

Preliminary Report of Accident



1. Accident Type: Fatal Injury	2. Accident Classification Falling, Rolling or Sliding Rock /Materl	3. Date/Time of Accident 08/19/2015 08:45 PM	4. Date/Time of Death 10/01/2015 07:55 PM	5. Fatal Case No 12
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6. Mine Information :

a) Mining Company Name Hamilton County Coal, LLC	b) Mine Name Mine No. 1	c) Parent of Mining Company Alliance Resource Partners LP
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7. Mine Location :	a) City McLeansboro	b) County Hamilton	c) State IL	8. Mine ID Number: 11-03203	9. Union: NO
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10. Primary Mineral Mined: BITUMINOUS COAL UNDERGROUND	11. Number of Mine Employees:	a) Total 289	b) Underground 262	c) Open Pit/Quarry 0	d) Mill/Prep Plant 0	e) Other 27
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12. Contractor Name:	13. Union	14. Contractor ID Number:
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15. Contractor Address:	a) City	b) County	c) State	d) Zip Code
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16. Number of Contractor Employees:	a) Total	b) Underground	c) Open Pit/Quarry	d) Mill/Prep Plant	e) Other
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17. Number of Persons in Mine at Time of Accident:	18. Number of Persons Unaccounted For:
a) Mine Employees: 61	a) Mine Employees: 0
b) Contractor Employees: 0	b) Contractor Employees: 0

19) Location of Accident	20. Mining Height:
<input checked="" type="checkbox"/> 01-Underground	Feet Inches
<input type="checkbox"/> 02-Surface at Underground	7 0
<input type="checkbox"/> 03-Open Pit	
<input type="checkbox"/> 04-Advance Mining	
<input type="checkbox"/> 05-Mill/Prep Plant	
<input type="checkbox"/> 06-Dredge Mining	
<input type="checkbox"/> 07-Retreat Mining	
<input type="checkbox"/> 08-Office Facility	
<input type="checkbox"/> Other (specify)	

21. Nonfatal Injuries: 0	22. Fatal Injuries: 1
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23. Victim Information :	a) Name William E. Swain	b) Age 45
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c) Regular Job Title: Beltman	d) Activity at Time of Accident: Beltman	<input checked="" type="checkbox"/> Mine Employee
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24. Experience :	Years Weeks Days	Years Weeks Days	Years Weeks Days	Years Weeks Days
a) Total:	7 26 0	b) at the mine:	1 50 6	c) at activity (23d)
			1 50 6	d) with Contractor

25. Autopsy Performed: YES	If Yes, Location Williamson County Morgue Facility in Marion, Illin	26. Mine Telephone No.: (618) 643-5500
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27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):
On August 19, 2015, a 45-year old belt man with 7 years of total mining experience was injured when the discharge boom of a conveyor belt drive he was working to install fell striking him on the left shoulder. On October 1, 2015, while off work due to this injury the victim passed away. The death certificate listed clinical debilitation due to left shoulder injury as a contributing cause and that the manner of death was accident. Based on the findings of the death certificate and autopsy the Fatality Review Committee determined that the death should be charged to the mining industry.

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: 150 H.P. 42" Belt Drive
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30. District: C0800 Vincennes	32. Field Office: Marion IL	33. Event Number: 6458038
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34. Accident Investigator: Harry Wilcox	35. MSHA Person Notified: Ronald W. Burns	Date 02/17/2016	Time 12:00 P
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36. Type of Report: Initial	37. Name of Preparer and Date Prepared David Stepp	Date 10/26/2016
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38. Reason For Amendment: