Preliminary Report of Accident

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

PR001 02/13/2023

10 - Handtools	01/23/2023 12:48 PM	01/23/2023 1:52 PM	FAI-6874690-1
Nevada Gold Mines, LLC Meikle Mine Newmont Goldcorp Corporation	n et al	'	
b) County Fureka	c) State	8. Mine ID Number 26-02246	9. Union
			d) Mill/Prep Plant e) Othe
		13. Contractor Union	14. Contractor ID Number
b) County	c) State	d) Zip Code	
es b) Underground	c) Open Pit/Quarry	d) Mill/Prep Plant	e) Other
	18. Number of Persons Unacc a) Mine Employees	counted for b) Contractor Employees	
			20. Mining Height 18 Feet 0 Inches
22. Fatal Injuries			
, , , ,	•		Employee Mine Employee
b) Experience at the Mine 19 Years 47 Weeks 5 Day		•	Experience with Contractor 0 Years 0 Weeks 0 Days
If Yes, Location Washoe County Medical Exam	niner		
)	Meikle Mine Newmont Goldcorp Corporation b) County Eureka b) County es b) Underground Time of Accident Ocontractor Employees 22. Fatal Injuries 1 ast Name b) Age c) Regulation astaneda 49 Utility b) Experience at the Mine 19 Years 47 Weeks 5 Day If Yes, Location	Meikle Mine Newmont Goldcorp Corporation et al b) County Eureka 11. Number of Employees a) Total b) Underground c) Open Pit/Quarry ime of Accident c) Contractor Employees 18. Number of Persons Unacc a) Mine Employees 0 22. Fatal Injuries 1 ast Name b) Age c) Regular Job Title d) Activity at Tin astaneda 49 Utility Management Removing a w b) Experience at the Mine 19 Years 47 Weeks 5 Days c) Experience at the Activity 7 Years 32 Weeks 1 Days	Meikle Mine Newmont Goldcorp Corporation et al b) County

The information provided in this notice is based on preliminary data ONLY and does not represent final determination regarding the nature of the incident or conclusions regarding the cause of the accident.

28. Equipment Manufacturer			29. Model	
30. District			32. Field Office	33. Event Number
M7000 - Vacaville District			M7851 - Elko NV Field Office	6874690
34. Accident Investigator				
First Name	MI	Last Name		
Chad		Hilde		
35. MSHA Person Notified				
First Name	MI	Last Name	Date/Time Notified	
Miles		Frandsen	01/23/2023 2:32 PM	
36. Type of Report	37. Name of F	Preparer		
Initial	Full Name	•	Date Prepared	
William L Whitby		01/24/2023		
38. Reason for Amendment				