## Preliminary Report of Accident PR001 10/04/2019

2. Accident Classification

1. Accident Type

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

4. Date/Time of Death



5. Fatal Case No

F - Fatal Injury	13 - Hoisting		06/15/2018 9:22 AM	l	06/27	/2019 6:02 AM		17	
Mine Information     a) Mining Company Name:     b) Mine Name:     c) Parent of Mining Company:	Freeport-McMoRa Chino Mines Co M Freeport-McMoRa	ine	Company						
7. Mine Location Information a) City Vanadium	<b>b) County</b> Grant		c) State NM		8. Mine 29-00	I <b>D Number</b> 708	9.	<b>Union</b> No	
10. Primary Mineral Mined			11. Number of Employ a) Total 1040	rees b) Underground c) Open Pit/Quarry 520		y d)	d) Mill/Prep Plant e) Other 220 300		
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 Employ a) Total	c) Open Pit/Quarry		d) Mill/Prep Plant			e) Other			
17. Number of Persons in Mine at a) Mine Employees 450	Time of Accident  O) Contractor Employ	ees	18. Number of Person a) Mine Employee			ctor Employees			
19. Accident Location 03 - Open Pit					20	20. Mining Height Feet Inches			
21. Nonfatal Injuries	22. Fatal Injuries								
23. Victims Information	1								
Sam Galaz									
a) First Name a) MI a Sam			•	Activity at 1 Maintenance				Employee Mine Employe	ee
24. Mining Experience a) Total Experience 27 Years 0 Weeks 0 Days	b) Experience at 27 Years 0 We		c) Experience at the A 27 Years 0 Weeks 0	-	e Time of	the Accident o		ence with Contracts of 0 Weeks 0 Days	ctor
25. Autopsy Performed Yes	If Yes, Location								
<b>26. Mine Telephone No.</b> (928) 965-0772									
27. Description of Accident (inclu EE was using man basket to ex helicopter to hospital - his condi The information provided in this	it from the shovel. Whition remains critical.	le descending	an arm on the man bask	et broke and	I the EE fe	ll approximately 10-20		· ·	•
the cause of the accident.			I						
28. Equipment Manufacturer			29. Model 4100 Shovel						
30. District M5000 - South Central District -	Dallas		32. Field Office M5641 - Albuquero	que NM Field	l Office		33	3. Event Number 6801077	
34. Accident Investigator First Name Lee	<b>MI</b> B	Last Name Cruise							
35. MSHA Person Notified First Name	МІ	Last Name		ate/Time No 6/15/2018 9:					
36. Type of Report Amended	37. Name of Prepar Full Name Elwood Burriss	er	<b>Date Prepared</b> 06/18/2018						
38. Reason for Amendment Miner died of his injuries									

3. Date/Time of Accident