PR001 29-Oct-18

Preliminary Report of Accident

U.S. Department of Labor

Mine Safety and Health Administration

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Fall Play Play Fall Play	1. Accident Type:	2. Accident Classification			3. Date/Time of Accident 4. Date/T		4. Date/Time of	Death	5. Fatal Case No		
Mailing Company Name Company Name Company Name Company Name Company Name Name	Fatal Injury Fall of Roof or Back			10/25/201	18 05:50 PM	10/25/201	3 05:50 PM	14			
Small Mine Development LLC	6. Mine Information :					•					
7. Number 1. Number 2. N	a) Mining Company Name b) Mine Name					c) Parent of Mining Company					
File	Small Mine Development LLC			Lee Smith Mine		Keith Jon			ies		
10.	7. Mine Location : a) City		ty	b) County		c) State	c) State 8. Mino		er:	9. Union:	
Contractor Name	Elko			Elko		NV		26-0239	7	NO	
12. Contractor Name: 13. Union	·		11.		a) Total	b) Underground	c) Open Pit	/Quarry d	Mill/Prep Plant	e) Other	
15. Contractor Address: a) City b) County c) State d) Zip Code		.E.C.		Employees.	83	75			_		
16. Number of Contractor Employees: a) Total b) Underground c) Open Pii/Quarry d) NiiiI/Prep Plant e) Other 17. Number of Persons in Mine at Time of Accident: 28. Number of Persons Unaccurred For: 29. Mine Employees: 0 b) Contractor Employees: 20 b) Contractor Employees: 20 a) Mine Employees: 0 b) Contractor Employees: 20 c) Surface at Underground	12. Contractor Name:						13. Ur	ion	14. Contra	ctor ID Number:	
18. Number of Persons in Mine at Time of Accident: a) Mine Employees: 26 b) Contractor Employees: a) Mine Employees: 0 b) Contractor Employees: 20 Mining Height: 20 Mining Heig	15. Contractor Address:	a)	City			b) County		c) State	d) Z	ip Code	
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3 Nine Employees 26	16. Number of Contractor E	mployees:	a) Tota	al b)	Underground	c) Ope	en Pit/Quarry	d) Mill	Prep Plant	e) Other	
19) Location of Accident	17. Number of Persons in M	ine at Time o	f Accident:			18. Number	of Persons Unac	counted For:			
Q3-Open Pit	a) Mine Employees:	26	b) Con	tractor Employe	es:	a) Mine E	Employees:	0 ь	Contractor Em	ployees:	
02-Surface at Underground										20. Mining Height:	
22. Fatal Injuries:	_		03-Ope	n Pit	07-Advan	ice Mining		-	ther (specify)	Feet Inches	
23. Victim Information 3 Name Jason M. Holman 42	02-Surface at Undergr	ound	06-Dred	lge Mining	08-Retrea	nt Mining	99-Office Fa	cility		18 0	
c) Regular Job Title:	21. Nonfatal Injuries:	0	22. Fatal Inju								
c) Regular Job Title: Powderman Vears Weeks Days Powderman 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, weighing approximately 5 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 6822256 33. Ascident Investigator: Stephen Rogers 37. Name of Preparer and Date Prepared: Potick L. Barney 37. Name of Preparer and Date Prepared: Patrick L. Barney 10/26/2018	23. Victim Information :					b) Age					
Powderman Powd		,	Jason M. H								
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 17 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 832. Field Office: Elko NV 832. Field Office: Robert Wood 36. Type of Report: 10/26/2018	, 0			d) Activit	y at Time of Aco		an		X N	Iine Employee	
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