

# Preliminary Report of Accident



<b>1. Accident Type:</b> Fatal Injury		<b>2. Accident Classification:</b> Powered Haulage		<b>3. Date/Time of Accident:</b> 07/14/2012 05:40 PM		<b>4. Date/Time of Death:</b> 07/14/2012 05:40 PM		<b>5. Fatal Case No:</b> 11							
<b>6. Mine Information :</b>															
a) Mining Company Name Colowyo Coal Company L P			b) Mine Name Colowyo Mine			c) Parent of Mining Company Western Fuels Assoc Inc: Tri-State Generation									
<b>7. Mine Location :</b>		a) City Meeker		b) County Moffat		c) State CO		<b>8. Mine ID Number:</b> 05-02962		<b>9. Union:</b> NO					
<b>10. Primary Mineral Mined:</b> BITUMINOUS			<b>11. Number of Mine Employees:</b>		a) Total 261	b) Underground 0	c) Open Pit/Quarry 224	d) Mill/Prep Plant 9	e) Other 28						
<b>12. Contractor Name:</b>						<b>13. 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	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: 36		b) Contractor Employees: 0			a) Mine Employees: 0		b) Contractor Employees: 0								
<b>19) Location of Accident</b>								<b>20. Mining Height:</b>							
<input type="checkbox"/> 01-Underground	<input checked="" type="checkbox"/> 03-Open Pit	<input 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												
<b>21. Nonfatal Injuries:</b>			<b>22. Fatal Injuries:</b>			1									
<b>23. Victim Information :</b>					a) Name Jason A. Kawcak		b) Age 25								
c) Regular Job Title: Haul Truck Operator Level II				d) Activity at Time of Accident: Water Truck Operator				<input checked="" type="checkbox"/> Mine Employee							
<b>24. Experience :</b>															
Years		Weeks		Days		Years		Weeks		Days					
a) Total:	0	31	4	b) at the mine:	0	31	4	c) at activity (23d)	0	1	0	d) with Contractor			
<b>25. Autopsy Performed:</b> If Yes, Location YES Loveland, CO								<b>26. Mine Telephone No.:</b> (970) 824-1500							

**27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):**  
On July 14, 2012 at 1740, a miner received fatal crushing injuries after he lost control of the Volvo A35C water truck while descending a grade. The miner was found ejected from the vehicle approximately 100 yards up ramp from the overturned water truck. The miner had been run over after being ejected.

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.

<b>28. Equipment Manufacturer:</b> Volvo				<b>29. Model:</b> A35C				
<b>30. District:</b> C0900 Denver		<b>32. Field Office:</b> Craig CO				<b>33. Event Number:</b> 4483522		
<b>34. Accident Investigator:</b> Scott A. Markve				<b>35. MSHA Person Notified:</b> William Reitze		Date 07/14/2012		Time 06:02 P
<b>36. Type of Report:</b> Amended		<b>37. Name of Preparer and Date Prepared</b> Dean Cripps				Date 08/24/2012		
<b>38. Reason For Amendment:</b> The victim's last name was misspelled in the initial report.								