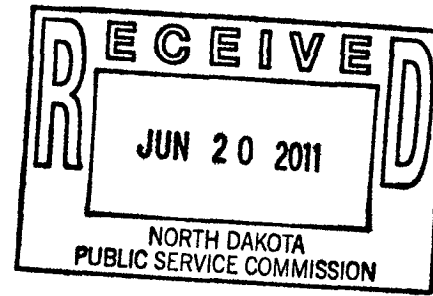




**THIRD PARTY DAMAGE COMPLAINT**  
Public Service Commission  
SFN 59067 (7-09)



**PART A – WHO IS SUBMITTING THIS COMPLAINT**

Information Being Submitted By <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Company*	Company/Organization Otter Tail Power	Person Filing Information Scott Fritz	Position One Call Adminis	
Address of Person Filing Information 215 South Cascade St.	City Fergus Falls		State Mn	Zip Code 56537
Telephone Number 218-739-8521	Email Address sfritz@otpc.com		Date 6/20/11	

**PART B – DATE AND LOCATION OF THE EVENT**

Date of Event 6/10/11	Description of Event Dug in culvert without locate	Address of the Excavation and/or Damage 255 Dakota Street		
County Cass	City Kindred	State ND	Zip Code 58051	

**PART C – WHO ALLEGEDLY VIOLATED THE ONE-CALL REGULATIONS**

Name of Excavator Kindred Plumbing and Heating		Telephone Number 701-428-3191		
Address 302 Woodlawn Dr.	City Kindred	State ND	Zip Code 58051	
Name of Entity for Which Excavation Was Performed Kindred School		Telephone Number 701-428-3177		
Address 255 Dakota Street	City Kindred	State ND	Zip Code 58051	

**PART D – ADDITIONAL INFORMATION**

Was a locate requested from North Dakota One-Call?				
<input type="checkbox"/> Yes	Locate Ticket Number		Start Date on Ticket	
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Unknown				
Did excavator wait until the start date/time on the ticket before commencing excavation?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> N/A	
Were buried facilities exposed by hand or non-invasive equipment prior to excavation?				
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> N/A	

**PART E – FACILITY INVOLVED**

Type of Facility Involved Buried Power Lines	Operator of Facility and Contact Person (if known) Otter Tail Power Company
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**PART F – MARKING**

Were facilities marked?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	<input 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	Injuries	Length of Hospitalization, If Applicable
Estimated Value of Property Damage: \$		Number of Customers Affected
Damaged In <input type="checkbox"/> Public <input type="checkbox"/> Private		Photos of Damaged Facility <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, please include copies)
Additional Information		

**PART H – SIGNATURE**

Signature of Person Filing Complaint Scott Fritz	Date 6/20/11
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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

**Email to the PSC**

Contractor was digging in a culvert in an area without a locate. Contractor installed a culvert directly over the top of 3 phase primary and 8-10' from a 3 phase pad mount transformer. OTP Service Rep Dwight Ogren was on site. Please feel free to call him for specific details. 701-388-7342. Contractor DID have a locate ticket, but not for where the culvert was placed. #11031614.