

Fahn, Patrick J.

From: -Info-Public Service Commission
Sent: Thursday, November 29, 2012 3:13 PM
To: Fahn, Patrick J.
Cc: DeSaye, Cara G.
Subject: FW: Third Party Damage Complaint - 2 separate complaints
Attachments: PSC - SJ Louis 090612 - 112912.pdf; PSC - SJ Louis 042012 - 112912.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Categories: Red Category

From: Alicia M. Brenna [<mailto:brennalaw@gmail.com>]
Sent: Thursday, November 29, 2012 12:12 PM
To: -Info-Public Service Commission
Cc: Brooks Goodall
Subject: Third Party Damage Complaint - 2 separate complaints

Please see attached.

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Alicia M. Brenna
Brenna Law Firm, PLLC
4031 110th Ave NW
Keene, ND 58847
701-675-2188
701-770-1870
701-675-2189 fax

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THIRD PARTY DAMAGE COMPLAINT

Public Service Commission
SFN 59067 (12-11)

PART A – WHO IS SUBMITTING THIS COMPLAINT

Information Being Submitted By <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Company*	Company/Organization Reservation Telephone Cooperative	Person Filing Information Alicia M. Brenna	Position attorney	
Address of Person Filing Information PO Box 68	City Parshall	State ND	Zip Code 58770	
Telephone Number 701-675-2188	Email Address brennalaw@gmail.com	Date 11/29/2012		

PART B – WHO ALLEGEDLY VIOLATED THE ONE-CALL REGULATIONS

Name of Excavator S.J. Louis		Telephone Number 320-253-9291		
Address 1351 Broadway St. W	City Rockville	State ND	Zip Code 56369	
Name of Entity for Which Excavation Was Performed City of Watford City		Telephone Number 701-444-2533		
Address PO Box 494	City Watford City	State ND	Zip Code 58854	

PART C – DATE AND LOCATION OF THE EVENT

Date of Event 09/06/2012	Address of the Excavation and/or Damage Highway 85 and 11th Avenue			
County McKenzie	City Watford City	State ND	Zip Code 58854	

PART D – FACILITY INVOLVED

Type of Facility Involved communications	Operator of Facility and Contact Person (if known) Reservation Telephone Cooperative			
Address PO Box 68	City Parshall	State ND	Zip Code 58770	
Telephone Number 701-862-3115	Email Address (if known) brooksg@restel.com			
Brief Description of Facility Involved Excavator cut copper cable- 400 pair, also CATV cable - main line.				

PART E – DAMAGE (if applicable)

Fatalities	Injuries	Length of Hospitalization, If Applicable
Estimated Value of Property Damage: \$ \$10,273.05		Number of Customers Affected 45
Damaged Within <input checked="" type="checkbox"/> Public Property <input type="checkbox"/> Private Property		Photos of Damaged Facility <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, please include copies)

PART F – EXCAVATION

Was a locate requested from North Dakota One-Call?	
<input checked="" type="checkbox"/> Yes Locate Ticket Number <input type="checkbox"/> No <input type="checkbox"/> Unknown	Start Date on Ticket 09/06/2012
Did excavator wait until the start date/time on the ticket before commencing excavation?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input 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 G – MARKING

Were facilities marked?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> N/A
Were utility/facility marks visible in the area of excavation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> N/A
Were the utility/facilities marked correctly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> N/A
Was the marking complete prior to the start time on the ticket?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> N/A
Did the excavator pre-mark with white paint?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> N/A
Was the facility marked accurately within 24 inches horizontally?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> N/A
Did the excavator use reasonable care to maintain locate marks for the life of project?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> N/A

PART H – DESCRIPTION OF EVENT

<p>Description of Event</p> <p>Locate ticket No. 12141843.</p> <p>The excavator was installing City sewer.</p>
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Description of Event Continued

PART I – SIGNATURE

Signature of Person Filing Complaint /s/ Alicia M. Brenna	Date 11/29/12
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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
600 E Boulevard Ave Dept 408
Bismarck ND 58505-0480
Telephone: (701) 328-2400

Email to the Commission