PR	.001

Preliminary Report of Accident

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

18-Oct-13	110	initial y 1	ceport o		' Min	e Safety and Hea	alth Administr	ation 💔
1. Accident Type:	2. Accident Class	2. Accident Classification			3. Date/Time of Accident		Death	5. Fatal Case No
Fatal Injury	Machinery			10/06/2013	02:30 AM	10/06/2013	02:30 AM	17
6. Mine Information :								
a) Mining Company Name		b) Mine Name			c	c) Parent of Mining	g Company	
Pacific Minerals dba	Bridger Coal Com	pan Jim Bridger	Mine		١	MidAmerican E	nergy Holding	js Company; IDACO
7. Mine Location :	a) City	b)	County	c) State		8. Mine ID Numb	er:	9. Union:
Point of Rocks Swe		Sweetv	water WY			48-00677		YES
10. Primary Mineral Mine	d:	11. Number of	a) Total	b) Underground	c) Open Pit	/Quarry d)	Mill/Prep Plan	t e) Other
BITUMINOUS		Mine Employees	: 170	0		129	0	41
12. Contractor Name:					13. Un	lion	14. Contra	ctor ID Number:
15. Contractor Address:	a) City			b) County		c) State	d) Z	ip Code
16. Number of Contractor	Employees:	a) Total	b) Underground	l c) Open	Pit/Quarry	d) Mill/I	Prep Plant	e) Other
		1	0		0		0	1
17. Number of Persons in N	fine at Time of Accie	dent:		18. Number of	f Persons Unac	counted For:		
a) Mine Employees:	16 i	b) Contractor Employ	vees: 1	a) Mine Em	ployees:	0 b) (Contractor Emj	oloyees: 0
19) Location of Accident 01-Underground	x o	03-Open Pit	07-Adva	nce Mining	30-Mill/Prep	Plant O	ther (specify)	20. Mining Height: Feet Inches
02-Surface at Underg	round	6-Dredge Mining	08-Retre	at Mining	99-Office Fa	cility		15
21. Nonfatal Injuries:	0 22. Fat	al Injuries: 1						
23. Victim Information :		a) Name		b) Age				
	Mark	C. Stassinos		44				
c) Regular Job Title: Heavy Equipm	ent Operator	d) Activ	ity at Time of A		ator, building	g drill bench	XN	fine Employee
24. Experience : Years	Weeks Days	Years W	eeks Days		Years Week	is Days		Years Weeks Days
a) Total: 10	23 3 b)	at the mine: 1 4	18 3 c)	at activity (23d)	1 48	3 d) wit	h Contractor	
25. Autopsy Performed:	If Yes, Location	1				26. Mine Teleph	hone No.:	
YES McKee M	edical Center, Lo	veland, CO				(30	7) 922-7800	

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):

On 10/06/2013 at approximately 2:30am, the operator of the Cat D11R dozer, Co. #548, sustained fatal injuries when the dozer he was operating went over the edge of the highwall while building the drill pattern bench. Drill bench work being done was between station 56 and ramp 55. Estimated height of highwall at this point is 150'. MSHA is investigating the accident.

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: Cate	29. Model: D11R					
30. District: C0900 Denver	32. Field Offic	ce:		33. Event Number	:	
34. Accident Investigator: Richard E. Dickson		35. MSHA Person Notified: Don Gibson		Date 10/06/2013	Time 08:12 A	
36. Type of Report: Initial	37. Name of Preparer a	nd Date Prepared Richard Dickson		Date 10/07/2013		

38. Reason For Amendment: