PR001 10-Jun-11

Preliminary Report of Accident

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



10 0411 11										
1. Accident Type: 2. Accident Classification					3. Date/Time	of Accid	ent	4. Date/Time	of Death	5. Fatal Case No
Fatal Injury Slip or Fall of Person					06/09/20	11 10:	15 AM	06/09/20	11 11:45 AM	7
6. Mine Information :										
a) Mining Company Name		b) M	ine Name				c)	Parent of Mir	ing Company	
Mountain Coal Compar	ny, L.L.C.	Wes	st Elk Min	ie			A	rch Coal Inc		
7. Mine Location : a) City			b) (County	c) State	1		8. Mine ID Nu	mber:	9. Union:
S		Gunnison					05-03672		NO	
10. Primary Mineral Miner		mber of mployees:	a) Total	b) Underground	c) ()pen Pit/	Quarry	d) Mill/Prep Plan	t e) Other	
BITUMINOUS COAL U	JNDERGROU	שוויי טאנ	inployees.	371	272				52	47
12. Contractor Name:	teel lee					13. Uni			ctor ID Number:	
ROCKY N			b) Country			NO a) State	7W	ip Code		
15. Contractor Address:	a) C	ity			b) County			c) State	,	-
· - · · · · · · · · · · · · · · · ·	lathe				ontrose	·		CO		425
16. Number of Contractor l	Employees:	a) Total	b) Underground	i c) Op	en Pit/Qu	arry	d) M	ill/Prep Plant	e) Other
15 1 60 1 1	** · · · · · · · · · · · · · · · · · ·	5		0	10.31	0			5	
17. Number of Persons in M			ъ.					ounted For:	N.C	
a) Mine Employees: 19) Location of Accident	70	b) Contracto	r Employe	es: 5	a) Mine F	Employees	S:	0	b) Contractor Emp	20. Mining Heig
01-Underground	Г	03-Open Pit		07-Adva	nce Mining	30-N	1ill/Prep	Plant	Other (specify)	Feet Inches
X 02-Surface at Undergi	round [06-Dredge M	lining	08-Retre	eat Mining	99-0	office Fac	ility:	, ,,	Teet menes
21. Nonfatal Injuries:		. Fatal Injuries:		T		Ш.				
•		•	1							
23. Victim Information :		a) Name			b) Age					
	Fr	ed A. Benally			54			<u>, </u>		
c) Regular Job Title:			d) Activit	ty at Time of A						
Iron Worker					Iron Work			·· <u>·</u> ····	x c	Contractor Employ
	Weeks Days		Years We	-			rs Week	•		Years Weeks Days
a) Total: 12	0 0	b) at the mine:	0 4	4 () c)) at activity (23d)	1:	2 0	O d) 26. Mine Tel	with Contractor	0 4 0
25. Autopsy Performed:	If Yes, Loc	ation							(970) 929-5015	
	··········								(970) 929-3013	
27. Description of Accident	`	-					_	•		
On June 9, 2011, at app feet, striking a 5-1/4" inc County Hospital. During failed. MSHA is investig	th wide steel o transportatio	ross beam with n Benally lost o	n his ches	st, flipping ov	er the beam on	to his ba	ack. He	was transpo	rted by mine am	bulance to Delta
The information provided in regarding the cause of the a	ccident.	ased on prelimina	ry data Ol	NLY and does	not represent fina			egarding the na	ature of the inciden	t or conclusions
28. Equipment Manufactur	er:					29. M	vaei:			
30. District:		32	. Field Off	ice:				33.	Event Number:	
C0900 Der	nver			Delta	CO				4480	701
34. Accident Investigator:				35. MSHA P	Person Notified:				Date	Time
Danny C. Cerise				Dann	y C. Cerise			06	/09/2011	11:10 A
36. Type of Report: 37. Name of Initial			Preparer :	and Date Prepa	ared:			·	Date 06/09/201	1
38. Reason For Amendment					· · · · · · · · · · · · · · · · · · ·					