PR001 02-Jan-19

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 of Accident 4. Date/I		e/Time of Death		5. Fatal Case No	
Fatal Injury	Machinery				12/29/2018	2018 07:35 PM 12/3		12/30/2018 04:00 PM		11
6. Mine Information :	•				•		•			•
a) Mining Company Name	2		b) Mine Name				c) Parent of	Mining C	ompany	
Trans Alta Centralia Mining LLC Centralia Coa				Mine Trans Alta Corp						
7. Mine Location : a) City b			b) Co	ounty	c) State		8. Mine ID	Number:		9. Union:
Centralia			Lewis		WA		45	5-00416		YES
10. Primary Mineral Mine	d:	11.	Number of Mine Employees:	a) Total b) Underground	c) Open Pi	t/Quarry	d) Mi	ill/Prep Plant	e) Other
BITUMINOUS			Employees.	11	0		0		0	11
12. Contractor Name: Coalview Centralia LLC						13. U				ctor ID Number:
					NO		A59			
15. Contractor Address:		b) County		c) Sta	te	d) Zi	p Code		
	Centralia			Lewi			W			531
16. Number of Contractor	Employees:	a) Tot	al b)	Underground	c) Oper	n Pit/Quarry	d) Mill/Pre	p Plant	e) Other
			23	0	_	0			0	23
17. Number of Persons in N				_		of Persons Una				_
a) Mine Employees:	0	b) Con	tractor Employee	es: 5	a) Mine Er	nployees:	0	b) Co	ntractor Emp	'
19) Location of Accident 01-Underground		03-Ope	n Pit	07-Advance	o Mining	30-Mill/Pre	n Plant	Othe	er (specify)	20. Mining Height:
02-Surface at Underg	ground X	-	lge Mining	08-Retreat		99-Office F	-	Шош	i (specify)	Feet Inches
		=		00-Ketreat	Milling))-Office F	acinty			
21. Nonfatal Injuries:	0	Fatal Inju	1 1							
23. Victim Information :		a) Nan	ne .		b) Age					
	Cal	eb J. Bro	own		25					
c) Regular Job Title:			d) Activity	at Time of Acci						
Plant Operato	r				Dredging				X C	ontractor Employee
·										
24. Experience: Years	Weeks Days		Years Wee	ks Days		Years Wee	ks Days			Years Weeks Days
24. Experience : Years a) Total: 0	21 5	b) at the		•	activity (23d)	Years Wee	5		Contractor	Years Weeks Days 0 21 5
a) Total: 0 25. Autopsy Performed:	21 5 If Yes, Loca			•	activity (23d)		5	Telephor	Contractor ne No.:	
a) Total: 0 25. Autopsy Performed:	21 5			•	activity (23d)		5	Telephor	Contractor	
a) Total: 0 25. Autopsy Performed:	21 5 If Yes, Loca	tion	mine: 0 21	5 c) at		0 2	5 26. Mine	Telephor (360)	Contractor ne No.:	
a) Total: 0 25. Autopsy Performed: YES Lewis Co	21 5 If Yes, Loca unty Coroner t (include equipment)	tion ent involve	mine: 0 21	5 c) at		0 2	5 26. Mine	Telephor (360)	Contractor ne No.:	
a) Total: 0 25. Autopsy Performed: YES Lewis Co 27. Description of Acciden	21 5 If Yes, Loca unty Coroner t (include equipment)	tion ent involve	mine: 0 21	5 c) at		0 2	5 26. Mine	Telephor (360)	Contractor ne No.:	
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a) Total: 0 25. Autopsy Performed: YES Lewis Co 27. Description of Acciden	21 5 If Yes, Loca unty Coroner t (include equipment)	tion ent involve	mine: 0 21	5 c) at		0 2	5 26. Mine	Telephor (360)	Contractor ne No.:	
a) Total: 0 25. Autopsy Performed: YES Lewis Co 27. Description of Acciden The victim drowned wh	21 5 If Yes, Loca unty Coroner t (include equipment the dredge h	ent involve e was op	mine: 0 21 d, the exact location operating sank.	5 c) at	and status of resc	0 2°	26. Mine	Telephor (360)	Contractor ne No.: 330-8180	0 21 5
a) Total: 0 25. Autopsy Performed: YES Lewis Co 27. Description of Acciden The victim drowned wh	21 5 If Yes, Loca unty Coroner t (include equipment the dredge h	ent involve e was op	mine: 0 21 d, the exact location operating sank.	5 c) at	and status of resc	0 2°	26. Mine	Telephor (360)	Contractor ne No.: 330-8180	0 21 5
