

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Fall of Roof or Back		3. Date/Time of Accident 10/25/2018 05:50 PM		4. Date/Time of Death 10/25/2018 05:50 PM		5. Fatal Case No 14						
6. Mine Information :														
a) Mining Company Name Small Mine Development LLC			b) Mine Name Lee Smith Mine			c) Parent of Mining Company Keith Jones								
7. Mine Location :		a) City Elko		b) County Elko		c) State NV		8. Mine ID Number: 26-02397		9. Union: NO				
10. Primary Mineral Mined: GOLD ORE MINING, N.E.C.			11. Number of Mine Employees:		a) Total 83	b) Underground 75	c) Open Pit/Quarry 0	d) Mill/Prep Plant 0	e) Other 8					
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: 26		b) Contractor Employees:			a) Mine Employees: 0		b) Contractor Employees:							
19) Location of Accident									20. Mining Height:					
<input checked="" type="checkbox"/> 01-Underground	<input 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				18 0					
21. Nonfatal Injuries: 0		22. Fatal Injuries: 1												
23. Victim Information :														
a) Name Jason M. Holman			b) Age 42											
c) Regular Job Title: Powderman		d) Activity at Time of Accident: Powderman			<input checked="" type="checkbox"/> Mine Employee									
24. Experience :		Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days						
a) Total:		13	0	0	b) at the mine:	0	28	0	c) at activity (23d)	0	28	0	d) with Contractor	
25. Autopsy Performed: If Yes, Location						26. Mine Telephone No.: (775) 738-5600								

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):

A miner died when the back/roof fell while loading explosives in the face. The back, which was comprised of cemented backfill, weighed approximately 150 tons. A portion of this cemented backfill, weighing approximately 5 tons, landed on top of the miner.

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:				29. Model:			
30. District: M7000 Western		32. Field Office: Elko NV				33. Event Number: 6822256	
34. Accident Investigator: Stephen Rogers			35. MSHA Person Notified: Robert Wood			Date 10/25/2018	Time 05:36 PM
36. Type of Report: Initial		37. Name of Preparer and Date Prepared: Patrick L. Barney				Date 10/26/2018	
38. Reason For Amendment:							