PR001 09-May-17

Preliminary Report of Accident

U.S. Department of Labor

Mine Safety and Health Administration

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1. Accident Type:	2. Accider	2. Accident Classification			3. Date/Time	3. Date/Time of Accident 4. Date/			of Death	5. Fatal Case No	
Fatal Injury	Powered Haulage				05/06/2017 05:00 PM			05/06/2017 05:00 PM		6	
6. Mine Information :	-1				-					1.	
a) Mining Company Name			b) Mine Name				c)	Parent of Min	ing Company		
Western Energy Company			Rosebud Mine&Crusher/Conveyor				Westmoreland Coal Company				
7. Mine Location : a) City		ty	b) County c) State			8. Mine ID Number: 9. Union:					
Colstrip			Rosebud		MT	24-01			47	YES	
10. Primary Mineral Mined:	-	11	. Number of Mine	b) Underground	c) O	pen Pit/	Quarry	d) Mill/Prep Plant	e) Other		
BITUMINOUS COAL AT	ND LIGNIT	ESU	Employees:	370	0		3	36	16	18	
12. Contractor Name:							13. Uni	on	14. Contrac	ctor ID Number:	
15. Contractor Address:	a) City			b) County			c) State	d) Zi	ip Code	
16. Number of Contractor E	mployees:	a) To	otal b) t	Underground	c) Ope	en Pit/Qu	arry	d) Mi	ll/Prep Plant	e) Other	
17. Number of Persons in Mi	ine at Time o	of Accident:			18. Number	of Persor	s Unacc	ounted For:			
a) Mine Employees:	55	b) Co	ntractor Employees	s: 0	a) Mine E	Employees	:	0	b) Contractor Emp	oloyees: 0	
19) Location of Accident		X 03-Op								20. Mining Height:	
	01-Underground X 0			07-Advan			lill/Prep		Other (specify)	Feet Inches	
02-Surface at Undergro	ound		edge Mining	08-Retrea	t Mining	99-0	ffice Fac	rility		24 0	
21. Nonfatal Injuries:	0	22. Fatal In	juries: 1								
23. Victim Information :		a) Na Michael Ra			b) Age 62						
c) Regular Job Title:			d) Activity	at Time of Acc					X N	Iine Employee	
Truck Driver					Truck Driv						
•	Veeks Days		Years Weel	•			rs Weeks	•	ta a	Years Weeks Days	
a) Total: 14	8 0	b) at the	e mine: 10 18	0 c) a	at activity (23d)	10) 18		with Contractor		
25. Autopsy Performed:	If Yes, L	ocation						26. Mine Tel	•		
YES Colstrip, M	I								406) 748-5156		
27. Description of Accident (include equi	pment involv	ed, the exact location	on in the mine	, and status of res	scue and 1	ecovery	operations):			
On Saturday May 6, 201 over the highwall and fell Colstrip Medical Clinic, w	approxima	tely 150 fe	et. EMT's tried to					0			
The information provided in regarding the cause of the ac		s based on pr	eliminary data ONI	LY and does no	ot represent final	determin	ations re	egarding the na	ture of the inciden	t or conclusions	
28. Equipment Manufacturer: Caterpillar					29. Model: 777F						
	(Caterpillar							777F		
30. District: C0900 Den	(Caterpillar	32. Field Offic	e: Gillette	e WY				777F Event Number: 4268	688	
	(Caterpillar	32. Field Offic	Gillette	e WY				Event Number:	688 Time	
C0900 Den	(Caterpillar	32. Field Offic	Gillette	erson Notified:			33.	Event Number: 4268		
C0900 Den 34. Accident Investigator: David Hamilton 36. Type of Report:	(lame of Preparer ar	Gillette 35. MSHA Pe Ed Ve	erson Notified: etter red:			33.	Event Number: 4268 Date	Time	