

Preliminary Report of Accident



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|--|---|--|--|--|---|--|--|---|--------------------------|---|---|--------------------|
| 1. Accident Type: Fatal Injury | | 2. Accident Classification Explosives and Breaking Agents | | 3. Date/Time of Accident 11/17/2013 07:00 AM | | 4. Date/Time of Death 11/17/2013 07:30 AM | | 5. Fatal Case No 16 | | | | |
| 6. Mine Information : | | | | | | | | | | | | |
| a) Mining Company Name Star Mine Operations, LLC | | | b) Mine Name Revenue Mine | | | c) Parent of Mining Company Rory Williams; James Williams | | | | | | |
| 7. Mine Location : | | a) City Ouray | | b) County Ouray | | c) State CO | | 8. Mine ID Number: 05-03528 | | 9. Union: NO | | |
| 10. Primary Mineral Mined: SILVER ORE MINING, N.E.C. | | | 11. Number of Mine Employees: | | a) Total 103 | b) Underground 64 | c) Open Pit/Quarry | | d) Mill/Prep Plant 36 | e) Other 3 | | |
| 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 | | b) Underground | | c) Open Pit/Quarry | | d) Mill/Prep Plant | | e) Other | | | | |
| 17. Number of Persons in Mine at Time of Accident: | | | | | | 18. Number of Persons Unaccounted For: | | | | | | |
| a) Mine Employees: 23 | | b) Contractor Employees: | | | | a) Mine Employees: 0 | | b) Contractor Employees: 0 | | | | |
| 19) Location of Accident | | | | | | | | | 20. Mining Height: | | | |
| <input checked="" type="checkbox"/> 01-Underground | <input 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 | | | | | | | |
| 21. Nonfatal Injuries: 20 | | 22. Fatal Injuries: 2 | | | | | | | | | | |
| 23. Victim Information : | | | | | | | | | | | | |
| a) Name Nicholas K. Cappanno | | | | | b) Age 33 | | | | | | | |
| c) Regular Job Title: Powderman Trainee | | | | d) Activity at Time of Accident: Walking towards old workings | | | | | | <input checked="" type="checkbox"/> Mine Employee | | |
| 24. Experience : | Years Weeks Days | | | Years Weeks Days | | | Years Weeks Days | | | Years Weeks Days | | |
| a) Total: | 0 | 5 | 1 | b) at the mine: | 0 | 5 | 1 | c) at activity (23d) | 0 | 0 | 1 | d) with Contractor |
| 25. Autopsy Performed: If Yes, Location YES Montrose CO | | | | | | | | 26. Mine Telephone No.: (970) 325-7241 | | | | |

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

A miner entered an area of the mine where an explosive had been previously detonated. When he did not emerge, the shift foreman went in to search for him. Eventually they were both found by other miners working in the area, and those miners immediately evacuated the mine. Mine rescue teams entered the mine and found the two miners. During the recovery operation, they detected fatal levels of carbon monoxide. The teams brought the victims to the surface. Twenty miners were taken to the hospital, and three were kept overnight. All 20 have since been released.

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: | | | | 29. Model: | | | | |
| 30. District: M6000 Rocky Mountain | | 32. Field Office: Denver OO | | | | 33. Event Number: 6616214 | | |
| 34. Accident Investigator: Mike Tromble | | | 35. MSHA Person Notified: Kenneth Valentine | | | Date 11/17/2013 | | Time 08:20 A |
| 36. Type of Report: Initial | | 37. Name of Preparer and Date Prepared: Mike Harcher <i>MA</i> | | | | Date 11/18/2013 | | |
| 38. Reason For Amendment: | | | | | | | | |

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| 1. Accident Type: Fatal Injury | | 2. Accident Classification Explosives and Breaking Agents | | 3. Date/Time of Accident 11/17/2013 07:00 AM | | 4. Date/Time of Death 11/17/2013 07:30 AM | | 5. Fatal Case No 17 | | | |
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| 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: | | | | | | | | | | | |
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| a) Mine Employees: 23 | | b) Contractor Employees: | | | | a) Mine Employees: 0 | | b) Contractor Employees: 0 | | | |
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| 21. Nonfatal Injuries: 20 | | 22. Fatal Injuries: 2 | | | | | | | | | |
| 23. Victim Information : | | | | | | | | | | | |
| a) Name Rick L. Williams | | | | b) Age 59 | | | | | | | |
| c) Regular Job Title: Shift Supervisor | | | | d) Activity at Time of Accident: Attempting to rescue miner | | | | | | <input checked="" type="checkbox"/> Mine Employee | |
| 24. Experience : | | | | | | | | | | | |
| Years Weeks Days | | | Years Weeks Days | | | Years Weeks Days | | | Years Weeks Days | | |
| a) Total: 36 22 5 | | b) at the mine: 1 22 5 | | c) at activity (23d) 0 21 5 | | d) with Contractor | | | | | |
| 25. Autopsy Performed: If Yes, Location YES Montrose CO | | | | | | 26. Mine Telephone No.: (970) 325-7241 | | | | | |

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