



Section I--Violation Data

|                                              |                                             |                                                    |
|----------------------------------------------|---------------------------------------------|----------------------------------------------------|
| 1. Date<br>Mo Da Yr<br>07/24/2008            | 2. Time (24 Hr. Clock)<br>1200              | 3. Citation/<br>Order Number<br>7697001            |
| 4. Served To<br>Gary Peacock, Superintendent | 5. Operator<br>GENWAL RESOURCES INC and UEI |                                                    |
| 6. Mine<br>CRANDALL CANYON MINE              | 7. Mine ID<br>42-01715<br>(Contractor)      |                                                    |
| 8. Condition or Practice                     |                                             | 8a. Written Notice (103g) <input type="checkbox"/> |

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 North Barrier section occurred on March 7, 2007. A coal outburst threw coal into the mine openings, disrupting regular mining activity for more than one hour. The accident was not reported to MSHA pursuant to this standard. Without proper notification, MSHA had no opportunity to investigate this accident. The failure to report this accident denied MSHA an opportunity to investigate it and learn that the mining methods provided inadequate protections. This failure contributed to the August 6 fatal accident. This violation is an unwarrantable failure to comply with a mandatory standard.

See Continuation Form (MSHA Form 7000-3a)

|              |                                                                                                                    |                      |                                             |
|--------------|--------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------|
| 9. Violation | A. Health <input type="checkbox"/><br>Safety <input checked="" type="checkbox"/><br>Other <input type="checkbox"/> | B. Section<br>of Act | C. Part/Section of<br>Title 30 CFR<br>50.10 |
|--------------|--------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------|

Section II--Inspector's Evaluation

|                                                          |                                                                                                                                                                    |                                                           |                                                                                                                                                    |                                           |                                                           |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------|
| 10. Gravity:                                             |                                                                                                                                                                    |                                                           |                                                                                                                                                    |                                           |                                                           |
| A. Injury or Illness (has) (is):                         | No Likelihood <input type="checkbox"/>                                                                                                                             | Unlikely <input type="checkbox"/>                         | Reasonably Likely <input type="checkbox"/>                                                                                                         | Highly Likely <input type="checkbox"/>    | Occurred <input checked="" type="checkbox"/>              |
| B. Injury or illness could reasonably be expected to be: | No Lost Workdays <input type="checkbox"/>                                                                                                                          | Lost Workdays Or Restricted Duty <input type="checkbox"/> | Permanently Disabling <input type="checkbox"/>                                                                                                     | Fatal <input checked="" type="checkbox"/> |                                                           |
| C. Significant and Substantial:                          | Yes <input checked="" type="checkbox"/>                                                                                                                            | No <input type="checkbox"/>                               | D. Number of Persons Affected: 006                                                                                                                 |                                           |                                                           |
| 11. Negligence (check one)                               | A. None <input type="checkbox"/>                                                                                                                                   | B. Low <input type="checkbox"/>                           | C. Moderate <input type="checkbox"/>                                                                                                               | D. High <input type="checkbox"/>          | E. Reckless Disregard <input checked="" type="checkbox"/> |
| 12. Type of Action                                       | 104(d)(2)                                                                                                                                                          |                                                           | 13. Type of Issuance (check one)<br>Citation <input type="checkbox"/> Order <input checked="" type="checkbox"/> Safeguard <input type="checkbox"/> |                                           |                                                           |
| 14. Initial Action                                       | A. Citation <input type="checkbox"/> B. Order <input checked="" type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> |                                                           | E. Citation/<br>Order Number                                                                                                                       | 7286500                                   | F. Dated<br>Mo Da Yr<br>12/29/2006                        |
| 15. Area or Equipment No area affected                   |                                                                                                                                                                    |                                                           |                                                                                                                                                    |                                           |                                                           |

|                     |                     |                        |
|---------------------|---------------------|------------------------|
| 16. Termination Due | A. Date<br>Mo Da Yr | B. Time (24 Hr. Clock) |
|---------------------|---------------------|------------------------|

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<br>Mo Da Yr<br>07/24/2008 | B. Time (24 Hr. Clock)<br>1205 |
|----------------|-----------------------------------|--------------------------------|

Section IV--Automated System Data

|                                           |     |                             |                                |
|-------------------------------------------|-----|-----------------------------|--------------------------------|
| 19. Type of Inspection<br>(activity code) | E06 | 20. Event Number<br>4476435 | 21. Primary or Mill            |
| 22. Signature (Signature)                 |     |                             | 23. AR Number<br>23305 / 23809 |

MSHA Form 7000-3, Mar 85 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.