May 10, 2010

Report of Investigation
Underground Coal Mine Fatality
Section Haulage Accident

Spartan Mining Company
Ruby Energy
U-5019-96-A

Region III Office
137 Peach Court, Suite 2
Danville, West Virginia 25053
Eugene White, Inspector-at-Large
TABLE OF CONTENTS

- Sketch.................................................................................3
- General Information..........................................................4
- Description........................................................................5
- Conclusion.........................................................................5
- Findings of Fact.................................................................5, 6
- Enforcement Action..........................................................6
- Recommendations.............................................................6, 7
- Acknowledgement.............................................................7
- Appendix...........................................................................8, 9, 10
General Information

This report is based on an investigation conducted by the West Virginia Office of Miners’ Health, Safety and Training in accordance with Chapter 22A, Article 2, Section 60 of the Code of the State of West Virginia.

Spartan Mining Company was permitted to operate the Ruby Energy mine on December 6, 1999. The employees enter the mine by means of an elevator and a slope. The slope utilizes diesel tractors and man trips. The mine employs eighty-eight (88) people on three (3) shifts. Day and evening shifts rotate on a routine basis, while the third shift does not. The mine operates four continuous miner units producing coal from the No. 2 Gas seam. Personnel and supplies are transported by track mounted and rubber tired battery and diesel equipment.

Mr. James R. Erwin a fifty-five (55) year old continuous miner operator from Delbarton, West Virginia had been employed at this mine for five (5) years and had thirty-six (36) years total mining experience. Mr. Erwin had received annual refresher training on September 11, 2009.

At approximately 12:30 p.m. on May 10, 2010, Mr. James R. Erwin was injured when he was struck by a shuttle car as it exited the No. 7 entry. Mr. Erwin expired eleven (11) days later as a result of this incident.

The West Virginia Office of Miners’ Health, Safety and Training, Region 3 Danville Office was notified of the accident by Forrest Sammons at approximately 12:45 p.m. on May 10, 2010.

Stat Ambulance Service responded to the call from the mine and transported Mr. Erwin to the intersection of Route 65 and Route 119 where he was transferred to a Health-Net helicopter. Health-Net then proceeded to transport Mr. Erwin to St. Mary’s Hospital in Huntington, West Virginia for treatment.

At 7:00 p.m. May 10, 2010, Terry Daniels, Underground Inspector, issued an investigative control order in accordance with West Virginia Administrative Regulation Title 36, Series 19, Section 7. The control order was served to Tommy Fluty, mine manager.

Description

James Robie Erwin, day shift continuous miner operator on the No. 1 section, started his nine (9) hour shift at 7:00 a.m. on May 10, 2010, under the supervision of section supervisor Jeffrey W. Chapman. At the beginning of his shift Mr. Erwin and the rest of the crew traveled approximately twenty-five (25) minutes to the No. 1 section on a track mounted man trip. Upon arriving on the section Mr. Erwin proceeded to the right side of the section to begin mining. Everything had proceeded as normal, and Mr. Erwin had finished loading in the No. 7 entry when the section lost electrical power supply around 11:55 a.m.
The section supervisor directed Mr. Erwin, Chris Fluty, Jason Thomas, Kenneth Dailey and Chris Miller to build a permanent stopping two crosscuts outby the face between No. 5 and No. 6 entries.

The electrical power supply was restored to the section between 12:15 and 12:20 p.m. It was discovered that some roof rock had fallen in the previously mined face of the No. 7 entry, and the material would have to be cleaned before the continuous miner could move to the next place. Mr. Erwin, operating the continuous miner, and Gregory K. Williams, operating the shuttle car, proceeded to clean the material from the face of the No. 7 entry. The shuttle car travel route had been straight down the No. 7 entry to the second open crosscut then right toward the section feeder; however with the permanent stopping having been built in the second crosscut outby, this required the shuttle car to turn right in the first crosscut outby. The No. 7 entry had been advanced roughly sixty-two (62) feet ahead of spad number 5142, which is located in the intersection immediately outby (see sketch).

Mr. Williams had made one trip to the section feeder and had returned for his second and final load. Mr. Erwin had signaled with his mine light that he was finished loading. When Mr. Williams received the signal, he proceeded to turn in the operator’s deck to face his direction of travel and began the right hand turn to travel toward the section feeder. Mr. Williams had moved the shuttle car a short distance when he was alerted by Chris Miller, roof bolt machine operator, that Mr. Erwin was pinned between the shuttle car and the rib. Mr. Miller then proceeded to the location where Mr. Erwin was pinned. Mr. Miller directed Mr. Williams to move the shuttle car toward the No. 7 face so Mr. Erwin could be freed. Mr. Miller assisted Mr. Erwin to the mine floor as the shuttle car moved forward.

