

# Preliminary Report of Accident

U.S. Department of Labor  
Mine Safety and Health Administration



PR001 12/19/2025

|  |  |   |                                |   |  |   |                               |  |                                    |                           |  |
|--|--|---|--------------------------------|---|--|---|-------------------------------|--|------------------------------------|---------------------------|--|
| <b>1. Accident Type</b><br>F - Fatal Injury  |  | <b>2. Accident Classification</b><br>12 - Powered Haulage |                                | <b>3. Date/Time of Accident</b><br>12/18/2025 7:28 AM     |  | <b>4. Date/Time of Death</b><br>12/18/2025 07:28 AM |                               | <b>5. Fatal Case No</b><br>FAI-F010DE2-1                                 |                                    |                           |  |
| <b>6. Mine Information</b>   |  |   |                                |   |  |   |                               |  |                                    |                           |  |
| a) Mining Company Name:  |  | Greenbrier Minerals, LLC                                  |                                |   |  |   |                               |  |                                    |                           |  |
| b) Mine Name:  |  | Lower War Eagle   |                                |   |  |   |                               |  |                                    |                           |  |
| c) Parent of Mining Company:   |  | Coronado Coal LLC   |                                |   |  |   |                               |  |                                    |                           |  |
| <b>7. Mine Location Information</b>  |  |   | <b>8. Mine ID Number</b>       |   | <b>9. Union</b>  |   |                               |  |                                    |                           |  |
| a) City<br>Cyclone   |  |   | b) County<br>Wyoming           |   | c) State<br>WV   |   | 46-09319                      |  | No                                 |                           |  |
| <b>10. Primary Mineral Mined</b><br>Bituminous Coal Underground Mining   |  |   |                                | <b>11. Number of Employees</b>                            |  |   |                               |  |                                    |                           |  |
|  |  |   |                                | a) Total<br>164   |  | b) Underground<br>157                               |                               | c) Open Pit/Quarry   |                                    | d) Mill/Prep Plant        |  |
|  |  |   |                                |   |  |   |                               |  |                                    | e) Other<br>7             |  |
| <b>12. Contractor Name</b>   |  |   |                                |   |  | <b>13. Contractor Union</b>                         |                               | <b>14. Contractor ID Number</b>  |                                    |                           |  |
| <b>15. Contractor Address</b>  |  |   |                                |   |  |   |                               |  |                                    |                           |  |
| a) City  |  |   | b) County                      |   |  | c) State  |                               |  | d) Zip Code                        |                           |  |
| <b>16. Number of Contractor Employees</b>  |  |   |                                |   |  |   |                               |  |                                    |                           |  |
| a) Total<br>0  |  |   | b) Underground                 |   |  | c) Open Pit/Quarry                                  |                               |  | d) Mill/Prep Plant                 |                           |  |
|  |  |   |                                |   |  |   |                               |  | e) Other                           |                           |  |
| <b>17. Number of Persons in Mine at Time of Accident</b>   |  |   |                                |   |  | <b>18. Number of Persons Unaccounted for</b>        |                               |  |                                    |                           |  |
| a) Mine Employees<br>100   |  |   | b) Contractor Employees<br>0   |   |  | a) Mine Employees<br>0                              |                               | b) Contractor Employees<br>0   |                                    |                           |  |
| <b>19. Accident Location</b><br>01 - Underground   |  |   |                                |   |  |   |                               | <b>20. Mining Height</b><br>5 Feet 5 Inches                              |                                    |                           |  |
| <b>21. Nonfatal Injuries</b><br>0  |  |   | <b>22. Fatal Injuries</b><br>1 |   |  |   |                               |  |                                    |                           |  |
| <b>23. Victims Information</b>   |  |   |                                |   |  |   |                               |  |                                    |                           |  |
|  |  |   |                                |   |  |   |                               |  |                                    |                           |  |
| a) First Name<br>Robert  |  | a) MI   | a) Last Name<br>White          |   | b) Age<br>63   | c) Regular Job Title<br>Outby Foreman               |                               | d) Activity at Time of Accident<br>Standing beside moving supply tractor |                                    | Employee<br>Mine Employee |  |
| <b>24. Mining Experience</b>   |  | b) Experience at the Mine                                 |                                | c) Experience at the Activity at the Time of the Accident |  |   | d) Experience with Contractor |  |                                    |                           |  |
| a) Total Experience<br>41 Years 0 Weeks 0 Days   |  | 10 Years 27 Weeks 0 Days                                  |                                | 3 Years 0 Weeks 0 Days                                    |  |   | 0 Years 0 Weeks 0             |  |                                    |                           |  |
| <b>25. Autopsy Performed</b>   |  | If Yes, Location  |                                |   |  |   |                               |  |                                    |                           |  |
|  |  |   |                                |   |  |   |                               |  |                                    |                           |  |
| <b>26. Mine Telephone No.</b><br>(304) 583-5748  |  |   |                                |   |  |   |                               |  |                                    |                           |  |
| <b>27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)</b><br>A miner died when he was pinned against the rib by a tractor.<br><br><i>The information provided in this notice is based on preliminary data ONLY and does not represent final determination regarding the nature of the incident or conclusions regarding the cause of the accident.</i> |  |   |                                |   |  |   |                               |  |                                    |                           |  |
| <b>28. Equipment Manufacturer</b><br>Fairchild   |  |   |                                |   | <b>29. Model</b><br>35C-WH2-30-AC                        |   |                               |  |                                    |                           |  |
| <b>30. District</b><br>C1200 - Pineville District  |  |   |                                |   | <b>32. Field Office</b><br>C1203 - Logan WV Field Office |   |                               |  | <b>33. Event Number</b><br>F010DE2 |                           |  |
| <b>34. Accident Investigator</b>   |  |   | MI                             |   | Last Name  |   |                               |  |                                    |                           |  |
| First Name<br>James  |  |   | L                              |   | Grimmett   |   |                               |  |                                    |                           |  |
| <b>35. MSHA Person Notified</b>  |  |   | MI                             |   | Last Name  |   | Date/Time Notified            |  |                                    |                           |  |
| First Name<br>Amanda   |  |   |                                |   | Cline  |   | 12/18/2025 7:39 AM            |  |                                    |                           |  |
| <b>36. Type of Report</b><br>Initial   |  | <b>37. Name of Preparer</b>                               |                                |   | Date Prepared  |   |                               |  |                                    |                           |  |
|  |  | Full Name<br>Tracy F Calloway                             |                                |   | 12/19/2025   |   |                               |  |                                    |                           |  |
| <b>38. Reason for Amendment</b>  |  |   |                                |   |  |   |                               |  |                                    |                           |  |