

Preliminary Report of Accident



1. Accident Type: Fatal Injury	2. Accident Classification Fall of Roof or Back	3. Date/Time of Accident 12/16/2009 08:40 PM	4. Date/Time of Death 12/16/2009 11:55 PM	5. Fatal Case No 18
-----------------------------------	--	---	--	------------------------

6. Mine Information :

a) Mining Company Name Sapphire Coal Company	b) Mine Name Sandlick II	c) Parent of Mining Company Metinvest B V
---	-----------------------------	--

7. Mine Location :	a) City Whitesburg	b) County Letcher	c) State KY	8. Mine ID Number: 15-18782	9. Union: NO
--------------------	-----------------------	----------------------	----------------	--------------------------------	-----------------

10. Primary Mineral Mined: BITUMINOUS COAL UNDERGROUN	11. Number of Mine Employees:	a) Total 55	b) Underground 51	c) Open Pit/Quarry	d) Mill/Prep Plant	e) Other 4
--	-------------------------------	----------------	----------------------	--------------------	--------------------	---------------

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: 17	b) Contractor Employees: 0
a) Mine Employees: 0	b) Contractor Employees: 0

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 checked="" type="checkbox"/> 07-Advance Mining <input type="checkbox"/> 08-Retreat Mining <input type="checkbox"/> 30-Mill/Prep Plant <input type="checkbox"/> 99-Office Facility <input type="checkbox"/> Other (specify)	Feet: 5 Inches: 6

21. Nonfatal Injuries: 0	22. Fatal Injuries: 1
-----------------------------	--------------------------

23. Victim Information :	a) Name Phillip Newton	b) Age 35
--------------------------	---------------------------	--------------

c) Regular Job Title: Continuous Mining Machine Operator	d) Activity at Time of Accident: Continuous Mining Machine Operator	<input checked="" type="checkbox"/> Mine Employee
---	--	---

24. Experience :	Years Weeks Days	Years Weeks Days	Years Weeks Days	Years Weeks Days
a) Total:	12 0 0	b) at the mine:	1 0 0	c) at activity (23d):
				d) with Contractor:
				3 0 0

25. Autopsy Performed: If Yes, Location	26. Mine Telephone No.: (606) 633-1030
--	---

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):
 At approximately 8:40 pm on December 16, 2009, a continuous mining machine operator was struck by a piece of shale that fell from the mine roof. The victim was in the process of mining the #5 right crosscut in the No. 4 East Panel, when he was struck by the rock. The rock measured approximately 13 feet in length by 6 feet in width and ranged from 13 to 16 inches thick. First-aid was administered and the victim was transported to the surface.

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: 14CM15
---	----------------------

30. District: C0600 Pikeville	32. Field Office: Whitesburg KY	33. Event Number: 4202590
----------------------------------	------------------------------------	------------------------------

34. Accident Investigator: Darrell Hurley	35. MSHA Person Notified: James Hager	Date 12/16/2009	Time 09:15 P
--	--	--------------------	-----------------

36. Type of Report: Initial	37. Name of Preparer and Date Prepared Vernus Sturgill	Date 12/17/2009
--------------------------------	---	--------------------

38. Reason For Amendment: