## **Preliminary Report of Accident**



## PR001 03/05/2024

1. Accident Type		2. Accident Classification		3. Date/Time of Accident		4. Date/Time of Death		5. Fatal Case No		
F - Fatal Injury 6. Mine Information		17 - Machinery		03/01/2024 9:55 AM		03/01/2024 2:25 PM		FAI-6972786-1		
a) b)	Mining Company Name: Mine Name: Parent of Mining Company:	White Springs Ag Swift Creek Mine Nutrien LTD	Chems Inc	dba Nutrien						
a)			State 08-00798		iber 9. Unic Yes					
	. <b>Primary Mineral Mined</b> Phosphate Rock Mining		11. Number of Employees a) Total b) Undergrour 215		d c) Open Pit/Quarry 105		d) Mill/Prep Plant 110	e) Other		
12. Contractor Name					13. Contractor Union		14. Contractor ID Nu	mber		
	Contractor Address ) City	b) County		c) State		d) Zip Code				
	16. Number of Contractor Employees a) Total b) Underground			c) Open I	Pit/Quarry	d) Mill/Prep Plant			e) Other	
17. Number of Persons in Mine at Time of Accident a) Mine Employees 7018. Number of Persons Unaccounted for a) Mine Employees 018. Number of Persons Unaccounted for a) Mine Employees 0										
	Accident Location 3 - Open Pit			1				20. Mining Height Feet Inches		
<b>21. N</b> 0	Nonfatal Injuries	22. Fatal Injuries								
23. Victims Information										
	Johnny L Daniels									
		) MI a) Last Name L Daniels	ł		<b>gular Job Title</b> ck driver lead	d) Activity at Time of Acc removing slurry pipe	cident	Employee Mine Employee		
	24. Mining Experience a) Total Experience 18 Years 8 Weeks 3 Days	) Experience at the Activity at the Time of the Accident d) Exper				erience with Contractor ears 0 Weeks 0 Days	r			
	25. Autopsy Performed If Yes, Location Yes unknown									
26. Mine Telephone No. (386) 397-8798										
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) Miners were removing bolts to uncouple two joints of steel pipe when a joint of pipe broke free and struck one of the miners.										
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 thecause of the accident.										
28. E	Equipment Manufacturer			29. Model						
	District //3000 - Birmingham District			32. Field Office M3611 - Bart	ow FL Field Office			33. Event Number 6972786		
F	Accident Investigator iirst Name Scottie		st Name emore							
F	ISHA Person Notified First Name Scottie		st Name emore		Date/Time Not 03/01/2024 10:					
	Type of Report 37. Name of Preparer   Initial Full Name   Scottie W Sizemore			<b>Date F</b> 03/01/2	Prepared 2024					
38. F	38. Reason for Amendment									