

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Fall of Face, Rib, Pillar or Highwall		3. Date/Time of Accident 09/28/2017 02:20 PM		4. Date/Time of Death 09/28/2017 04:00 PM		5. Fatal Case No 13		
6. Mine Information :										
a) Mining Company Name Bridger Coal Company			b) Mine Name Bridger Underground Coal Mine			c) Parent of Mining Company MidAmerican Energy Holdings Company; IDACORP				
7. Mine Location :		a) City Point of Rocks		b) County Sweetwater		c) State WY		8. Mine ID Number: 48-01646		9. Union: YES
10. Primary Mineral Mined: BITUMINOUS COAL UNDERGROUND			11. Number of Mine Employees:		a) Total 218	b) Underground 200	c) Open Pit/Quarry 0		d) Mill/Prep Plant 0	e) Other 18
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 26		b) Underground 26		c) Open Pit/Quarry 0		d) Mill/Prep Plant 0		e) Other 0		
17. Number of Persons in Mine at Time of Accident:						18. Number of Persons Unaccounted For:				
a) Mine Employees: 48		b) Contractor Employees: 8		a) Mine Employees: 0		b) Contractor Employees: 0				
19) Location of Accident									20. Mining Height:	
<input checked="" type="checkbox"/> 01-Underground	<input type="checkbox"/> 02-Surface at Underground	<input type="checkbox"/> 03-Open Pit	<input type="checkbox"/> 04-Dredge Mining	<input type="checkbox"/> 05-Advance Mining	<input type="checkbox"/> 06-Retreat Mining	<input type="checkbox"/> 07-Mill/Prep Plant	<input type="checkbox"/> 08-Office Facility	<input type="checkbox"/> Other (specify)	Feet 9	Inches 6
21. Nonfatal Injuries: 0			22. Fatal Injuries: 1							
23. Victim Information :										
a) Name Jaime Olivas					b) Age 39					
24. Experience :										
c) Regular Job Title: Longwall Section Operator			d) Activity at Time of Accident: Roof Bolter Helper			<input checked="" type="checkbox"/> Mine Employee				
24. Experience :	Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days			
a) Total:	10 36		b) at the mine: 8 41		c) at activity (23d) 2 36		d) with Contractor			
25. Autopsy Performed: YES McKee Medical Center, Loveland, CO						26. Mine Telephone No.: (307) 922-7721				

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):
At approximately 2:20 p.m., MST, coal rolled out from the face on the 17th right longwall section in the area of shield No. 53 and completely covered the victim. He passed away while enroute to the hospital. The victim was untangling the mesh during the longwall recovery process at the time of 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:				29. Model:			
30. District: C0900 Denver		32. Field Office: Craig CO			33. Event Number: 6466549		
34. Accident Investigator: Art C. Gore			35. MSHA Person Notified: Matthew L. Lemons		Date 09/28/2017	Time 04:10 PM	
36. Type of Report: Initial		37. Name of Preparer and Date Prepared: Art C. Gore				Date 09/29/2017	
38. Reason For Amendment:							