



Section I--Violation Data

1. Date Mo Da Yr 07/24/2008	2. Time (24 Hr. Clock) 1200	3. Citation/ Order Number 7697011
4. Served To Gary Peacock, Superintendent		5. Operator GENWAL RESOURCES INC and UEI
6. Mine CRANDALL CANYON MINE		7. Mine ID 42-01715 (Contractor)
8. Condition or Practice		

8a. Written Notice (103g)

The operator did not immediately contact MSHA at once without delay and within 15 minutes at the toll-free number, 1-800-746-1553, once the operator knew that an accident in the Main West South Barrier section occurred on August 6, 2007. A coal outburst threw coal into the mine openings blocking all four entries and entrapping six miners. The call was received by MSHA at 3:43 a.m. MST. The time of the accident was 2:48 a.m. MST. More than 15 minutes had elapsed before management contacted MSHA as required.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 50.10
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Section II--Inspector's Evaluation

10. Gravity:						
A. Injury or Illness (has) (is):		No Likelihood <input type="checkbox"/>	Unlikely <input checked="" type="checkbox"/>	Reasonably Likely <input type="checkbox"/>	Highly Likely <input type="checkbox"/>	Occurred <input type="checkbox"/>
B. Injury or illness could reasonably be expected to be:		No Lost Workdays <input checked="" type="checkbox"/>	Lost Workdays Or Restricted Duty <input type="checkbox"/>	Permanently Disabling <input type="checkbox"/>	Fatal <input type="checkbox"/>	
C. Significant and Substantial:			D. Number of Persons Affected:			
		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	000		
11. Negligence (check one)						
A. None <input type="checkbox"/>		B. Low <input checked="" type="checkbox"/>		C. Moderate <input type="checkbox"/>		D. High <input type="checkbox"/>
E. Reckless Disregard <input type="checkbox"/>						
12. Type of Action 104(a)			13. Type of Issuance (check one)			
			Citation <input checked="" type="checkbox"/>		Order <input type="checkbox"/>	Safeguard <input type="checkbox"/>
14. Initial Action				E. Citation/ Order Number		F. Dated Mo Da Yr
A. Citation <input type="checkbox"/>		B. Order <input type="checkbox"/>		C. Safeguard <input type="checkbox"/>		D. Written Notice <input type="checkbox"/>

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr 07/24/2008	B. Time (24 Hr. Clock) 1205
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Section III--Termination Action

17. Action to Terminate No action required because the reporting requirements of 30 CFR, part 50.10 can only be satisfied within the established 15 minutes from the time that the operator knew or should have known of the accident.

18. Terminated	A. Date Mo Da Yr 07/24/2008	B. Time (24 Hr. Clock) 1205
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Section IV--Automated System Data

19. Type of Inspection (activity code) E16	20. Event Number 4011361	21. Primary or Mill
22. Signature Signature		23. AR Number 23305 / 23809