

# Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Powered Haulage		3. Date/Time of Accident 10/31/2017 02:05 PM		4. Date/Time of Death 10/31/2017 2:05 PM		5. Fatal Case No 11						
6. Mine Information :														
a) Mining Company Name Marigold Mining Co			b) Mine Name MARIGOLD MINE			c) Parent of Mining Company SSR Mining Incorporated								
7. Mine Location :		a) City VALMY		b) County Humboldt		c) State NV		8. Mine ID Number: 26-02081		9. Union: NO				
10. Primary Mineral Mined:			11. Number of Mine Employees:		a) Total 380		b) Underground 0		c) Open Pit/Quarry 308		d) Mill/Prep Plant 35		e) Other 37	
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 59		b) Underground 0		c) Open Pit/Quarry 14		d) Mill/Prep Plant 32		e) Other 13				
17. Number of Persons in Mine at Time of Accident:						18. Number of Persons Unaccounted For:								
a) Mine Employees: 171			b) Contractor Employees: 59			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				50		0		
21. Nonfatal Injuries: 1			22. Fatal Injuries: 2											
23. Victim Information :														
a) Name OMAR BERNAL				b) Age 39										
c) Regular Job Title: HAUL TRUCK OPERATOR 1				d) Activity at Time of Accident: RIDING IN PASSENGER VAN				<input checked="" type="checkbox"/> Mine Employee						
24. Experience :		Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days						
a) Total:		0 16 0		b) at the mine: 0 16 0		c) at activity (23d) 0 16 0		d) with Contractor						
25. Autopsy Performed: If Yes, Location YES HUMBOLTT COUNTY MEDICAL EXAMINER								26. Mine Telephone No.: (775) 635-2317						

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):  
A passenger van carrying nine miners was run over by a 340 ton haul truck. The driver of the van and another miner in the front passenger seat were fatally injured.

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: Euclid (Euc)				29. Model: EH5000ACII					
30. District: M7000 Western		32. Field Office: Elko NV				33. Event Number: 6822106			
34. Accident Investigator: JAMES R. FITCH Jr				35. MSHA Person Notified: JOSHUA LOVE		Date 10/31/2017		Time 02:51 PM	
36. Type of Report: Initial		37. Name of Preparer and Date Prepared: JAMES R FITCH Jr				Date 11/01/2017			
38. Reason For Amendment:									

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<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: 2								
23. Victim Information :										
a) Name Pete Kuhn					b) Age 60					
c) Regular Job Title: Safety Superintendent				d) Activity at Time of Accident: Driving passenger van				<input checked="" type="checkbox"/> Mine Employee		
24. Experience :										
Years Weeks Days			Years Weeks Days			Years Weeks Days			Years Weeks Days	
a) Total:	25 20 0		b) at the mine:	1 8 0		c) at activity (23d)	25 20 0		d) with Contractor	
25. Autopsy Performed: If Yes, Location YES Washoe County Medical Examiner						26. Mine Telephone No.: (775) 635-2317				

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