

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Machinery		3. Date/Time of Accident 10/06/2013 02:30 AM		4. Date/Time of Death 10/06/2013 02:30 AM		5. Fatal Case No 17		
6. Mine Information :										
a) Mining Company Name Pacific Minerals dba Bridger Coal Compan			b) Mine Name Jim Bridger Mine			c) Parent of Mining Company MidAmerican Energy Holdings Company; IDACOR				
7. Mine Location :			a) City Point of Rocks		b) County Sweetwater		c) State WY		8. Mine ID Number: 48-00677	9. Union: YES
10. Primary Mineral Mined: BITUMINOUS			11. Number of Mine Employees:		a) Total 170	b) Underground 0	c) Open Pit/Quarry 129	d) Mill/Prep Plant 0	e) Other 41	
12. Contractor Name:						13. Union		14. Contractor ID Number:		
15. Contractor Address:										
a) City			b) County			c) State		d) Zip Code		
16. Number of Contractor Employees:										
a) Total 1		b) Underground 0		c) Open Pit/Quarry 0		d) Mill/Prep Plant 0		e) Other 1		
17. Number of Persons in Mine at Time of Accident:					18. Number of Persons Unaccounted For:					
a) Mine Employees: 16		b) Contractor Employees: 1			a) Mine Employees: 0		b) Contractor Employees: 0			
19) Location of Accident								20. Mining Height:		
<input type="checkbox"/> 01-Underground	<input checked="" type="checkbox"/> 03-Open Pit	<input type="checkbox"/> 07-Advance Mining	<input type="checkbox"/> 30-Mill/Prep Plant	<input type="checkbox"/> Other (specify)				Feet	Inches	
<input type="checkbox"/> 02-Surface at Underground	<input type="checkbox"/> 06-Dredge Mining	<input type="checkbox"/> 08-Retreat Mining	<input type="checkbox"/> 99-Office Facility					15		
21. Nonfatal Injuries: 0		22. Fatal Injuries: 1								
23. Victim Information :										
a) Name Mark C. Stassinis					b) Age 44					
c) Regular Job Title: Heavy Equipment Operator				d) Activity at Time of Accident: Dozer Operator, building drill bench				<input checked="" type="checkbox"/> Mine Employee		
24. Experience :										
Years Weeks Days			Years Weeks Days			Years Weeks Days			Years Weeks Days	
a) Total:	10 23 3		b) at the mine:	1 48 3		c) at activity (23d):	1 48 3		d) with Contractor	
25. Autopsy Performed: If Yes, Location YES McKee Medical Center, Loveland, CO						26. Mine Telephone No.: (307) 922-7800				

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):

On 10/06/2013 at approximately 2:30am, the operator of the Cat D11R dozer, Co. #548, sustained fatal injuries when the dozer he was operating went over the edge of the highwall while building the drill pattern bench. Drill bench work being done was between station 56 and ramp 55. Estimated height of highwall at this point is 150'. MSHA is investigating the accident.

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: Caterpillar			29. Model: D11R		
30. District: C0900 Denver		32. Field Office:			33. Event Number:
34. Accident Investigator: Richard E. Dickson			35. MSHA Person Notified: Don Gibson		Date 10/06/2013
					Time 08:12 A
36. Type of Report: Initial		37. Name of Preparer and Date Prepared Richard Dickson			Date 10/07/2013
38. Reason For Amendment:					