

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Machinery		3. Date/Time of Accident 12/29/2018 07:35 PM		4. Date/Time of Death 12/30/2018 04:00 PM		5. Fatal Case No 11		
6. Mine Information :										
a) Mining Company Name Trans Alta Centralia Mining LLC			b) Mine Name Centralia Coal Mine			c) Parent of Mining Company Trans Alta Corp				
7. Mine Location :			a) City Centralia		b) County Lewis		c) State WA		8. Mine ID Number: 45-00416	9. Union: YES
10. Primary Mineral Mined: BITUMINOUS			11. Number of Mine Employees:		a) Total 11	b) Underground 0	c) Open Pit/Quarry 0	d) Mill/Prep Plant 0	e) Other 11	
12. Contractor Name: Coalview Centralia LLC						13. Union NO		14. Contractor ID Number: A5961		
15. Contractor Address:			a) City Centralia		b) County Lewis		c) State WA		d) Zip Code 98531	
16. Number of Contractor Employees:			a) Total 23	b) Underground 0	c) Open Pit/Quarry 0	d) Mill/Prep Plant 0	e) Other 23			
17. Number of Persons in Mine at Time of Accident:					18. Number of Persons Unaccounted For:					
a) Mine Employees: 0		b) Contractor Employees: 5			a) Mine Employees: 0		b) Contractor Employees: 0			
19) Location of Accident									20. Mining Height:	
<input type="checkbox"/> 01-Underground	<input type="checkbox"/> 02-Surface at Underground	<input type="checkbox"/> 03-Open Pit	<input checked="" type="checkbox"/> 06-Dredge Mining	<input type="checkbox"/> 07-Advance Mining	<input type="checkbox"/> 08-Retreat Mining	<input type="checkbox"/> 30-Mill/Prep Plant	<input type="checkbox"/> 99-Office Facility	<input type="checkbox"/> Other (specify)	Feet Inches	
21. Nonfatal Injuries: 0		22. Fatal Injuries: 1								
23. Victim Information :										
a) Name Caleb J. Brown					b) Age 25					
c) Regular Job Title: Plant Operator										
d) Activity at Time of Accident: Dredging <input checked="" type="checkbox"/> Contractor Employee										
24. Experience :										
Years Weeks Days			Years Weeks Days			Years Weeks Days			Years Weeks Days	
a) Total:	0	21	5	b) at the mine:	0	21	5	c) at activity (23d)	0	
	21	5			21	5			5	
25. Autopsy Performed: If Yes, Location								26. Mine Telephone No.:		
YES Lewis County Coroner								(360) 330-8180		

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):
The victim drowned when the dredge he was operating sank.

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: Dredge Central Incorporated				29. Model:	
30. District: M7000 Western		32. Field Office: Kent WA			33. Event Number: 6723866
34. Accident Investigator: Benjamin C. Burns			35. MSHA Person Notified: Melvin Palmer		Date 12/29/2018
					Time 07:50 PM
36. Type of Report: Initial		37. Name of Preparer and Date Prepared: Benjamin C. Burns			Date 12/30/2018
38. Reason For Amendment:					