

Accident Investigation Data



Event Number: 4 1 7 0 4 5 7

A. Mine Information

1. Mine ID Number: 1 5 - 1 8 0 4 5		2. Mine Name: GOOSENECK BRANCH MINE		3. Operating Company Name: LODESTAR ENERGY INC	
4. Mine Location: (Town, County, and State) PIKEVILLE, PIKE, KY 41501				b. Union Affiliation: 9999 None (No Union Affiliation)	
5. Mine Type: S Strip/Open Pit Quarry		6a. Material Mined/Processed: 122101 Bituminous (Surface)		b. Part 48 Exempt? Yes No	
				7. Name Of Seam: (Coal Only) Cedar Grove	
8. Mining Data: a. Mining Method: 0 1 Multi-bench (Open Pit)		b. Extraction Method: 0 5 Shovel/Loader			
c. Haulage Method(s):					
d. Are explosives used in the extraction of material? Yes X No					
9. Employment: At Time of Accident: a. Underground: b. Surface: 13		10. Production:(Coal only) Avg Tons per Day: 2000		11. Hours of Operation: a. Hours per Shift: 10	
Avg Mine Employment: a. Underground: b. Surface: 85				b. Shifts per Day: 2 c. Days per Week: 7	
12. Number of Active MMU's:(Coal Only) a. Development b. Retreat:		13. Methane Liberation: Cubic Feet in 24 hours		14. Average Mining Height: Feet: 3 Inches: 0 4	
15. Management/Labor Officials:					
Title		Name		Address	
Superintendent		Jim Smith		215 Tollage Creek Rd., Pikeville, KY 41501	
Safety Director		Paris Charles		215 Tollage Creek Rd., Pikeville, KY 41501	

B. Accident Information

16. Date(MM/DD/YY)/Time(24Hr.) of Accident: a. Date: 05/08/2000 b. Time: 22:00		17. Type of Investigation: Fatal X Non-Fatal Non-injury		18. Accident Classification: 1 2 Powered Haulage		19. Number of Deg. 1-5 Injuries: 1	
20. Location of Accident/Injury/III. a. Surface Location: 1 0 Dump Area				21. Number of Independent Contractor Companies Involved in Accident: 0			
22. Equipment Involved: #1 a. Type: 740101 Rock Truck		b. Manufacturer: 0310 Caterpillar		c. Model No: 777B		d. Serial Number: 4YC01417	
				e. Controls: N N/A			
#2 a. Type:		b. Manufacturer:		c. Model No:		d. Serial Number:	
				e. Controls:			

23. Description of the Accident:

On Monday, May 8, 2000, Rodney Lindon, night shift foreman, assigned a crew consisting of four men to work the No. 3 split of the Cedar Grove coal seam. The crew consisted of Clarence Salyers, 992 D Caterpillar loader operator, John Anderson, D11N Caterpillar dozer operator, Steve Haynes, 777B Caterpillar rock truck operator, and Mark McNeil (victim), Caterpillar 777B rock truck operator. The dozer and loader built a road to the coal seam and a pad for the loader and trucks. The dozer then started to rip the rock binder from above the coal seam. The truck operators were instructed to dump on top of the hollow fill to level a low spot. This continued until the top of the dump was full of dumped loads. McNeil contacted Anderson by citizens band radio (CB) and asked Anderson to level the top off. Anderson stated Haynes had dumped a load at the edge but the load did not go over the berm. He stated McNeil then arrived on the fill and backed up to the berm as if to dump, then repositioned the truck a short distance from his original spot and at an angle. Anderson stated McNeil backed up fast and went backward over the edge of the fill. McNeil was ejected from the truck approximately 267 feet from the top of the fill. The truck then traveled approximately another 141 feet before coming to rest on its left side.

The victim was pronounced dead at the accident site by Ernie Casebolt, Pike County Deputy Coroner, at 2:00 a.m., Tuesday May 9, 2000.

24. Conclusion:

The accident occurred because the victim backed the 777B Caterpillar Truck over the edge of the dump in an area where the berm was not sufficient to prevent overtravel.

