PR001 11-Jun-13

Preliminary Report of Accident

U.S. Department of Labor

Mine Safety and Health Administration

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	1									r		
1. Accident Type:	2. Accident Classification						4. Date/1	Date/Time of Death		5. Fatal Case No		
Fatal Injury	Powered H	Powered Haulage			05/17/2013 01:30 AM			05/17/2013 03:40 AM		7		
6. Mine Information :												
a) Mining Company Name		b) Mine Name					c) Parent o	f Mining C	Company			
Chevron Mining Inc		Questa Mine	Questa Mine & Mill			Chevron (Corporation		
7. Mine Location :	a) City	b) (c) State 8. M			8. Mine II	. Mine ID Number: 9. Union:					
Qı	ıesta	Taos	NM			29-01267		YES				
10. Primary Mineral Mined:		11. Number of	a) Total b) Underground	d c) C	pen Pi	t/Quarry	d) M	ill/Prep Plant	e) Other		
MOLYBDENUM ORE M	IINING	Mine Employees:	310	122					46	142		
12. Contractor Name:		- .				13. Ui	nion		14. Contrac	etor ID Number:		
15. Contractor Address:	a) Cit	у	b) County	1	,	c) St	ate	d) Zi	p Code		
16. Number of Contractor E	mplovees:	a) Total b) Underground	6)0	pen Pit/Qu	iarry		d) Mill/Pr	en Plant	e) Other		
To Transper of Contractor 12	mproyees.	u) 10tu.) chac, ground	5,0	pontic			u):\\	· p · min	c) other		
17. Number of Persons in M	ine at Time of Ac	ccident:		18. Number of Persons Unaccounted For:								
a) Mine Employees:	168	b) Contractor Employe	a) Mine	a) Mine Employees: 0				b) Contractor Employees:				
19) Location of Accident X 01-Underground		03-Open Pit	07-Advanc	e Mining	30-N	/Iill/Pre	p Plant	Oth	er (specify)	20. Mining Height Feet Inches		
02-Surface at Undergro	ound	06-Dredge Mining	08-Retreat	Mining	99-0	Office F	acility					
21. Nonfatal Injuries:	0 22.	Fatal Injuries:										
23. Victim Information :		a) Name	·	b) Age								
\D 1 - 1 TH	ISS	ac A. Garcia		22								
c) Regular Job Title: Mucker		a) Activi	ty at Time of Acc		g derailed	l ore c	ar		X N	line Employee		
	Veeks Days	Vogre We	eeks Days	Officording	-		ks Days	 		Years Weeks Days		
_	28	b) at the mine: 0 2	-	t activity (23d)		0 28	•	d) with	Contractor	rears weeks Days		
a) Total: 0 25. Autopsy Performed:	If Yes, Loca			c activity (25ti)	,	0 20		1e Telepho				
YES Albuquerqu	-	tion					20.1411	-) 586-7507			
	·								, 000 . 00.			
27. Description of Accident (recover	y operation	ıs):				
The victim was checking	a derailed ore	car when he was pinr	ed between it a	and another	ore car.							
The information provided in regarding the cause of the ac		sed on preliminary data O	NLY and does no	t represent fin	al determi	nations	regarding	the nature	of the incider	nt or conclusions		
28. Equipment Manufacture					29. N	Iodel:						
ASEA Inc.					25. Hilder.				10-ton ore car			
30. District: M5000 Sou	th Central	32. Field Of	ffice: Albuquerque NM			33. Event Number: 6609622						
34. Accident Investigator:			35. MSHA Pe	•				D.	ate	Time		
William D. Odell				rson Nounea: d M. Burriss	i.			05/17/		01:41 A		
		37. Name of Preparer			•			55/11/	Date			
36. Type of Report:	Amended	57. Italie of Freparer	Mike Hanche	~~ 1					05/17/201			
38. Reason For Amendment	:	-							·			
Amendment No. 1 Ite	ms 3, 4, and 3	35										