

RECEIVED  
 JUL 16 2009  
 PIERCE COUNTY  
 ROAD OPERATIONS

**PIERCE COUNTY REPORT OF INCIDENT OR UNSAFE CONDITION**  
 (Do NOT use to report County-owned VEHICLE damage OR County EMPLOYEE INJURIES)

Department Road Operations Your Department's Risk Management BARS Code: 150.100.6200.54290 46.0030

Employee Name Don Couture  
 Division, Section, Etc. Pub Works  
 Work Address 4819 196th ST E Work Phone 253 798-6000

Name Donald T Couture Age \_\_\_\_\_  
 Home Address 9601 106th ST E Home Phone 253 770-0519  
 Occupation H.E.O.  
 Employed By: P.C. Work Phone 253 798-6000  
 What was the involved person doing at the time of accident or incident? Ditching

Date 7/8/09 Time \_\_\_\_\_ A.M.  P.M.   
 Location 2222 214th ST E

Nature and extent of injury N/A  
 Where was injured taken after accident? N/A Name of Doctor N/A  
 Why was injured on premises? N/A

Owner's Name Quest Home Phone \_\_\_\_\_  
 Address Denver Co.  
 List damage: Drop phone line laying in the fall  
GRASS Police Case #: \_\_\_\_\_

(Attach additional sheets if necessary.)  
 Description of Accident, Incident or Unsafe Condition  
while ditching dug the bucket through tall grass to find bottom of ditch and pull line apart  
 Locates Required? YES  NO  Locate #: \_\_\_\_\_

Describe 1st Aid: \_\_\_\_\_ PARKS - Did person resume skating? YES  NO

Witnesses  
 Name Steve Heil Address \_\_\_\_\_ Wk Phone \_\_\_\_\_ Hm Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Wk Phone \_\_\_\_\_ Hm Phone \_\_\_\_\_  
 Date, location and badge # or name of police authority to whom incident was reported: \_\_\_\_\_

Date 7/9/09 Signature of Employee [Signature] Signature of Department or Agency Head [Signature]

Return completed form to:  
 PIERCE COUNTY RISK MANAGEMENT  
 955 Tacoma Avenue South, Suite 303  
 Tacoma, WA 98402