

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Slip or Fall of Person		3. Date/Time of Accident 09/15/2016 09:45 AM		4. Date/Time of Death		5. Fatal Case No 14				
6. Mine Information :												
a) Mining Company Name Premier Magnesia LLC			b) Mine Name Premier Magnesia LLC			c) Parent of Mining Company John Gehret						
7. Mine Location :		a) City Gabbs		b) County Nye		c) State NV		8. Mine ID Number: 26-00002		9. Union: YES		
10. Primary Mineral Mined: MAGNESITE MINING			11. Number of Mine Employees:		a) Total 110	b) Underground 0	c) Open Pit/Quarry 12		d) Mill/Prep Plant 83	e) Other 15		
12. Contractor Name:						13. 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: 83			b) Contractor Employees:			a) Mine Employees: 0		b) Contractor Employees: 0				
19) Location of Accident									20. Mining Height:			
<input type="checkbox"/> 01-Underground	<input checked="" type="checkbox"/> 03-Open Pit	<input type="checkbox"/> 07-Advance Mining	<input type="checkbox"/> 30-Mill/Prep Plant	<input type="checkbox"/> Other (specify)	Feet	Inches						
<input type="checkbox"/> 02-Surface at Underground	<input type="checkbox"/> 06-Dredge Mining	<input type="checkbox"/> 08-Retreat Mining	<input type="checkbox"/> 99-Office Facility									
21. Nonfatal Injuries: 1		22. Fatal Injuries:										
23. Victim Information :												
a) Name Gregory R. Duff					b) Age 60							
c) Regular Job Title: Mechanic				d) Activity at Time of Accident: Maintenance of front end loader				<input checked="" type="checkbox"/> Mine Employee				
24. Experience :	Years Weeks Days			Years Weeks Days			Years Weeks Days			Years Weeks Days		
a) Total:	20	0	0	b) at the mine:	7	14	0	c) at activity (23d)	14	0	d) with Contractor	
25. Autopsy Performed: NO						26. Mine Telephone No.: (775) 285-2601						

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):
 On September 15, 2016, a mobile maintenance mechanic was working on a Kawasaki 135 Z Front End Loader. The miner had completed his assigned tasks and was dismounting the machine when he fell. He impacted the ground with his head, neck and shoulders and was unconscious for between 4 and 10 minutes. The victim was transported to a local hospital and after being placed on life support systems, he passed away on September 26, 2016.

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

28. Equipment Manufacturer: Kawasaki				29. Model: 135 Z					
30. District: M7000 Western		32. Field Office: Henderson NV				33. Event Number: 6726033			
34. Accident Investigator: Terri S. Judkins				35. MSHA Person Notified: James Fitch		Date 09/15/2016		Time 10:56 AM	
36. Type of Report: Initial		37. Name of Preparer and Date Prepared: Terri S. Judkins				Date 09/20/2016			
38. Reason For Amendment:									