



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 | | | |

PART E – DAMAGE (if applicable)

| | | |
|---|----------|--|
| Fatalities | Injuries | Length of Hospitalization, If Applicable |
| Estimated Value of Property Damage: \$ \$1,113.39 | | 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 THAT DAY AND 3RD TIME FOR THIS CABLE) |
|---|

Description of Event Continued

PART I – SIGNATURE

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

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