PR001
08-Jun-11

Preliminary Report of Accident

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

1. Accident Type:	2. Accident Classification	3. Date/Time of Accident	4. Date/Time of Death	5. Fatal Case No
Fatal Injury	Slip or Fall of Person	06/04/2011 07:49 PM	06/04/2011 07:49 PM	6

6. Mine Information :

a) Mining Company Name	b) Mine Name	c) Parent of Mining Company
Fairbanks Gold Mining Inc	Fort Knox Mine	Kinross Gold Corp

7. Mine Location : a) City	b) County	c) State	8. Mine ID Number:	9. Union:
Fairbanks	Fairbanks North Star	AK	50-01616	NO

10. Primary Mineral Mined:	11. Number of Mine Employees: a) Total	b) Underground	c) Open Pit/Quarry	d) Mill/Prep Plant	e) Other
GOLD ORE MINING, N.E.C.	529		317	117	95

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
144		20	1	123

17. Number of Persons in Mine at Time of Accident: a) Mine Employees:	b) Contractor Employees:	18. Number of Persons Unaccounted For: a) Mine Employees:	b) Contractor Employees:
144	123	0	0

19) Location of Accident

- [ ] 01-Underground
- [x] 03-Open Pit
- [ ] 07-Advance Mining
- [ ] 30-Mill/Prep Plant
- [ ] Other (specify)
- [ ] 02-Surface at Underground
- [ ] 06-Dredge Mining
- [ ] 08-Retreat Mining
- [ ] 99-Office Facility

20. Mining Height: Feet Inches

21. Nonfatal Injuries:	22. Fatal Injuries:
0	1

23. Victim Information : a) Name	b) Age
Michael J. Murray	39

c) Regular Job Title:	d) Activity at Time of Accident:	[x] Mine Employee
Mill Operator	Cleaning floor	

24. Experience :	Years	Weeks	Days		Years	Weeks	Days		Years	Weeks	Days		Years	Weeks	Days
a) Total:	1	14	0	b) at the mine:	1	14	0	c) at activity (23d)	0	26	0	d) with Contractor	0	0	0

25. Autopsy Performed:	If Yes, Location	26. Mine Telephone No.:
YES	Fairbanks, AK	(907) 490-2215

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

The victim was sweeping in the crusher building when he fell through an opening in the floor approximately 60 feet to a floor below. The cover for the opening was not in place.

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:
Not listed	

30. District:	32. Field Office:	33. Event Number:
M7000 Western	Anchorage AK	1140880

34. Accident Investigator:	35. MSHA Person Notified:	Date	Time
Bart T. Wrobel	Randy Cardwell	06/04/2011	10:10 P

36. Type of Report:	37. Name of Preparer and Date Prepared:	Date
Amended	Mike Hancher MH	06/07/2011

38. Reason For Amendment:
Item No. 23 (a), (b), 27