

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Powered Haulage		3. Date/Time of Accident 07/14/2012 05:40 PM		4. Date/Time of Death 07/14/2012 05:40 PM		5. Fatal Case No 11			
6. Mine Information :											
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					
7. Mine Location :		a) City Meeker		b) County Moffat		c) State CO		8. Mine ID Number: 05-02962		9. Union: NO	
10. Primary Mineral Mined: BITUMINOUS			11. Number of Mine Employees:		a) Total 261	b) Underground 0	c) Open Pit/Quarry 224	d) Mill/Prep Plant 9	e) Other 28		
12. Contractor Name:						13. Union		14. Contractor ID Number:			
15. Contractor Address:				a) City		b) County		c) State		d) Zip Code	
16. Number of Contractor Employees:					a) Total	b) Underground	c) Open Pit/Quarry	d) Mill/Prep Plant	e) Other		
17. Number of Persons in Mine at Time of Accident:						18. Number of Persons Unaccounted For:					
a) Mine Employees:		36		b) Contractor Employees:		0		a) Mine Employees:		0	
b) Contractor Employees:		0		a) Mine Employees:		0		b) Contractor Employees:		0	
19) Location of Accident									20. Mining Height:		
<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								
21. Nonfatal Injuries:			22. Fatal Injuries:			1					
23. Victim Information :											
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			
24. Experience :											
Years Weeks Days			Years Weeks Days			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											
25. Autopsy Performed: If Yes, Location YES Loveland, CO								26. Mine Telephone No.: (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.

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