

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Fall of Roof or Back		3. Date/Time of Accident 03/22/2013 03:05 PM		4. Date/Time of Death 03/22/2013 05:35 PM		5. Fatal Case No 8		
6. Mine Information :										
a) Mining Company Name Castle Valley Mining LLC			b) Mine Name Castle Valley Mine #4			c) Parent of Mining Company Rhino Resource Partners LP				
7. Mine Location :		a) City Huntington		b) County Emery		c) State UT		8. Mine ID Number: 42-02335	9. Union: NO	
10. Primary Mineral Mined: BITUMINOUS COAL UNDERGROUN		11. Number of Mine Employees:	a) Total 125	b) Underground 102	c) Open Pit/Quarry	d) Mill/Prep Plant 14	e) Other 9			
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: 21		b) Contractor Employees: 0			a) Mine Employees: 0		b) Contractor Employees:			
19) Location of Accident								20. Mining Height:		
<input checked="" type="checkbox"/> 01-Underground	<input type="checkbox"/> 03-Open Pit		<input type="checkbox"/> 07-Advance Mining		<input type="checkbox"/> 30-Mill/Prep Plant		<input type="checkbox"/> Other (specify)			
<input type="checkbox"/> 02-Surface at Underground	<input type="checkbox"/> 06-Dredge Mining		<input checked="" type="checkbox"/> 08-Retreat Mining		<input type="checkbox"/> 99-Office Facility		Feet	Inches		
7	6									
21. Nonfatal Injuries: 1		22. Fatal Injuries: 1								
23. Victim Information :										
a) Name Elam Jones					b) Age 29					
c) Regular Job Title: Miner Operator				d) Activity at Time of Accident: Miner Operator				<input checked="" type="checkbox"/> Mine Employee		
24. Experience :										
Years Weeks Days		Years Weeks Days			Years Weeks Days			Years Weeks Days		
a) Total: 9	b) at the mine: 1 11 4			c) at activity (23d) 1 11 4			d) with Contractor			
25. Autopsy Performed: If Yes, Location							26. Mine Telephone No.: (435) 687-5454			

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):
 The continuous miner operator and a continuous miner helper had started a sump on the left side of #3 entry inby #16 cross cut of the pillar being mined in the 5th left C retreat mining section, MMU 001-0. One shuttle car had been mined, between shuttle cars the second shuttle car operator found the continuous miner had been caved on. In investigating the shuttle car operator found that the miner operator and miner helper were under a slab of roof rock that had fallen and trapped both miners. The rock had fallen and was leaning on the continuous mining machine. Both miners were located just inby the right back corner of the continuous mining machine. The survivor was located next to the continuous miner in a void created by the rock leaning against the continuous mining machine. The victim was located under the rock where it met the ground, resulting in fatal crushing injuries.

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: Joy Machinery Co. (Joy Manufacturing Co)				29. Model: Joy 12 CM 12	
30. District: C0900 Denver		32. Field Office: Price UT		33. Event Number: 4482746	
34. Accident Investigator: Phil Gibson			35. MSHA Person Notified: Peter Saint		Date 03/22/2013
					Time 03:53 P
36. Type of Report: Initial		37. Name of Preparer and Date Prepared Tain Curtis			Date 03/25/2013
38. Reason For Amendment:					