

Preliminary Report of Accident

U.S. Department of Labor
Mine Safety and Health Administration



PR001 07/26/2021

1. Accident Type F - Fatal Injury		2. Accident Classification 17 - Machinery		3. Date/Time of Accident 07/21/2021 11:46 AM		4. Date/Time of Death 07/21/2021 12:50 PM		5. Fatal Case No FAI-6462383-1	
6. Mine Information									
a) Mining Company Name:		Thunder Basin Coal Company LLC							
b) Mine Name:		Black Thunder							
c) Parent of Mining Company:		Arch Resources Inc							
7. Mine Location Information					8. Mine ID Number		9. Union		
a) City WRIGHT		b) County Campbell		c) State WY		48-00977		No	
10. Primary Mineral Mined Bituminous Coal And Lignite Surface Mining				11. Number of Employees		c) Open Pit/Quarry		d) Mill/Prep Plant	
				a) Total 899		b) Underground		e) Other 100	
12. Contractor Name						13. Contractor Union		14. Contractor ID Number	
15. Contractor Address									
a) City		b) County			c) State			d) Zip 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 205		b) Contractor Employees			a) Mine Employees 0		b) Contractor Employees		
19. Accident Location 03 - Open Pit								20. Mining Height 70 Feet Inches	
21. Nonfatal Injuries 0		22. Fatal Injuries 1							
23. Victims Information									
Jeffery A Wendland									
a) First Name Jeffery	a) MI A	a) Last Name Wendland	b) Age 31	c) Regular Job Title Millwright	d) Activity at Time of Accident Maintenance work			Employee Mine Employee	
24. Mining Experience									
a) Total Experience 13 Years 0 Weeks 3 Days		b) Experience at the Mine 13 Years 0 Weeks 3 Days		c) Experience at the Activity at the Time of the Accident 13 Years 0 Weeks 3 Days			d) Experience with Contractor 0 Years 0 Weeks 0 Days		
25. Autopsy Performed Yes		If Yes, Location Campbell County, Wyoming							
26. Mine Telephone No. (307) 464-2296									
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) A miner received fatal injuries while attempting to add a boom extension to a crane. In the process of removing the boom pins, the miner was struck by the boom. <i>The information provided in this notice is based on preliminary data ONLY and does not represent final determination regarding the nature of the incident or conclusions regarding the cause of the accident.</i>									
28. Equipment Manufacturer Link-Belt mobile crane				29. Model HC-258					
30. District C0900 - Lakewood District				32. Field Office C0904 - Gillette WY Field Office				33. Event Number 6462383	
34. Accident Investigator									
First Name Chad		MI		Last Name Simpson					
35. MSHA Person Notified									
First Name Dale		MI		Last Name Hollopeter			Date/Time Notified 07/21/2021 12:21 PM		
36. Type of Report Initial		37. Name of Preparer Full Name Chad Simpson			Date Prepared 07/21/2021				
38. Reason for Amendment									