PR001 02-Nov-11

Preliminary Report of Accident

U.S. Department of Labor

Mine Safety and Health Administration

1. Accident Type:	2. Accident Classification				3. Date/Time of Accident 4.			4. Date/Tir	ne of Dea	5. Fatal Case No		
Fatal Injury	Powere	Powered Haulage				10/31/2011 02:20 PM			2011 (12		
6. Mine Information :											<u> </u>	
a) Mining Company Name b) Mine Name c) Parent of Mining Company												
Stillwater Mining Compa	ny		STILLWATE	R MINE	Stillwater Min				lining C	ning Company		
7. Mine Location :	a) Ci	ty	b) (c) State	c) State			Number:	9. Union:			
Nye			Stillwate	MT			24-01490			YES		
10. Primary Mineral Mined			11. Number of	a) Total) Underground	c)	Open Pit/0	Quarry	d) M	ill/Prep Plant	e) Other	
PLATINUM GROUP OF	RE MININO	5 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Aine Employees:	940	834						106	
12. Contractor Name:							13. Uni	on		14. Contrac	tor ID Number:	
15. Contractor Address:) City		l) County			c) Stat	e	d) Zi	p 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: 192 b) Contractor Employees: a) Mine Employees: 0 b) Contractor Employees:												
19) Location of Accident	132		in actor Employe		a) Wille I	inploye	es.		<i>b)</i> C0	nu actor Emp	20. Mining Height:	
X 01-Underground		03-Ор	en Pit	e Mining	Mining 30-Mill/Prep			Oth	Feet Inches			
02-Surface at Undergr	ound	06-Dr	edge Mining	08-Retrea	Mining	99-	Office Fac	ility				
21. Nonfatal Injuries:	0	22. Fatal Inj	uries:									
23. Victim Information :		a) Nai Dale A. Ma			b) Age 42							
c) Regular Job Title:				ty at Time of Acc					 .	X M	line Employee	
Muck Haul Leadman Operating 4 yard LHD												
24. Experience : Years V	Veeks Days		Years W	eeks Days		Y	ears Weeks	s Days			Years Weeks Days	
a) Total: 3	28 0	b) at the	mine: 3 2	28 <u>0</u> c) a	t activity (23d)		3 24	0	d) with	Contractor		
25. Autopsy Performed:	If Yes, I							26. Mine	Telepho	ne No.:		
YES St. Vincent Hospital; Billings, MT						(406) 328-8444						
27. Description of Accident	(include equi	ipment involv	ed, the exact loca	ition in the mine,	and status of re	scue and	l recovery	operations)):			
The victim was operating water ditch and struck th												
		,	,			J						
			*									
The information provided in regarding the cause of the a		is based on pr	eliminary data C	ONLY and does n	ot represent fina	ıl detern	ninations r	egarding th	e nature	of the inciden	t or conclusions	
28. Equipment Manufacturer: Elphinstone						29. Model: R1300G						
30. District: 32. Field Office: Helei					a MT				33. Event Number: 1107243			
34. Accident Investigator:				rson Notified:	on Notified:			Da	ite	Time		
Mike Tromble				Micha	el Dennehy				10/31/	2011	03:27 P	
36. Type of Report: 37. Name of Preparer a				and Date Prepar Mike Hanche				-	Date 11/01/2011			
38. Reason For Amendment								•				