

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Fall of Roof or Back		3. Date/Time of Accident 04/15/2011 05:35 PM		4. Date/Time of Death 04/15/2011 05:35 PM		5. Fatal Case No 4			
6. Mine Information :											
a) Mining Company Name Hecla Limited			b) Mine Name Lucky Friday			c) Parent of Mining Company Hecla Mining Company					
7. Mine Location :		a) City Mullan		b) County Shoshone		c) State ID		8. Mine ID Number: 10-00088		9. Union: YES	
10. Primary Mineral Mined: Silver Ore		11. Number of Mine Employees:		a) Total 270	b) Underground 180	c) Open Pit/Quarry 0		d) Mill/Prep Plant 41	e) Other 49		
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: 27		b) Contractor Employees: 0			a) Mine Employees: 0		b) Contractor Employees: 0				
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						
21. Nonfatal Injuries: 0		22. Fatal Injuries: 1									
23. Victim Information :											
a) Name Lawrence L. Marek				b) Age 53							
c) Regular Job Title: Miner				d) Activity at Time of Accident: Wetting down muckpile				<input checked="" type="checkbox"/> Mine Employee			
24. Experience :											
Years Weeks Days			Years Weeks Days			Years Weeks Days			Years Weeks Days		
a) Total: 26 36 4		b) at the mine: 8 37 1		c) at activity (23d) 8 37 1		d) with Contractor					
25. Autopsy Performed: If Yes, Location NO						26. Mine Telephone No.: (208) 744-1751					

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

The victim was in the 6150-15 west stope, wetting the muck pile when a section of the back fell in.

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: Kent WA		33. Event Number: 1155254				
34. Accident Investigator: Roderick B. Breland			35. MSHA Person Notified: Rodney Gust			Date 04/15/2011		Time 06:06 A
36. Type of Report: Initial		37. Name of Preparer and Date Prepared: Mike Hancher <i>MH</i>			Date 04/24/2011			
38. Reason For Amendment:								