PR001 07-Dec-11

Preliminary Report of Accident

U.S. Department of Labor

Mine Safety and Health Administration

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1. Accident Type:	2. Accident Class	sification		3. Date/Time	3. Date/Time of Accident 4. Date/I				ıth	5. Fatal Case	No	
Fatal Injury	Other Accident				10/28/2011 05:45 PM 10/2				06:51 PM	11		
6. Mine Information :												
a) Mining Company Name		b) Mine Nam	e			c)	Parent of	f Mining C	ompany			
Newmont USA Limited	SOUTH AR	SOUTH AREA			Newmont				t Mining Corp			
7. Mine Location :	7. Mine Location : a) City			c) State	c) State 8.			Number:	9. Union:			
Carli	n	Eureka	1	NV			26	-00500		YES_		
10. Primary Mineral Mined:		11. Number of Mine Employees	,	b) Underground	(c) C	pen Pit/	Quarry	d) M	ill/Prep Plant	e) Othe	Г	
GOLD ORE MINING, N.E	.C.	White Employees	" 1119	0			80		349	29		
12. Contractor Name:	.				l	13. Un				tor ID Number:		
Purcell Tire C				11.0	!		NO		LMI			
15. Contractor Address:	a) City			b) County			c) Sta		ŕ	ip Code		
Elko			·-·	Iko				IV		801		
16. Number of Contractor Emp	oloyees:	a) Total	b) Underground	c) O _l	pen Pit/Qu	arry	1	d) Mill/Pre	p Plant	e) Other		
		3	0	7 40 37 1	0				0	3		
17. Number of Persons in Mine				18. Numbe							_	
	50	b) Contractor Emplo	yees: 1	a) Mine	Employees	S:	0	b) Co	ntractor Emp	-		
19) Location of Accident 01-Underground	$\overline{\mathbf{x}}$	03-Open Pit	07-Advar	nce Mining	☐ 30-N	Iill/Prep	Plant	Othe	er (specify)	20. Mining l	-	
02-Surface at Undergroun		06-Dredge Mining	=	at Mining	=	ffice Fac			·· (·F····)	Feet In	iches	
21. Nonfatal Injuries:		tal Injuries:			<u> </u>							
21. Nomaun injunes.	0	1										
23. Victim Information :	I	a) Name		b) Age								
	Joe N	Л. Ashdown		21								
c) Regular Job Title:		d) Acti	vity at Time of Ac				-	-				
Tireman Repair T	ech			Patchin	g Haul T	ruck Ti	e .		χC	ontractor Em	ployee	
24. Experience: Years Wee	-		Weeks Days			rs Week	•			Years Weeks Da	•	
a) Total: 0 37	<u> </u>	at the mine: 0	37 3 c)	at activity (23d)		0 37	3		Contractor	0 37	3	
25. Autopsy Performed:	If Yes, Locatio						26. Min	e Telephoi				
YES Washoe Cou	inty Medical E	xaminer's Office	 -				l	(775)	778-4000			
27. Description of Accident (inc	• •	•		,		•	•	•				
The victim was working in a	shop repairir	ig a haul truck tire.	He was inside	the tire, apply	ing glue,	when h	e was o	/ercome	by the fume	s from the glu	е.	
									i.			
The information provided in th	is notice is based	l on preliminary data	ONLY and does	not represent fin	al determi	nations i	egarding	the nature	of the incider	it or conclusions		
regarding the cause of the acci		· · · · · · · · · · · · · · · · · · ·		·								
28. Equipment Manufacturer:	Bridae	estone			29. M	lodel:		VRI)P			
30. District:		32. Field C	Officer						nt Number:			
M7000 Weste	ern	52. Fleid	Elko N	1V				SS. Ever	1148 1148	600		
34. Accident Investigator:			35, MSHA P	erson Notified:				Da		Time		
Joel Dozier				y Cardwell				10/28/2		06:13 P		
36. Type of Report:		37. Name of Prepar							Date			
• • •	nended	Mike Hancher ~				11/01/2011						
38. Reason For Amendment:											-	