PR001 16-Aug-13

Preliminary Report of Accident

U.S. Department of Labor

Mine Safety and Health Administration

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1. Accident Type:	2. Accident Classification			3. Date/Time	i i		4. Date/Time of Death		5. Fatal Case No		
Fatal Injury	Machinery				08/16/20	13 12:39	MA 6	08/16/2013		13	
6. Mine Information:											
a) Mining Company Name			b) Mine Name				•	Parent of Mining C	Company		
Thunder Basin Coal Co	mpany LLC		Black Thund	er			A	rch Coal Inc			
7. Mine Location :	a) City			County	c) State		18	8. Mine ID Number:	:	9. Union:	
	ight		Campbe		WY			48-00977			
10. Primary Mineral Mined: BITUMINOUS		,	i. Number of ne Employees:	a) Total	b) Underground	c) Op		• • /	(ill/Prep Plant	*	
12. Contractor Name:				1574	0		15 13. Uni		12	tor ID Number:	
12. Contractor Name:						- 1	13. UH	OII	14. Contrac	tor in Number.	
15. Contractor Address:	a) Cit	<u> </u>			b) County			c) State	d) Zi	ip Code	
To Communication Transcess.	2,01	,			o, com.,			5, 5.2.5	-,	,	
16. Number of Contractor E	nnloveer	a) Tota) Underground	c) On	en Pit/Quar		d) Mill/Pro	en Plant	e) Other	
to, reminer of Contractor Employees. a) rotal b) Chariffornia c, Open ringularly a) minut rep rinter c, Onici											
17. Number of Persons in Mi	ne at Time of A	ccident:			18. Number	of Persons	Unacc	ounted For:			
a) Mine Employees:	277	b) Cont	ractor Employe	es: 0	a) Mine I	Employees:		0 b) Co	ntractor Emp	lovees: 0	
19) Location of Accident										20. Mining Height:	
01-Underground	X	03-Open	Pit	07-Adva	nce Mining	30-Mil	ll/Prep	Plant Othe	er (specify)	Feet Inches	
02-Surface at Undergro	und	06-Dred	ge Mining	08-Retre	at Mining	99-Off	ice Fac	ility		70	
21. Nonfatal Injuries:		Fatal Inju						<u> </u>			
			1								
23. Victim Information:	lan	a) Namo ob R. Do			b) Age 24						
c) Regular Job Title:		OD IV. DO	_ 	ty at Time of A					X M	ine Employee	
Utility Pereson			4,110111	·,	Utility Pe	rson			X M	ine Employee	
24. Experience: Years V	eeks Days		Years W	eeks Days		Years	Weeks	s Days		Years Weeks Days	
a) Total: 2 5	0 0	b) at the n	nine: 2 5	0 0 c)	at activity (23d)	1	0	0 d) with (Contractor		
25. Autopsy Performed:		tion						26. Mine Telephor	ne No.:		
• •	If Yes, Loca	1011									
	If Yes, Loca							(307)	939-1300		
27. Description of Accident (i			, the exact loca	tion in the min	e, and status of re	scue and re	covery		939-1300		
27. Description of Accident (i At 00:39 am, a P&H 280	nclude equipme 0 electric sho	nt involved	ascending ar	n approximat	e 9% grade wh	en the sh	novel I	operations): ost propel capab	ilities and re		
27. Description of Accident (i At 00:39 am, a P&H 280 down the grade, crushin	nclude equipme 0 electric sho g two ford F3	nt involved vel was a 50 flat be	ascending ar ed utility pick	n approximat up trucks. C	e 9% grade wh One pickup ope	nen the sh rator rece	novel I eived f	operations): ost propel capab fatal crushing inju	oilities and re	e second pick up	
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