

Preliminary Report of Accident

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



PR001 07/09/2026

1. Accident Type F - Fatal Injury	2. Accident Classification 12 - Powered Haulage	3. Date/Time of Accident 07/06/2026 9:39 AM	4. Date/Time of Death 07/06/2026 09:52 AM	5. Fatal Case No FAI-6949073-1																																	
6. Mine Information a) Mining Company Name: Freeport-McMoRan Morenci Inc. b) Mine Name: Freeport-McMoRan Morenci Inc. c) Parent of Mining Company: Freeport-McMoRan Inc																																					
7. Mine Location Information		8. Mine ID Number	9. Union																																		
a) City Morenci	b) County Greenlee	c) State AZ	02-00024	No																																	
10. Primary Mineral Mined Copper Ore Mining, N.E.C.		11. Number of Employees a) Total 3931 b) Underground c) Open Pit/Quarry 656 d) Mill/Prep Plant 657 e) Other 2618																																			
12. Contractor Name			13. Contractor Union	14. Contractor ID Number																																	
15. Contractor Address																																					
a) 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) Other																																	
17. Number of Persons in Mine at Time of Accident		18. Number of Persons Unaccounted for																																			
a) Mine Employees 1965	b) Contractor Employees	a) Mine Employees 0	b) Contractor Employees																																		
19. Accident Location 03 - Open Pit				20. Mining Height 50 Feet Inches																																	
21. Nonfatal Injuries	22. Fatal Injuries 1																																				
23. Victims Information																																					
<table border="1"> <thead> <tr> <th colspan="5">Charles McCargish</th> </tr> <tr> <th>a) First Name</th> <th>a) MI</th> <th>a) Last Name</th> <th>b) Age</th> <th>c) Regular Job Title</th> <th>d) Activity at Time of Accident</th> <th>Employee</th> </tr> </thead> <tbody> <tr> <td>Charles</td> <td></td> <td>McCargish</td> <td>69</td> <td>Truck driver I</td> <td>driving truck</td> <td>Mine Employee</td> </tr> <tr> <td colspan="7"> 24. Mining Experience a) Total Experience 19 Years 16 Weeks 0 Days b) Experience at the Mine 19 Years 16 Weeks 0 Days c) Experience at the Activity at the Time of the Accident 19 Years 16 Weeks 0 Days d) Experience with Contractor 0 Years 0 Weeks 0 </td> </tr> <tr> <td colspan="2">25. Autopsy Performed No</td> <td colspan="5">If Yes, Location</td> </tr> </tbody> </table>					Charles McCargish					a) First Name	a) MI	a) Last Name	b) Age	c) Regular Job Title	d) Activity at Time of Accident	Employee	Charles		McCargish	69	Truck driver I	driving truck	Mine Employee	24. Mining Experience a) Total Experience 19 Years 16 Weeks 0 Days b) Experience at the Mine 19 Years 16 Weeks 0 Days c) Experience at the Activity at the Time of the Accident 19 Years 16 Weeks 0 Days d) Experience with Contractor 0 Years 0 Weeks 0							25. Autopsy Performed No		If Yes, Location				
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26. Mine Telephone No. (928) 865-4521																																					
27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations) A haul truck operator died when the truck he was operating collided with another haul truck. <i>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.</i>																																					
28. Equipment Manufacturer Caterpillar		29. Model 793 D End Dump Truck																																			
30. District C0900 - Lakewood District		32. Field Office C0909 - Mesa North AZ Field Office		33. Event Number 6949073																																	
34. Accident Investigator																																					
First Name Dean	MI A	Last Name Sanchez																																			
35. MSHA Person Notified																																					
First Name Wayne	MI	Last Name Johnson	Date/Time Notified 07/06/2026 11:18 AM																																		
36. Type of Report Initial	37. Name of Preparer Full Name Brandon W Haver		Date Prepared 07/06/2026																																		
38. Reason for Amendment																																					