

To whom It may concern,

February 9, 2022

I am writing in regard to a complaint filed by Joe Storbaken at the city of Abercrombie, ND Case number PU-22-71. We are aware that the locate we had at 605 Sheyenne Dr was expired. We were not there to excavate on that particular day. Our employee was there doing snow removal, which we were not aware we would need a new locate. A signed explanation of the days events is attached with this letter. Please let us know if you need any other information or have any question.

Sincerely,



Penny Groth

HR/Office Administrator



INCIDENT INVESTIGATION REPORT

- OCCUPATIONAL INJURY/ILLNESS
- PROPERTY DAMAGE/FIRE
- THEFT/LOSS OF PROPERTY
- OTHER _____

COMPLETE ALL ITEMS ON BOTH SIDES/PAGES OF FORM

LOCATION/DATE/TIME OF INCIDENT

COMPANY CASE #		BUSINESS SEGMENT:	
FACILITY/LOCATION:	605 Shesenne Dr Abercrombie	<input type="checkbox"/> Administration	<input checked="" type="checkbox"/> Underground
DATE OF INCIDENT:	1-27-22	<input type="checkbox"/> Aggregates	<input type="checkbox"/> Construction
TIME OF INCIDENT:	4:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> Concrete	<input type="checkbox"/> Shop
DATE REPORTED:	1-27-22	<input type="checkbox"/> Other	
TIME REPORTED:	4:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	COMPANY:	
REPORTED TO:	Dusty LeClair	<input checked="" type="checkbox"/> DIRT DYNAMICS	
PERSON COMPLETING REPORT:	Dusty LeClair	<input type="checkbox"/> CONTRACTOR _____	

EMPLOYEE INFORMATION

EMPLOYEE INVOLVED:	Justin Howland	DATE OF BIRTH:	
JOB TITLE:	Operator	GENDER:	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
JOB EXPERIENCE	Years: 5 Weeks:	AGE:	years
MINE EXPERIENCE	Years: Weeks:	STATUS:	<input type="checkbox"/> F/Time <input type="checkbox"/> P/Time <input type="checkbox"/> Temp
WERE OTHERS INJURED?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Report needed for each individual injured.	DATE HIRED:	

INJURY OR ILLNESS

PROPERTY DAMAGE/FIRE

THEFT/LOSS OF PROPERTY

Describe injury/illness	Describe Property/Equipment Damaged	Type of Property Lost/Stolen
None	Hit Curbs Box	N/A
Part of Body Affected (indicate Left or Right)	Manufacturer	Model/Serial No.
None	pulled out causing water leak	N/A
First Aid Provided? By Whom?	How damaged?	Age of Equipment
None	Excavator	2 yrs
Physician/Clinic/Hospital:	Cost to repair/replace (\$)	Disposition?
None	\$ 250.00	
		Estimated replacement cost
		N/A

INVESTIGATOR NARRATIVE (Describe in detail how the incident occurred – attach additional sheets if necessary)

While mowing snow out of the way Justin hit and pulled out curbs box from service line. City of Abercrombie was contacted and City employee said wait until next day to fix it. Emergency locates were called in for the next morning for work to start @ 9am. We provided all parts & labor and completed repair.

INVESTIGATOR ANALYSIS (What acts, failures to act and/or conditions contributed directly to this incident?)

Not knowing where the curbs box was.



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MANAGEMENT APPROVAL	Printed Name	Signature	Date
SAFETY MANAGER:			
FACILITY MANAGER:			
SVP/GENERAL MANAGER:	Dusty LeClair		

NOTE: Any reports drafted which involve third parties shall be deemed privileged and prepared in anticipation of potential litigation. All such reports shall be forwarded to in-house counsel upon completion for review.