Members of the section crew began to respond to the accident. First-aid materials and stretchers were obtained and brought to the accident scene. Mr. Erwin was placed on a stretcher, transported to the track where he was loaded on a man trip, and taken to the surface.

Conclusion

After completing mining and cleaning roof rock in the No. 7 entry, Mr. Erwin was struck by a Joy 10SC32 shuttle car as it exited the No. 7 entry through the last open crosscut.

Findings of Fact

1) The day shift crews began their shift at 7:00 a.m. on May 10, 2010. They traveled to their respective work locations by track mounted man trips. The No. 1 section crew took approximately twenty (20) minutes to travel from the surface to their section. Normal production activities took place until approximately 11:55 a.m. when they experienced an electrical power outage. The crew worked on ventilation controls until electrical power was restored to the section.

2) Once the electrical power was restored to the section, James R. Erwin, continuous miner operator, loaded fallen rock from the completed cut in the No. 7 entry. Two shuttle cars were
loaded and as the second shuttle car exited the No. 7 entry through the last open crosscut, Mr. Erwin was caught between the mine rib and the load end of the shuttle car.

3) The continuous miner being operated by Mr. Erwin was a 950-volt Joy 14/15. The shuttle car being operated by Mr. Williams was a 480-volt Joy 10SC32. The continuous miner measured thirty-five feet in length and eleven feet in width. The shuttle car operated by Mr. Williams measured twenty-eight and six inches in length and ten feet and two inches in width. The entry measured seventeen feet wide and six feet high at the accident scene.

4) As the shuttle car exited the No. 7 entry through the last open crosscut, Mr. James R. Erwin was caught between the shuttle car and the mine rib causing injuries that resulted in his death eleven (11) days after the accident.

Enforcement Action

The following enforcement actions were taken as a result of the investigation.

One (1) violation was issued during the investigation. This violation is a violation of a health and safety rule, is of a serious nature, and involved a fatality.

(Violation 36703) a non-assessed control order was issued in accordance with West Virginia Administrative Regulation Title 36, Series 19, Section 7 to preserve evidence following the accident.

(Violation 36748) Title 36, Series 10, Section 16.1: During the investigation of an accident that resulted in the death of a continuous miner operator, it was revealed that the miner operator was struck by/pinned between the mine rib and the shuttle car as it was exiting the No. 7 entry (face) through the last open crosscut. Refer to page 5, paragraph 18 of the State approved roof control plan. This incident is a violation of a health and safety rule, is of a serious nature, and involved a fatality.

Recommendations

Employees shall at all time position themselves in locations so as not to be exposed to mobile machinery.

The following recommendations were submitted by Spartan Mining Company.

1) Training will be conducted with all mining personnel of the hazards associated with equipment red zones. The use of caution when approaching the CM operator will be observed at all times while tramming to and from the continuous mining machine.

2) A safety talk will be conducted with all continuous miner operator(s) and other mining equipment operators on the danger of equipment red zones. The talk will include the correct body positioning as to limit the exposure to pinch points of shuttle cars and other mining
equipment when in operation. The results of the safety talk will be recorded in a book designated for that purpose.

3) Shuttle car operators will assure that no one is along side of the shuttle car or in the turning radius prior to making the turn into or out of an entry. All members will be trained in this item of the safety precautions.

Acknowledgement

The West Virginia Office of Miners’ Health, Safety and Training gratefully acknowledges the cooperation of the management and employees of Spartan Mining Company and the Mine Safety and Health Administration during this investigation.
Appendix

- Mine Information
- Victim Information
MINE INFORMATION

COMPANY Spartan Mining Company

MINE NAME Ruby Energy

WV PERMIT U-5019-96-A MSHA PERMIT NUMBER 46-08808

ADDRESS P. O. Box 299, Sidney, Kentucky 41564

COUNTY Mingo PHONE NUMBER 304-475-4683

DATE PERMIT ISSUED December 6, 1999

WORKING STATUS Active

LOCATION ½ mile up Scarlett Road off US119

UNION NON-UNION X

DAILY PRODUCTION 6,000 tons ANNUAL PRODUCTION TO DATE 102,000 tons

TOTAL EMPLOYEES 84

NUMBER OF SHIFTS 3

COAL SEAM NAME AND THICKNESS No. 2 Gas 46 inches

ACCIDENT INCIDENT RATE 0 LOST TIME ACCIDENTS 0

TYPE OF HAULAGE belt & track

WVOMHST INSPECTOR Mike Pauley

DATE OF LAST INSPECTION May 3, 2010

NOTIFIED BY Forrest Sammons

NOTIFICATION TIME 12:45 p.m.

CMSP ANNIVERSARY DATE December 12, 2010

CMSP CONTACT PERSON Richard Williamson, Manager of Safety