

Preliminary Report of Accident



1. Accident Type: Fatal Injury	2. Accident Classification: Fall of Roof or Back	3. Date/Time of Accident: 09/26/2012 05:40 AM	4. Date/Time of Death 09/26/2012 05:40 AM	5. Fatal Case No 16
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6. Mine Information :

a) Mining Company Name Kopper Glo Mining, LLC	b) Mine Name Double Mountain Mine	c) Parent of Mining Company Quintana Energy Partners LP
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7. Mine Location : a) City Clairfield	b) County Claiborne	c) State TN	8. Mine ID Number: 40-03365	9. Union: NO
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10. Primary Mineral Mined: BITUMINOUS COAL UNDERGROUND	11. Number of Mine Employees: a) Total 90	b) Underground 84	c) Open Pit/Quarry	d) Mill/Prep Plant	e) Other 6
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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: a) Mine Employees: 12	b) Contractor Employees: 0	18. Number of Persons Unaccounted For: a) Mine Employees: 0	b) Contractor Employees: 0
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19) Location of Accident:					20. Mining Height:	
<input checked="" type="checkbox"/> 01-Underground	<input type="checkbox"/> 03-Open Pit	<input checked="" type="checkbox"/> 07-Advance Mining	<input type="checkbox"/> 30-Mill/Prep Plant	<input type="checkbox"/> Other (specify)	Feet	Inches
<input type="checkbox"/> 02-Surface at Underground	<input type="checkbox"/> 06-Dredge Mining	<input type="checkbox"/> 08-Retreat Mining	<input type="checkbox"/> 99-Office Facility		5	3

21. Nonfatal Injuries: 0	22. Fatal Injuries: 1
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23. Victim Information : a) Name Jeremy Perkins	b) Age 32
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c) Regular Job Title: Section Foreman	d) Activity at Time of Accident: Continuous Miner Operator	<input checked="" type="checkbox"/> Mine Employee	<input type="checkbox"/> Contractor Employee
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24. Experience : Years Weeks Days	Years Weeks Days	Years Weeks Days	Years Weeks Days
a) Total: 12 0 0	b) at the mine: 0 17 5	c) at activity (23d) 14 4	d) with Contractor

25. Autopsy Performed: If Yes, Location	26. Mine Telephone No.: (423) 784-8265
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27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):

At approximately 5:40 A.M. the victim was operating the continuous miner on the 001 MMU, mining the roof in preparation for the installation of a belt conveyor drive. The victim stepped approximately 8 feet in by the last row of permanent roof support, apparently to view the roof line that he had established. A section of the unsupported roof approximately 6 1/2 feet long by 6 feet wide by up to 8 inches thick fell striking the victim and pinning him to the mine floor. The other miners on the crew set wooden timbers to support the area up to the victim. The rock was lifted with a jack from the emergency roof supply sled and the victim was extricated. He was placed on a backboard stretcher and transported to the surface via rubber tired buggy and rail mantrip. Claiborne County Ambulance Service was on the surface and transported the victim to the Claiborne County Hospital where he was pronounced dead.

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:
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30. District: C0700 Barbourville	32. Field Office: Jacksboro TN	33. Event Number: 4451886
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34. Accident Investigator: Jack Harris	35. MSHA Person Notified: Randy P. Kline	Date: 09/26/2012	Time: 05:45 AM
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36. Type of Report: Initial	37. Name of Preparer and Date Prepared: Kevin Doan	Date: 9/26/2012
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38. Reason For Amendment:
