

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Fall of Face, Rib, Pillar or Highwall		3. Date/Time of Accident 08/20/2009 06:18 AM		4. Date/Time of Death 08/20/2009 06:18 AM		5. Fatal Case No 10		
6. Mine Information :										
a) Mining Company Name Big Laurel Mining Corporation			b) Mine Name Mine No 2			c) Parent of Mining Company CUMBERLAND RESOURCES CORPORATION				
7. Mine Location :		a) City RODA		b) County Wise		c) State VA		8. Mine ID Number: 44-07087		9. Union: NO
10. Primary Mineral Mined: BITUMINOUS COAL UNDERGROUN			11. Number of Mine Employees:		a) Total 24	b) Underground 23	c) Open Pit/Quarry		d) Mill/Prep Plant	e) Other 1
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 6		b) Underground 6		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: 19		b) Contractor Employees: 1		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 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
21. Nonfatal Injuries: 0		22. Fatal Injuries: 1								
23. Victim Information :				a) Name William W. Parrott		b) Age 58				
c) Regular Job Title: Electrician/Repairman				d) Activity at Time of Accident: Installing Timbers				<input checked="" type="checkbox"/> Mine Employee		
24. Experience :		Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days		
a) Total:		33		b) at the mine: 4		c) at activity (23d) 4		d) with Contractor		
25. Autopsy Performed: If Yes, Location						26. Mine Telephone No.: (276) 565-2595				

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):

On August 20, 2009, at approximately 6:18 a.m., a rib roll occurred in the No. 4 Entry of 2 West Mains, 002-0 MMU. A miner setting timbers approximately ten feet in by the right corner of the coal pillar near Survey Station 2741 received fatal crushing injuries from the rib roll which was approximately 24 feet long, 2 feet wide and 4.5 feet high. The mining height in the area was 8 feet. There were no eye witnesses to the accident. The victim was transported to the surface and then by ambulance to Wellmont Lonesome Pine Hospital in Big Stone Gap, Virginia.

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:			
30. District: C0500 Norton		32. Field Office: Vansant VA				33. Event Number: 4406110	
34. Accident Investigator: Terry Sheffield			35. MSHA Person Notified: James A. Kiser			Date 08/20/2009	Time 06:25 A
36. Type of Report: Amended		37. Name of Preparer and Date Prepared Terry Sheffield				Date 08/20/2009	
38. Reason For Amendment: To remove contractor name and ID							