



THIRD PARTY DAMAGE COMPLAINT
Public Service Commission
SFN 59067 (11-12)



PART A – WHO IS SUBMITTING THIS COMPLAINT

Information Being Submitted By <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Company*		Company/Organization Northwest Communications Cooperative	Person Filing Information Jason Hill	Position Construction Supervisor
Address of Person Filing Information 111 Railroad Ave		City Ray	State ND	Zip Code 58849
Telephone Number 7015683331	Email Address jasonh@nccray.com		Date 6/4/2013	

PART B – WHO ALLEGEDLY VIOLATED THE ONE-CALL REGULATIONS

Name of Excavator Loebro		Telephone Number 406-453-1472		
Address 409 14th St SW	City Great Falls	State MT	Zip Code 59404	
Name of Entity for Which Excavation Was Performed Bear Tracker		Telephone Number		
Address	City	State	Zip Code	

PART C – TIME AND LOCATION OF THE EVENT

Date and Time of Event 5/1/13	Address of the Excavation and/or Damage See ticket info below			
County Burke	City Powers Lake & Columbus Exchanges	State ND	Zip Code	

PART D – FACILITY INVOLVED

Type of Facility Involved Telecommunications	Operator of Facility and Contact Person (if known) Dean Rustad			
Address 111 Railroad Ave	City Ray	State ND	Zip Code 58849	
Telephone Number 7015683331	Email Address (if known) deanr@nccray.com			
Brief Description of Facility Involved There was no damage done. Complaint is being filed due to locate requests on work that had already been done.				

PART E – DAMAGE (If applicable)

Fatalities	Injuries	Length of Hospitalization, If Applicable
Estimated Value of Property Damage: \$		Number of Customers Affected
Damaged Within <input type="checkbox"/> Public Property <input type="checkbox"/> Private Property		Photos of Damaged Facility <input type="checkbox"/> Yes <input 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 _____ Start Date on Ticket 5/1/2013 <input 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 type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A

PART G – 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 24 inches horizontally?	<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 H – DESCRIPTION OF EVENT

Description of Event ND One-Call tickets 13031224, 13025835 & 13031228 were all called into 811 after the work had been complete.
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Description of Event Continued	
<p>NORTH DAKOTA ONE CALL</p> <p>Ticket No: 13031224 LORO ROUTINE Relocated By: 13043258 Original Call Date: 4/29/13 Time: 1:41 AM CT Op: wchadk Work to Begin Date: 6/04/13 Time: 7:00 AM CT Viewing Date: 6/04/13 Time: 11:11 AM CT Op: mreboth</p> <p>Caller Information Company: LON-BRO Fax Phone: (408)553-1472 Contact Name: KEN REMSH Phone: (408)231-6870 Alt. Contact: KEN REMSH-SAME Phone: Call Back: Caller Address: 428 14TH ST SW GREAT FALLS, MT 59404 Email Address: k.remsk@hotmail.com</p> <p>Dig Site Information Type of Work: INSTALL PIPELINE Work Being Done For: BEAR TRACKER Depth: 10FT Explosives: N Trenching/Boring: Y</p> <p>Dig Site Location County: BURKE Place: CLEARY TOWNSHIP Address: Street: 93RD AVE NW Intersecting Street: 88TH ST NW</p> <p>Location of Work: EXCAVATION SITE IS ON THE W SIDE OF THE ROAD. WORKSITE IS APPROX 1 MILE NORTH OF 88TH ST NW ON THE WEST S/DE OF 93RD AVE NW MARK A 600FT WIDE PATH ALONG THE STAKED ROUTE N/S/DE SECTION 4 N/E/W AND SE</p> <p>Remarks:</p>	
<p>NORTH DAKOTA ONE CALL</p> <p>Ticket No: 13031228 LORO ROUTINE Relocated By: 13043282 Original Call Date: 4/29/13 Time: 2:18 AM CT Op: wchadk Work to Begin Date: 6/04/13 Time: 7:00 AM CT Viewing Date: 6/04/13 Time: 11:18 AM CT Op: mreboth</p> <p>Caller Information Company: LON-BRO Fax Phone: (408)553-1472 Contact Name: KEN REMSH Phone: (408)231-6870 Alt. Contact: KEN REMSH-SAME Phone: Call Back: Caller Address: 428 14TH ST SW GREAT FALLS, MT 59404 Email Address: k.remsk@hotmail.com</p> <p>Dig Site Information Type of Work: INSTALL PIPELINE Work Being Done For: BEAR TRACKER Depth: 10FT Explosives: N Trenching/Boring: Y</p> <p>Dig Site Location County: BURKE Place: LEAF MOUNTAIN TOWNSHIP Address: Street: 91ST AVE NW Intersecting Street: 91ST ST NW</p> <p>Location of Work: EXCAVATION SITE IS ON THE W SIDE OF THE ROAD. WORKSITE IS APPROX 1/2 MILE SOUTH OF 91ST ST NW ON THE WEST S/DE OF 91ST AVE NW MARK A 600FT WIDE PATH ALONG STAKED ROW ROUTE N/S/DE OF SECTION 35</p> <p>Remarks:</p> <p>Caller Twp: 161N Rng: 97W Sect-Or: 35 Map Twp: 161N Rng: 97W Sect-Or: 35 Map Coord NW/SE: 43.7351100 Lon: -102.7214333 SE/Lat: 43.7205370 Lon: -102.6993220</p>	

PART I – SIGNATURE

Signature of Person Filing Complaint	Date
Jason Hill	6/4/2013

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





