

PART F – MARKING

Were facilities marked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> N/A
Were utility/facility marks visible in the area of excavation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> N/A
Were the utility/facilities marked correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> N/A
Was the marking complete prior to the start time on the ticket?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> N/A
Did the excavator pre-mark with white paint?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> N/A
Was the facility marked accurately (within 18 inches)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> N/A
Did the excavator use reasonable care to maintain locate marks for the life of project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> N/A

PART G – DAMAGE (if applicable)

Fatalities 3 phase primary	Injuries None	Length of Hospitalization, If Applicable
Estimated Value of Property Damage: \$		Number of Customers Affected 0
Damaged In <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		Photos of Damaged Facility <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please include copies)
Additional Information		

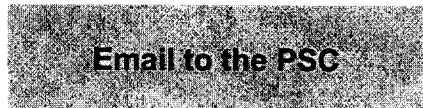
PART H – SIGNATURE

Signature of Person Filing Complaint Scott Fritz	Date 11/8/10
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Please include additional documents and photos, if applicable.

***If you are filing on behalf of a company, please provide information supporting your authority to file this complaint.**

Send Completed, Original Complaint To:
Public Service Commission
Testing and Safety Division
600 E Boulevard Ave Dept 408
Bismarck ND 58505-0480
Telephone: (701) 328-2400



215 S. Cascade Street
PO Box 496
Fergus Falls, MN 56538-0496

Direct: 218-739-8521
Fax: 218-739-8973

Scott Fritz
Civil Design/One Call Administrator
Asset Management and Support

sfritz@otpco.com
www.otpco.com



GENERAL INFORMATION Claim No.

DATE OF INCIDENT 10-23-10 TIME a.m. p.m. 14:30
 LOCATION: Street Address Industrial Drive City and State Finley ND
 Witness: Name/Address Richard Strand - Owner 701-361-8097

DAMAGE TO PROPERTY OF OTHERS

Owner's Name _____ Address _____
 Property Damage _____ Has owner filed claim? yes no Amount \$ _____

DAMAGE TO COMPANY PROPERTY

Property Damage Dug up 3-phase primary. Damaged all 3 cables

PARTY RESPONSIBLE FOR INCIDENT

Name of Driver Lakeside Construction Address 1131 136th Ave NE Finley ND 58230
 Insurance Company Citizens Insurance Address 300 Central Ave Finley ND 58730
 Vehicle License Number _____ Driver's License Number _____
 Owner of Vehicle _____ Insurance Co. _____

Describe fully how incident happened.

Lakeside was blading AREA to get ready for 2 new grain bins. Were digging Down to replace with fill and dug into our 3-phase line. Contractor took word from landowner there was nothing there. Had to install 6 splice set wire to repair.

Preventable Non-Preventable

[Signature]
Signature of person completing form

Accountable Parties: _____
Signatures: _____

MANAGER'S RECOMMENDATION

Deny claim
 Pay claim due to our negligence or liability
 Pay claim due to public relations
 Make partial payment due to public relations involved
 Area to bill Inv 187172
10-12-10
[Signature]
 (Manager)

REPAIR CHARGES (time or other)

WO # 120964
~~* 125976~~

COMPLETION DIRECTIONS: Upon completion of this form, forward to Manager for recommendation completion (at left). Manager forward white copy to Safety Services. Retain pink copy for division file.