25. Enforcement Actions: Indicate P for procedure type violation, C for condition type, or T for training type.

Violation Type	Citation Number	Regulation Cited	Section of the Act
<input type="checkbox"/> <input checked="" type="checkbox"/> C <input type="checkbox"/>	7369113	77.1605(i)	
Citation <input checked="" type="checkbox"/>	Order <input type="checkbox"/>	Type/Action: 104(a)	Summary of Violation: An adequate means was not provided at the dumping area of No. 6 Hollowfill to prevent overtravel of the rock trucks.

IC:

<input type="checkbox"/> <input checked="" type="checkbox"/> C <input type="checkbox"/>	7369114	77.1710(i)	
Citation <input checked="" type="checkbox"/>	Order <input type="checkbox"/>	Type/Action: 104(d)(1)	Summary of Violation: Evidence obtained during interviews shows the operator knew seat belts were not worn by equipment operators.

IC:

<input type="checkbox"/> <input checked="" type="checkbox"/> C <input type="checkbox"/>	73601426		
Citation <input type="checkbox"/>	Order <input checked="" type="checkbox"/>	Type/Action: 103(k)	Summary of Violation: This order was issued to ensure the safety of all persons until an investigation of the accident scene was made safe.

IC:

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Citation <input type="checkbox"/>	Order <input type="checkbox"/>	Type/Action:	Summary of Violation:

IC:

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Citation <input type="checkbox"/>	Order <input type="checkbox"/>	Type/Action:	Summary of Violation:

IC:

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Citation <input type="checkbox"/>	Order <input type="checkbox"/>	Type/Action:	Summary of Violation:

IC:

C. MSHA Information

26. Last Quarter NFDL Injury Incidence Rate (PEIR) for:		27. Did Technical Support participate in this investigation ?		28. Part 50 Document Control Number:(Form 7000-1):					
Industry: 2.03	This Mine: 0	Contractor:		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<input type="text"/>			
29. MSHA District Office: Pikeville		30. MSHA Field Office: Phelps, KY		31. Date Last Regular Inspection Completed: 11/18/1999					
32. Lead Accident Investigator: Name; AR No.; Date :		AR No.: 23251		33. Date On-site Investigation Started:		34. Formal Report:		35. Report Release Date:	
Name: Buster Stewart		Date: 05/09/2000		05/08/2000		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		07/24/2000	

Accident Investigation Data - Victim Information



Event Number: 4 1 7 0 4 5 7

Victim Information: 1

1. Name of Injured/III Employee: <i>Mark McNeil</i>		2. Sex <i>M</i>	3. Victim's Age <i>47</i>	4. Last Four Digits of SSN: <i>9161</i>	5. Degree of Injury: <i>01 Fatal</i>										
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death: <i>a. Date: 05/09/2000 b. Time: 2:00</i>				7. Date and Time Started: <i>a. Date: 05/08/2000 b. Time: 18:00</i>											
8. Regular Job Title: <i>167 Shovel oper.</i>			9. Work Activity when Injured: <i>055 Rock Truck Driver</i>		10. Was this work activity part of regular job? Yes No <input checked="" type="checkbox"/>										
11. Experience a. This Work Activity:	Years <i>1</i>	Weeks <i>0</i>	Days <i>0</i>	b. Regular Job Title:	Years <i>1</i>	Weeks <i>28</i>	Days <i>0</i>	c. This Mine:	Years <i>1</i>	Weeks <i>28</i>	Days <i>0</i>	d. Total Mining:	Years <i>20</i>	Weeks <i>0</i>	Days <i>0</i>
12. What Directly Inflicted Injury or Illness? <i>076 Surface mining machines</i>				13. Nature of Injury or Illness: <i>370 Crushing Injuries</i>											
14. Training Deficiencies: Hazard: New/Newly-Employed Experienced Miner: Annual: Task:															
15. Company of Employment:(If different from production operator) <i>Operator</i>			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:												

Victim Information:

1. Name of Injured/III Employee:		2. Sex	3. Victim's Age	4. Last Four Digits of SSN:	5. Degree of Injury:										
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:												

Victim Information:

1. Name of Injured/III Employee:		2. Sex	3. Victim's Age	4. Last Four Digits of SSN:	5. Degree of Injury:										
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	Week	Days	c. This Mine:	Years	Weeks	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:												