

**Preliminary Report of Accident U. S. Department of Labor**  
**Mine Safety and Health Administration**



1. Accident Type Fatal Injury	2. Accident Classification Powered Haulage	3. Date/Time of Accident 12/08/2015 @07:53	<input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	4. Date/Time of Death 12/08/2015@07:53	<input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	5. Fatal Case 11
6. Mine Information: a) Mining Company Name: M-Class Mining, LLC b) Mine Name: MC #1 c) Parent of Mining Company: Coalfield Transport Inc; Foresight Energy/Murray Energy						
7. Mine Location information:	a) City Macedonia	b) County Franklin	c) State IL	8. Mine ID Number 11-03189	9. Union <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Primary Mineral Mined Bituminous Coal Underground	11. Number of Employees	a) Total 401	b) Underground 323	c) Open Pit or Quarry	d) Mill/Prep Plant	e) Other
12. Contractor Name:			13. Union	<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Contractor ID Number	
15. Contractor Address:			a) City/Town	b) County	c) State	d) Zip Code
16. Number of Contractor Employees						
a) Total		b) Underground		c) Open Pit or 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 96		b) Contractor Employees		a) Mine Employees		b) Contractor Employees
19. Mark Code which best describes where accident occurred:						20. Mining Height
<input checked="" type="checkbox"/> 01 - Underground	<input type="checkbox"/> 02 - Surface at Underground	<input type="checkbox"/> 03 - Open Pit Mine	<input type="checkbox"/> 06 - Dredge Mining	<input type="checkbox"/> 07 - Advance Mining	<input type="checkbox"/> 08 - Retreat Mining	<input type="checkbox"/> 30 - Mill/Prep Plant
<input type="checkbox"/> Other(specify)						<input type="checkbox"/> 99 - Office Facility
21. Number of Nonfatal Injuries or Illnesses 0		22. Number of Fatal Injuries 1				
23. Victim Information:						
a) Name Tyler D. Rath				b) Age 20		
c) Regular Job Title Supplyman			d) Activity at time of Accident Supplyman		e) <input checked="" type="checkbox"/> Mine Employee <input type="checkbox"/> Contractor Employee	
24. Mining Experience						
a) Total Experience 2 yrs. 0 wks. 6 days		b) Experience at the Mine 1 yr. 27 wks. 1 day		c) Experience at the Activity at the time of the Accident 1 yr. 11 wks 1 day		d) Experience with Contractor
25. Autopsy Performed						
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Location Franklin County Hospital, Benton, IL			26. Mine Telephone No. 618-435-2491	
27. Description of Accident: (include equipment involved, the exact location in the mine of the fatality, and status of rescue and recovery operations, if (if additional space is needed; use continuation or reverse side of form)						

At approximately 7:53 pm CST on December 8, 2015, a 20-year-old supplyman was fatally injured while hauling a longwall face conveyor chain on a shield trailer pulled by a diesel tractor down a 9 (nine) degree slope haulage/belt travelway that was approximately 2,900 ft. long. The victim was unable to negotiate the left turn at the crosscut at the bottom of the slope and impacted the coal rib. The 5th wheel trailer connection on the tractor broke on impact and the trailer traveled over the tractor and sheared off the canopy of the operator's compartment. The victim received fatal blunt force injuries.

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 fatality. (continued )

28. Equipment Manufacturer Fletcher		29. Model 3885AD	
30. District 0800	31. Subdistrict	32. Field Office Marion	33. Event Number 4254494
34. Accident Investigator Harry Wilcox		35. MSHA Person Notified Eddie Kane	
		Date 12/08/2015	Time 08:39
		<input checked="" type="checkbox"/> a. m. <input type="checkbox"/> p.m.	
36. <input checked="" type="checkbox"/> (a) Initial Report <input type="checkbox"/> (b) Amended Report	37. Signature Title		
38. Reason for Amendment:			