## **Preliminary Report of Accident**

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



## PR001 11/18/2025

1. Accident Type F - Fatal Injury		2. Accident Classification 12 - Powered Haulage	3. Date/Time of 09/29/2025 3		4. Date/Time of Death 09/29/2025 03:28 PM		5. Fatal Case No FAI-F011FBD-1		
6. Mine Information a) Mining Company Name: b) Mine Name: C) Parent of Mining Company:  Nevada Gold Mines LLC Goldrush Barrick Nevada Holding LLC et al									
	ine Location Information City Crescent Valley	<b>b) County</b> Eureka	c) State NV	8. Mine ID Num 26-02822	ber	9. Unio No	on		
	Primary Mineral Mined iold Ore Mining, N.E.C.		11. Number of a) Total 355	Employees b) Underground 355	d c) Open Pit/Quarr	у	d) Mill/Prep Plant	e) Other	
12. C	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 Pit/Quarry d) Mill/Prep Plant e) C								e) Other	
17. Number of Persons in Mine at Time of Accident a) Mine Employees 90  18. Number of Persons Unaccounted for a) Mine Employees b) Contractor Employees 0									
	Accident Location 11 - Underground						20. Mining Height 20 Feet 0 Inches		
21. Nonfatal Injuries 0 22. Fatal Injuries									
23. Victims Information									
	Jeremy H Smokey								
		) MI a) Last Name H Smokey	37 Lo	egular Job Title pad-Haul-Dump perator	d) Activity at Time of Acc Preparing stope for bac		Employee Mine Employee		
	24. Mining Experience a) Total Experience 8 Years 25 Weeks 0 Days	a) Total Experience b) Experience at the Mine c) Experience at the Activity at the Time of the Accident d) Experience with Contractor 7 Years 5 Weeks 0 Days 0 Years 0 Weeks 0							
	25. Autopsy Performed Yes								
26. Mine Telephone No. (775) 468-4401									
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) A miner died after he drove the Load Haul Dump loader he was operating into an open stope.									
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.									
	Equipment Manufacturer Not listed Sandvik		<b>29. Model</b> LH621						
	District //7000 - Vacaville District		32. Field Office M7851 - Elk	o NV Field Office			33. Event Number F011FBD		
F	Accident Investigator First Name Jason	MI Last N Jeno	ame						
F	MSHA Person Notified First Name Vasser	MI Last N Akbarz		<b>Date/Time Not</b> 09/29/2025 4:4					
	Type of Report nitial		<b>Date Prepared</b> 10/02/2025						
38. Reason for Amendment									