

# Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Hoisting		3. Date/Time of Accident 01/11/2015 12:16 PM		4. Date/Time of Death 01/11/2015 12:49 PM		5. Fatal Case No 2			
6. Mine Information :											
a) Mining Company Name Newmont USA Limited			b) Mine Name Leeville			c) Parent of Mining Company Newmont Mining Corp					
7. Mine Location :		a) City Carlin		b) County Eureka		c) State NV		8. Mine ID Number: 26-02512		9. Union: NO	
10. Primary Mineral Mined: GOLD ORE MINING, N.E.C.			11. Number of Mine Employees:		a) Total 482	b) Underground 410	c) Open Pit/Quarry 0	d) Mill/Prep Plant 0	e) Other 72		
12. Contractor Name: Cementation USA Inc.						13. Union NO		14. Contractor ID Number: M445			
15. Contractor Address:		a) City Sandy		b) County Salt Lake		c) State UT		d) Zip Code 84070			
16. Number of Contractor Employees:		a) Total 80		b) Underground 30		c) Open Pit/Quarry 0		d) Mill/Prep Plant 0		e) Other 50	
17. Number of Persons in Mine at Time of Accident:						18. Number of Persons Unaccounted For:					
a) Mine Employees: 114		b) Contractor Employees: 18		a) Mine Employees: 0		b) Contractor Employees: 0					
19) Location of Accident									20. Mining Height:		
<input checked="" type="checkbox"/> 01-Underground	<input type="checkbox"/> 02-Surface at Underground	<input type="checkbox"/> 03-Open Pit	<input type="checkbox"/> 04-Dredge Mining	<input type="checkbox"/> 05-Advance Mining	<input type="checkbox"/> 06-Retreat Mining	<input type="checkbox"/> 07-Mill/Prep Plant	<input type="checkbox"/> 08-Office Facility	<input type="checkbox"/> Other (specify)	Feet Inches		
21. Nonfatal Injuries: 0		22. Fatal Injuries: 1									
23. Victim Information :											
a) Name Brian L. Holmes				b) Age 53							
c) Regular Job Title: Shaft Miner				d) Activity at Time of Accident: Riding skip							
24. Experience :											
Years Weeks Days			Years Weeks Days			Years Weeks Days			Years Weeks Days		
a) Total: 35 0 0		b) at the mine: 0 12 3		c) at activity (23d) 2 9 0		d) with Contractor 3 0 0					
25. Autopsy Performed: If Yes, Location YES Eureka County						26. Mine Telephone No.: (775) 778-4900					

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):  
The victim was on a work platform on top of a skip traveling up the ventilation shaft when he struck a cross member in the shaft.

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: Betram Nordberg			29. Model: #13818		
30. District: M7000 Western		32. Field Office: Elko NV		33. Event Number: 6597665	
34. Accident Investigator: Jose J. Figueroa			35. MSHA Person Notified: Mavin Lapin		Date 01/11/2015
36. Type of Report: Initial			37. Name of Preparer and Date Prepared Mike Hancher <i>MH</i>		Date 01/12/2015
38. Reason For Amendment:					