

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Powered Haulage		3. Date/Time of Accident 05/01/2014 04:48 PM		4. Date/Time of Death 05/01/2014 05:15 PM		5. Fatal Case No 11				
6. Mine Information :												
a) Mining Company Name Silver State Minerals LLC			b) Mine Name Gypsum Mountain			c) Parent of Mining Company Paul R. Gianoli; Mitch Hill						
7. Mine Location :		a) City Lovelock		b) County Pershing		c) State NV		8. Mine ID Number: 26-02758		9. Union: NO		
10. Primary Mineral Mined: GYPSUM MINING			11. Number of Mine Employees:		a) Total 3	b) Underground 0	c) Open Pit/Quarry 3	d) Mill/Prep Plant 0	e) Other 0			
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 1		b) Underground 0		c) Open Pit/Quarry 1		d) Mill/Prep Plant 0		e) Other 0				
17. Number of Persons in Mine at Time of Accident:						18. Number of Persons Unaccounted For:						
a) Mine Employees: 1		b) Contractor Employees: 1		a) Mine Employees: 0		b) Contractor Employees: 0						
19) Location of Accident									20. Mining Height:			
<input type="checkbox"/> 01-Underground	<input checked="" 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									
21. Nonfatal Injuries: 0		22. Fatal Injuries: 1										
23. Victim Information :												
a) Name William M. Hill					b) Age 57							
c) Regular Job Title: President/co-owner				d) Activity at Time of Accident: Operating all terrain vehicle						<input checked="" type="checkbox"/> Mine Employee		
24. Experience :												
Years Weeks Days			Years Weeks Days			Years Weeks Days			Years Weeks Days			
a) Total:	1	0	0	b) at the mine:	1	0	0	c) at activity (23d)	1	0	0	d) with Contractor
25. Autopsy Performed: If Yes, Location YES Washoe County Medical Examiner, Reno, NV								26. Mine Telephone No.: (775) 846-1784				

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

The victim was driving a four wheel, all-terrain vehicle around the mine site. He was placing signs along the perimeter of the mine. While climbing a steep hill, the victim lost control of the vehicle and it overturned onto him.

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: Polaris				29. Model: Sportsman 500					
30. District: M7000 Western			32. Field Office: Elko NV			33. Event Number: 6597618			
34. Accident Investigator: Garrett S. Frey				35. MSHA Person Notified: Gary Hebel		Date 05/01/2014		Time 05:51 P	
36. Type of Report: Initial			37. Name of Preparer and Date Prepared Mike Hancher <i>MH</i>				Date 05/02/2014		
38. Reason For Amendment:									