Preliminary Report of Accident



PR001 02/01/2022

| 1. Accident Type F - Fatal Injury | 2. Accident Classification 12 - Powered Haulage | 3. Date/Time of Accident 01/28/2022 9:09 AM | 4. Date/Time of Death 01/28/2022 6:58 PM | 5. Fatal Case No FAI6856065-1 |
|---|--|---|---|---|
| 6. Mine Information a) Mining Company Name: b) Mine Name: c) Parent of Mining Company: | Freeport-McMoRan Morenci In Freeport-McMoRan Morenci In Freeport-McMoRan Inc | | | |
| 7. Mine Location Information a) City MORENCI | b) County Greenlee | c) State AZ | 8. Mine ID Number 02-00024 | 9. Union No |
| 10. Primary Mineral Mined Copper Ore Mining, N.E.C. | | 11. Number of Employees a) Total b) Underg 3680 | round c) Open Pit/Quarry 1710 | d) Mill/Prep Plant e) Other 1230 740 |
| 12. Contractor Name Tri County Materials Inc | | | 13. Contractor Union | 14. Contractor ID Number V302 |
| 15. Contractor Address a) City Safford | b) County | c) State AZ | d) Zip Code 85546 | |
| 16. Number of Contractor Employ a) Total 2 | ees b) Underground | c) Open Pit/Quarry | d) Mill/Prep Plant | e) Other 2 |
| 17. Number of Persons in Mine at a) Mine EmployeesI1460 | Time of Accident b) Contractor Employees 1100 | 18. Number of Persons Unaccoun a) Mine Employees 0 | ted for b) Contractor Employees 0 | |
| 19. Accident Location 03 - Open Pit | | | | 20. Mining Height Feet Inches |
| 21. Nonfatal Injuries 1 | 22. Fatal Injuries | | | · |
| 23. Victims Information | 1 | | | |
| Munroe Caston Jr. | | | | |
| | | Ilar Job Title d) Activity at Time of A Driver K Driver Hauling Concrete | f Accident | Employee Contractor Employee |
| 24. Mining Experience a) Total Experience 3 Years 8 Weeks 0 Days | b) Experience at the Mine 0 Years 20 Weeks 0 Days | c) Experience at the Activity at the 3 Years 8 Weeks 0 Days | | perience with Contractor ears 8 Weeks 0 Days |
| 25. Autopsy Performed No | If Yes, Location | | | |
| 26. Mine Telephone No. (928) 865-4521 | | | | |
| | | location in the mine, and status and reperating overturned and he was ejected | | vas in the truck, suffered serious |
| The information provided in this the cause of the accident. | notice is based on preliminary data | ONLY and does not represent final deter | mination regarding the nature of the in | ncident or conclusions regarding |
| 28. Equipment Manufacturer Mack | | 29. Model CV513 | | |
| 30. District M6000 - Denver District | | 32. Field Office M6861 - Mesa North AZ Field Of | ffice | 33. Event Number 6856065 |
| 34. Accident Investigator First Name Steven | MI Last Name Polgar | | | |
| 35. MSHA Person Notified First Name Peter | | | | |
| | MI Last Name Del Duca | Date/Time Not 01/28/2022 10: | | |
| 36. Type of Report Initial | | | | |