

# Preliminary Report of Accident

U.S. Department of Labor  
Mine Safety and Health Administration



PR001 10/01/2021

<b>1. Accident Type</b> F - Fatal Injury		<b>2. Accident Classification</b> 05 - Falling, Rolling or Sliding Rock /Material		<b>3. Date/Time of Accident</b> 09/14/2021 1:00 PM		<b>4. Date/Time of Death</b> 09/14/2021 3:00 PM		<b>5. Fatal Case No</b> FAI-6852719-1			
<b>6. Mine Information</b>											
a) Mining Company Name:		Higher ground resources									
b) Mine Name:		Butte Gulch									
c) Parent of Mining Company:		Randy L. Rice									
<b>7. Mine Location Information</b>						<b>8. Mine ID Number</b>		<b>9. Union</b>			
a) City		b) County		c) State		10-02336		No			
Coeur D Alene		Shoshone		ID							
<b>10. Primary Mineral Mined</b>				<b>11. Number of Employees</b>							
Miscellaneous Metal Ore Mining, N.E.C.				a) Total		b) Underground		c) Open Pit/Quarry		d) Mill/Prep Plant	e) Other
				3				3			
<b>12. Contractor Name</b>						<b>13. Contractor Union</b>		<b>14. Contractor ID Number</b>			
<b>15. Contractor Address</b>											
a) City		b) County			c) State			d) Zip Code			
<b>16. Number of Contractor Employees</b>											
a) Total		b) Underground			c) Open Pit/Quarry			d) Mill/Prep Plant		e) Other	
<b>17. Number of Persons in Mine at Time of Accident</b>											
a) Mine Employees		b) Contractor Employees			<b>18. Number of Persons Unaccounted for</b>						
3					a) Mine Employees		b) Contractor Employees				
<b>19. Accident Location</b>											
03 - Open Pit								<b>20. Mining Height</b>			
								20 Feet 0 Inches			
<b>21. Nonfatal Injuries</b>		<b>22. Fatal Injuries</b>									
		1									
<b>23. Victims Information</b>											
Richard Schwenter											
a) First Name		a) MI	a) Last Name		b) Age	c) Regular Job Title		d) Activity at Time of Accident		Employee	
Richard			Schwenter		70	None		Metal Detecting			
<b>24. Mining Experience</b>											
a) Total Experience		b) Experience at the Mine			c) Experience at the Activity at the Time of the Accident			d) Experience with Contractor			
0 Years 0 Weeks 0 Days		0 Years 0 Weeks 0 Days			0 Years 0 Weeks 0 Days			0 Years 0 Weeks 0 Days			
<b>25. Autopsy Performed</b>		If Yes, Location									
No											
<b>26. Mine Telephone No.</b>											
<b>27. Description of Accident (include equipment involved, the exact location in the mine, and status and recovery operations)</b>											
A person entered a trench to search for gold when the walls of the trench collapsed on him											
<i>The information provided in this notice is based on preliminary data ONLY and does not represent final determination regarding the nature of the incident or conclusions regarding the cause of the accident.</i>											
<b>28. Equipment Manufacturer</b>					<b>29. Model</b>						
<b>30. District</b>					<b>32. Field Office</b>			<b>33. Event Number</b>			
M6000 - Denver District					M6821 - Helena MT Field Office			6852719			
<b>34. Accident Investigator</b>											
First Name		MI	Last Name								
Michael		L.	Treloar								
<b>35. MSHA Person Notified</b>											
First Name		MI	Last Name			Date/Time Notified					
Curtis			Petty			09/14/2021 5:00 PM					
<b>36. Type of Report</b>		<b>37. Name of Preparer</b>									
Initial		Full Name			Date Prepared						
		Lee A. Hughes			09/20/2021						
<b>38. Reason for Amendment</b>											