

# Preliminary Report of Accident

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



PR001 07/28/2025

<b>1. Accident Type</b> F - Fatal Injury		<b>2. Accident Classification</b> 01 - Electrical		<b>3. Date/Time of Accident</b> 07/26/2025 10:45 AM		<b>4. Date/Time of Death</b> 07/26/2025 11:31 AM		<b>5. Fatal Case No</b> FAI-6948674-1																																											
<b>6. Mine Information</b>																																																			
a) Mining Company Name:		Stillwater Mining Company																																																	
b) Mine Name:		STILLWATER MINE																																																	
c) Parent of Mining Company:		Sibanye Stillwater Limited																																																	
<b>7. Mine Location Information</b>				<b>8. Mine ID Number</b>		<b>9. Union</b>																																													
a) City COLUMBUS		b) County Stillwater		c) State MT		24-01490		Yes																																											
<b>10. Primary Mineral Mined</b> Platinum Group Ore Mining				<b>11. Number of Employees</b>		c) Open Pit/Quarry		d) Mill/Prep Plant																																											
				a) Total 426		b) Underground 356		e) Other 39																																											
<b>12. Contractor Name</b>						<b>13. Contractor Union</b>		<b>14. Contractor ID Number</b>																																											
<b>15. Contractor Address</b>																																																			
a) City		b) County		c) State		d) Zip Code																																													
<b>16. Number of Contractor Employees</b>																																																			
a) Total		b) Underground		c) Open Pit/Quarry		d) Mill/Prep Plant		e) Other																																											
<b>17. Number of Persons in Mine at Time of Accident</b>				<b>18. Number of Persons Unaccounted for</b>																																															
a) Mine Employees 80		b) Contractor Employees		a) Mine Employees 0		b) Contractor Employees																																													
<b>19. Accident Location</b> 01 - Underground								<b>20. Mining Height</b> 12 Feet 0 Inches																																											
<b>21. Nonfatal Injuries</b> 0		<b>22. Fatal Injuries</b> 1																																																	
<b>23. Victims Information</b>																																																			
<table border="1"> <thead> <tr> <th>a) First Name</th> <th>a) MI</th> <th>a) Last Name</th> <th>b) Age</th> <th>c) Regular Job Title</th> <th>d) Activity at Time of Accident</th> <th>Employee</th> </tr> </thead> <tbody> <tr> <td>Brian</td> <td>M</td> <td>Hanson</td> <td>50</td> <td>Electrician</td> <td>Maintenance</td> <td>Mine Employee</td> </tr> <tr> <td colspan="7"><b>24. Mining Experience</b></td> </tr> <tr> <td colspan="2">a) Total Experience 5 Years 25 Weeks 5 Days</td> <td colspan="2">b) Experience at the Mine 5 Years 25 Weeks 5 Days</td> <td colspan="2">c) Experience at the Activity at the Time of the Accident 5 Years 25 Weeks 5 Days</td> <td>d) Experience with Contractor Years Weeks</td> </tr> <tr> <td colspan="7"><b>25. Autopsy Performed</b> Yes</td> </tr> <tr> <td colspan="2"></td> <td colspan="5">If Yes, Location Billings MT</td> </tr> </tbody> </table>										a) First Name	a) MI	a) Last Name	b) Age	c) Regular Job Title	d) Activity at Time of Accident	Employee	Brian	M	Hanson	50	Electrician	Maintenance	Mine Employee	<b>24. Mining Experience</b>							a) Total Experience 5 Years 25 Weeks 5 Days		b) Experience at the Mine 5 Years 25 Weeks 5 Days		c) Experience at the Activity at the Time of the Accident 5 Years 25 Weeks 5 Days		d) Experience with Contractor Years Weeks	<b>25. Autopsy Performed</b> Yes									If Yes, Location Billings MT				
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<b>26. Mine Telephone No.</b> (406) 328-8401																																																			
<b>27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)</b> An electrician was electrocuted when he contacted energized 13,200 Volt switchgear in a power center.  <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>																																																			
<b>28. Equipment Manufacturer</b> Not listed Intermountain Electronics Inc				<b>29. Model</b> 500 P/C																																															
<b>30. District</b> M6000 - Denver District				<b>32. Field Office</b> M6821 - Helena MT Field Office				<b>33. Event Number</b> 6948674																																											
<b>34. Accident Investigator</b>		MI		Last Name																																															
First Name Thaddeus		J		Sichmeller																																															
<b>35. MSHA Person Notified</b>		MI		Last Name		Date/Time Notified																																													
First Name Rodric		B		Breland		07/26/2025 11:35 AM																																													
<b>36. Type of Report</b> Initial		<b>37. Name of Preparer</b>		Date Prepared																																															
		Full Name Jordan A Gustafson		07/27/2025																																															
<b>38. Reason for Amendment</b>																																																			