PR001 02-Sep-11

Preliminary Report of Accident

U.S. Department of Labor



Mine Safety and Health Administration

0= 0 1									7	
1. Accident Type:	sification			3. Date/Time of Accident		4. Date/Time of Death		5. Fatal Case No		
Fatal Injury	Machinery				09/01/2011	10:36 AM	09/01/20	11 10:36 AM	15	
6. Mine Information :					'					
a) Mining Company Name			b) Mir	ne Name			c)	Parent of Mining	Company	
Powder River Coa	I, LLC		North Ar	ntelope Roc	helle Mine		PEAB	ODY		
7. Mine Location : a) City		b) County			c) State	c) State 8. Mine		mber:	9. Union:	
GILLETTE		Campbell			WY			353	NO	
10. Primary Mineral Mined:		11. Numbe Emplo		a) Total	b) Underground	c) Open Pit	/Quarry	d) Mill/Prep Plan	t e) Other	
Bituminous (Surface)		Emple	Jyees.	1315	_		293	12	10	
12. Contractor Name: Weston En				_	13. Union NO		14. Contractor ID Number: WT9			
15. Contractor Address:	b) County					c) State		Zip Code		
P.0	n Weston				WY		8:	82730		
16. Number of Contractor E	a) Total									
		42				42				
17. Number of Persons in Mi	ne at Time of Acc	ident:			18. Number of	f Persons Unac	counted For:		···	
a) Mine Employees:	362	b) Contractor	Employee:	s: 42	a) Mine Em	iployees:	0	b) Contractor En	nployees: 0	
19) Location of Accident 01-Underground	X	03-Open Pit			ice Mining	30-Mill/Pre	Plant :	Other (specify)	20. Mining Height:	
CT3		06-Dredge Mining 08-Retreat M							Feet Inches	
21. Nonfatal Injuries:	· · · · · · · · · · · · · · · · · · ·	atal Injuries:	1	<u> </u>		· <u>-</u>				
23. Victim Information :		a) Name	·		b) Age					
c) Regular Job Title:			d) Activity	at Time of A	cident:					
Driller					Driller			X	Contractor Employee	
•	Veeks Days	,	Years Wee			Years Wee	•		Years Weeks Days	
a) Total: 1	12 0 t) at the mine:	36	0 c)	at activity (23d)	36		with Contractor	36 0	
25. Autopsy Performed:	o n						lephone No.: (307) 464-489 [.]	l		
27. Description of Accident (include equipmen	t involved, the	exact locati	ion in the min	e, and status of rese	cue and recove	ry operations):			
On Thursday, Septembe was drilling a water well stored energy released.	for future minir	ng purposes.	The victi	im was atte				_		
The information provided in regarding the cause of the ac		ed on prelimina	ury data ON	NLY and does	not represent final	determination	s regarding the	nature of the inc	ident or conclusions	
28. Equipment Manufacturer: George E. Failing						29. Model:		Strat 100 HB		
30. District: C0900 Den	32.	32. Field Office: Gillette,				33	33, Event Number: 4268008			
34. Accident Investigator:	• • •				C, ** 1				5000	
David Hamilton	-				erson Notified:	 -		Date	Time	
David Hailinton		_		35, MSHA F			09	Date 9/01/2011		
36. Type of Report:	iitial	37. Name of	•	35, MSHA F	erson Notified: Vetter ared:		09		Time 11:14 AM e	