: 01-02901		9. Union: YES				
10. Primary Mineral Mined: BITUMINOUS COAL UNDERGROUND			11. Number of Mine Employees:		a) Total 689	b) Underground 601	c) Open Pit/Quarry		d) Mill/Prep Plant 88	e) Other				
12. Contractor Name:						13. Union		14. Contractor ID Number:						
15. Contractor Address:				a) City		b) County		c) State		d) Zip Code				
16. Number of Contractor Employees:					a) Total	b) Underground	c) Open Pit/Quarry	d) Mill/Prep Plant	e) Other					
17. Number of Persons in Mine at Time of Accident:						18. Number of Persons Unaccounted For:								
a) Mine Employees: 147		b) Contractor Employees: 0				a) Mine Employees:		b) Contractor Employees:						
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 type="checkbox"/> 07-Advance Mining		<input type="checkbox"/> 08-Retreat Mining	<input type="checkbox"/> 09-Office Facility	<input type="checkbox"/> 30-Mill/Prep Plant	<input type="checkbox"/> Other (specify)	Feet	Inches
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	0	
21. Nonfatal Injuries:			22. Fatal Injuries:			1								
23. Victim Information :														
a) Name Harold E. Ennis					b) Age 37									
c) Regular Job Title: Electrician				d) Activity at Time of Accident: Electrician				<input checked="" type="checkbox"/> Mine Employee						
24. Experience :	Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days							
a) Total:	3	28	b) at the mine:	3	28	c) at activity (23d)	1	29	d) with Contractor					
25. Autopsy Performed: If Yes, Location								26. Mine Telephone No.: (205) 617-3004						

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

A fatal accident occurred on 3/23/2012, at approximately 2130 hours, on the West Main Left section of the Shoal Creek Mine. The electrician was performing electrical work, on the cable reel of a shuttle car, when he received fatal electrical shock. The electrician came in contact with the exposed 995 volt energized cable leads in the cable reel compartment. The disconnecting device was not locked and tagged out while this work was being performed.

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: Joy Machinery Co. (Joy Manufacturing Co)				29. Model: 105C32-56CX-5			
30. District: C1100 Birmingham		32. Field Office: Bessemer AL				33. Event Number: 4495445	
34. Accident Investigator: Joseph P. Turner			35. MSHA Person Notified: Russ Weekly			Date 03/23/2012	Time 09:45 P
36. Type of Report: Initial		37. Name of Preparer and Date Prepared: Joseph P. Turner				Date 03/24/2012	
38. Reason For Amendment:							