



### 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 RESERVATION TELEPHONE COOPERATIVE	Person Filing Information SHANE HART	Position ASSISTANT GENERAL MANAGER
Address of Person Filing Information PO BOX 68	City PARSHALL	State ND	Zip Code 58770
Telephone Number 701.862.3115	Email Address SHANEH@RETEL.COM	Date 11/29/2013	

#### PART B - WHO ALLEGEDLY VIOLATED THE ONE-CALL REGULATIONS

Name of Excavator NORTHERN EXCAVATING	Telephone Number 701.252.5967		
Address PO BOX 1108	City JAMESTOWN	State ND	Zip Code 58402
Name of Entity for Which Excavation Was Performed CITY OF ROSS	Telephone Number		
Address	City ROSS	State ND	Zip Code 58776

#### PART C - TIME AND LOCATION OF THE EVENT

Date and Time of Event 09/30/2013	Address of the Excavation and/or Damage ROSS CITY, CENTRAL AVE & MAIN ST		
County MOUNTRAIL	City ROSS	State ND	Zip Code 58776

#### PART D - FACILITY INVOLVED

Type of Facility Involved TELECOMMUNICATIONS	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)		
Brief Description of Facility Involved			

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- 39 PU-13-881 Filed 02/05/2015 Pages: 3  
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Exhibit 7

**PART E – DAMAGE (if applicable)**

Fatalities	Injuries	Length of Hospitalization, If Applicable
Estimated Value of Property Damage: \$ \$2,727.92		Number of Customers Affected 60
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 <input type="text" value="09/30/2013"/>
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 type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> N/A

**PART H – DESCRIPTION OF EVENT**

Description of Event
CONTRACTOR CUT A 75 PAIR COPPER TELEPHONE CABLE (2ND TIME)

Description of Event Continued

**PART I – SIGNATURE**

Signature of Person Filing Complaint SHANE D HART	Date 11/29/2013
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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**