PR001 10-Apr-17

Preliminary Report of Accident

U.S. Department of Labor

Mine Safety and Health Administration

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. Accident Type: 2. Accident Classification					3. Date/Time of	3. Date/Time of Accident 4. Date/T		ath	5. Fatal Case No
Fatal Injury Powered Haulag			аде			03/24/2017 08:30 PM		03/27/2017 09:06 AM	
6. Mine Information :					•		•		•
a) Mining Company Name	b) N	b) Mine Name				c) Parent of Mining Company			
Black Rock Services	Во	Bonito Pit						Dale Armstrong	
7. Mine Location :		b) County			c) State 8. Mine II		D Number: 9. Union:		
Los		Valencia			NM 29			NO	
10. Primary Mineral Mined:		nber of Mine	a) Total	b) Underground	c) Open Pit/	Quarry d) M	ill/Prep Plant	e) Other	
CONSTRUCTION SAND	& GRAVEL	- M En	iployees:	7			7		
12. Contractor Name:						13. Un	ion	14. Contrac	etor ID Number:
15. Contractor Address:	a) Ci	ity			b) County	I	c) State	d) Zi	p Code
16. Number of Contractor Em	ployees:	a) Total	b)	Underground	c) Ope	en Pit/Quarry	d) Mill/Pr	ep Plant	e) Other
17. Number of Persons in Min	e at Time of A	ccident:			18. Number	of Persons Unacc	ounted For:		
a) Mine Employees:	1	b) Contrac	tor Employee	es:	a) Mine E	mployees:	0 b) C	ontractor Emp	
19) Location of Accident						20.1411170	n	(.0.)	20. Mining Height:
01-Underground	<u> </u>				ice Mining	30-Mill/Prep	 -	er (specify)	Feet Inches
02-Surface at Undergrou		06-Dredge	Ü	08-Retrea	at Mining	99-Office Fa	cility		
21. Nonfatal Injuries:	22	. Fatal Injuries	: 1						
23. Victim Information :	Ste	a) Name eve Justice			b) Age 53				
c) Regular Job Title:			d) Activity	y at Time of Ac				X M	line Employee
Crusher Operato	r				Turning of	f Diesel Gene	rator		
•				. 5					
24. Experience : Years We	eeks Days		Years Wee	eks Days	. 3 .	Years Week			Years Weeks Days
24. Experience : Years We a) Total: 2 2	•	b) at the mine		•	at activity (23d)		s Days 5 d) with	Contractor	Years Weeks Days
•	•	,		•		Years Week	5 d) with 26. Mine Telepho	Contractor ne No.:	Years Weeks Days
a) Total: 2 2	6 0	,		•		Years Week	5 d) with 26. Mine Telepho	Contractor	Years Weeks Days
a) Total: 2 2 25. Autopsy Performed: 27. Description of Accident (in	6 0 If Yes, Loca	ent involved, th	e: 1 6	ion in the mine	at activity (23d)	Years Week 1 6 cue and recovery	5 d) with 26. Mine Telepho (505)	Contractor ne No.:) 313-2404	· .
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