**Preliminary Report of Accident**

**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**
   a) **City:** WRIGHT
   b) **County:** Campbell
   c) **State:** WY

8. **Mine ID Number**  
   48-00977

9. **Union**  
   No

10. **Primary Mineral Mined**  
    Bituminous Coal And Lignite Surface Mining

11. **Number of Employees**
   a) **Total:** 899
   b) **Underground:** 680
   c) **Open Pit/Quarry:** 119
   d) **Mill/Prep Plant:** 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**
   a) **Mine Employees:** 205
   b) **Contractor Employees:**

18. **Number of Persons Unaccounted for**
   a) **Mine Employees:** 0
   b) **Contractor Employees:** 0

19. **Accident Location**  
   03 - Open Pit

20. **Mining Height**  
    70 Feet Inches

21. **Nonfatal Injuries**  
   0

22. **Fatal Injuries**  
   1

23. **Victims Information**

<table>
<thead>
<tr>
<th><strong>Jeffry A Wendland</strong></th>
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<tbody>
<tr>
<td><strong>First Name</strong></td>
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<td><strong>MI</strong></td>
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<tr>
<td><strong>Last Name</strong></td>
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<tr>
<td><strong>Age</strong></td>
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<tr>
<td><strong>Regular Job Title</strong></td>
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<tr>
<td><strong>Activity at Time of Accident</strong></td>
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<tr>
<td><strong>Employee</strong></td>
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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.
   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.

28. **Equipment Manufacturer**  
   Link-Belt mobile crane

29. **Model**  
   HC-258

30. **District**  
   C0900 - Lakewood District

31. **Field Office**  
   C0904 - Gillette WY Field Office

32. **Event Number**  
   6462383

33. **Accident Investigator**
   a) **First Name:** Chad
   b) **Last Name:** Simpson

34. **MSHA Person Notified**
   a) **First Name:** Dale
   b) **Last Name:** Hollopeter
   c) **Date/Time Notified**  
    07/21/2021 12:21 PM

35. **Reason for Amendment**  
   MSHA Form 7000-13, March 2019 (revised)