a) Total: 0 25. Autopsy Performed: YES Lewis Co 27. Description of Acciden The victim drowned wh	If Yes, Loca unty Coroner t (include equipment the dredge has been the dredge has been this notice is baccident.	ent involve e was op	d, the exact locative rating sank.	5 c) at	and status of resc	0 2°	26. Mine	Telephor (360)	Contractor ne No.: 330-8180	0 21 5
a) Total: 0 25. Autopsy Performed: YES Lewis Co 27. Description of Acciden The victim drowned wh The information provided regarding the cause of the 28. Equipment Manufacture	If Yes, Loca unty Coroner t (include equipment the dredge has been the dredge has been this notice is baccident.	ent involve e was op	d, the exact locative rating sank.	5 c) at 5 c) a	and status of resc	0 2'	26. Mine	Telephor (360)	Contractor ne No.: 330-8180	0 21 5
a) Total: 0 25. Autopsy Performed: YES Lewis Co 27. Description of Acciden The victim drowned wh The information provided regarding the cause of the 28. Equipment Manufactu 30. District:	21 5 If Yes, Loca unty Coroner t (include equipment the dredge has accident. rer: Dre	ent involve e was op	d, the exact locative rating sank.	5 c) at 5 c) at 5 c) at 5 c) at 6 con in the mine, s	and status of resc	0 2'	26. Mine	(360)	Contractor ne No.: n 330-8180 of the inciden t Number:	0 21 5
a) Total: 0 25. Autopsy Performed: YES Lewis Co 27. Description of Acciden The victim drowned wh The information provided regarding the cause of the 28. Equipment Manufactu 30. District: M7000 Wo	If Yes, Loca unty Coroner t (include equipment the dredge has been the dredge has been this notice is baccident.	ent involve e was op	d, the exact locative rating sank.	LY and does not	and status of resc	0 2'	26. Mine	e Telephor (360)):	Contractor ne No.: 330-8180 of the inciden t Number: 6723	t or conclusions
a) Total: 0 25. Autopsy Performed: YES Lewis Co 27. Description of Acciden The victim drowned wh The information provided regarding the cause of the 28. Equipment Manufactu 30. District: M7000 Wo 34. Accident Investigator:	21 5 If Yes, Loca unty Coroner t (include equipment the dredge has accident. rer: Dre	ent involve e was op	d, the exact locative rating sank.	LY and does not d tee: Kent W. 35. MSHA Per	and status of resc e represent final of A son Notified:	0 2'	26. Mine	e Telephor (360)): ne nature of the state	Contractor ne No.: 1330-8180 of the inciden t Number: 6723	t or conclusions
a) Total: 0 25. Autopsy Performed: YES Lewis Co 27. Description of Acciden The victim drowned wh The information provided regarding the cause of the 28. Equipment Manufactu 30. District: M7000 W. 34. Accident Investigator: Benjamin C. Burns	21 5 If Yes, Loca unty Coroner t (include equipment the dredge has accident. rer: Dre	ent involve e was op	d, the exact locative rating sank. liminary data ON ral Incorporated 32. Field Office	LY and does not d tee: Kent W. 35. MSHA Per Melvin	and status of rescription of rescrip	0 2'	26. Mine	e Telephor (360)):	Contractor ne No.: 1 330-8180 of the inciden t Number: 6723	t or conclusions
a) Total: 0 25. Autopsy Performed: YES Lewis Co 27. Description of Acciden The victim drowned wh The information provided regarding the cause of the 28. Equipment Manufactu 30. District: M7000 Wo 34. Accident Investigator:	21 5 If Yes, Loca unty Coroner t (include equipment the dredge has accident. rer: Dre	ent involve e was op	d, the exact locative rating sank.	LY and does not d tee: Kent W. 35. MSHA Per Melvin	and status of rescription of the status of the stat	ue and recover	26. Mine	e Telephor (360)): ne nature of the state	Contractor ne No.: 1330-8180 of the inciden t Number: 6723	0 21 5 t or conclusions 866 Time 07:50 PM