

REPORT OF DAMAGE TO COMPANY-OWNED PROPERTY

(NOTE: Please refer to the bottom of this form before proceeding with completion.)

Part A

Owner of Property: <u>mdu</u>	District: <u>WILLISTON</u>
Time of Damage: <u>11:30am</u>	Date: <u>10/15/2013</u>
Name of Location Where Damage Occurred: _____	
Location of Damaged Property: <u>Ross Elevator</u>	
Rural Location: _____	
Estimated Amount of Loss: <u>593</u>	MDU Service Order No. (If applicable): <u>MDUG-20131025-00016</u>
CC&B Account # (If Applicable): _____	Additional Work Order (If applicable): <u>MDUG-20131025-00016</u>
If damaged meter, meter number: _____	Additional Work Order (If applicable): <u>MDUG-20131025-00016</u>
Description and Cause of Loss or Damage: <u>Trackhoe hit 3" main NO Locates where called</u>	Type of meter: _____

Part B

Did Loss or Damage Originate on our Premises? (If no, Explain): _____

If an Explosion, did a Fire Ensue? _____ (How was Fire Extinguished?) _____

If Electrical Property is Involved, Fill in the Following Supplemental Data:

Type of Equipment Involved: _____

Damage caused by Electrical Arcing, Short Circuit or Other Failure, Give Approximate Cause: _____

If Electrical, Did a Fire Ensue? _____

Part C

If damage was caused by excavation, was location of our facilities requested prior to digging? N

Location requested by: _____ Time: _____ Date: _____

Line Locate Number: _____

Company property located on:

Damage notification by: Northern Excavation Time: 11:30am Date: 10/15/2013

Was damager a subcontractor: N If yes, for whom: _____

Who to bill for damages:

Name of who to Bill: <u>Northern Excavation</u>	Name of Equipment Operator: <u>Kile ?</u>
Address of who to Bill: <u>PO Box 1108</u>	Type of equipment: <u>Trackhoe</u>
<u>Jamestown ND 58402</u>	Operator's Address: _____
Phone # of who to Bill: <u>701-252-5967</u>	Operator's Phone #: _____

Name of Insurer: Northern Excavation

Insurance Policy #: _____ Was a Police Report made: N If yes, please attach report

Others involved in Property Damage:	Address	Phone Number
<u>Names of Persons Involved</u>		

Witnesses to Property Damage:	Address	Phone Number
<u>Names of Witnesses</u>		

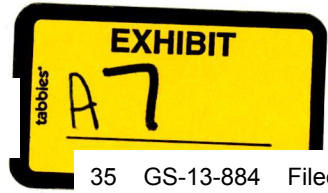
In case of line break, complete the following: _____ Time _____ Date _____

33 PU-14-671 Filed 06/30/2015
 Pages: 4
 Exhibit A7
 Public Service Commission

36 GS-14-229 Filed 06/30/2015 Pages: 4
 Exhibit A7

35 GS-13-886 Filed 06/30/2015 Pages: 4
 Exhibit A7

36 GS-13-885 Filed 06/30/2015 Pages: 4
 Exhibit A7



35 GS-13-884 Filed 06/30/2015 Pages: 4
 Exhibit A7

REPORT OF DAMAGE TO COMPANY-OWNED PROPERTY

Decatherms of gas to bill: \$92.82 Size of hole(in): Time line blew:

Part D

<u>Names of Persons Injured</u>	<u>Address</u>	<u>Extent of Injury</u>
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Person Filling Out Form: Leamon Ferrell
Date: 10/25/2013

Instructions

Email this completed form to Accounts Receivable: MDURA.AccountsReceivable@mdu.com

Use this form to make an immediate preliminary report of all damage to or loss of company-owned property:

If damage is caused by any of the following, complete Parts A, B, & D, if applicable.

- 1) Fire, lightning, inherent explosion, implosion, windstorm, tornado, flood, electrical arcing, short circuit, hail, riot and civil commotion, vandalism, malicious mischief, aircraft, or smoke damage.
- 2) An accident to boilers and/or machinery (an accident being a sudden and accidental breakdown of an object or part of an object).
- 3) Loss of or damage to property during the physical process of installation, movement or dismantling including while awaiting installation.

If damage was caused by others, complete Parts A, C & D, if applicable.

REPORT OF DAMAGE TO COMPANY-OWNED PROPERTY

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Part A

Owner of Property: mdu District: WILLISTON
Time of Damage: 11:30 AM Date: 10/15/2013
Name of Location Where Damage Occurred: Ross
Location of Damaged Property: south of elevator
Rural Location: _____
Estimated Amount of Loss: _____ MDU Service Order No. (If applicable): MDUG-20131025-00017
CC&B Account # (If Applicable): _____ Additional Work Order (If applicable): MDUG-20131025-00017
If damaged meter, meter number: _____ Additional Work Order (If applicable): MDUG-20131025-00017
Description and Cause of Loss or Damage: _____ Type of meter: _____

Part B

Did Loss or Damage Originate on our Premises? (If no, Explain): _____

If an Explosion, did a Fire Ensue? _____ (How was Fire Extinguished?)

If Electrical Property is Involved, Fill in the Following Supplemental Data:

Type of Equipment Involved: _____

Damage caused by Electrical Arcing, Short Circuit or Other Failure, Give Approximate Cause: _____

If Electrical, Did a Fire Ensue? _____

Part C

If damage was caused by excavation, was location of our facilities requested prior to digging? N

Location requested by: _____ Time: _____ Date: _____

Line Locate Number: _____

Company property located on:

Damage notification by: Northern Excavation Time: 11:30 AM Date: 10/15/2013

Was damager a subcontractor: N If yes, for whom: _____

Who to bill for damages:

Name of who to Bill: Northern Excavation Name of Equipment Operator: Kile

Address of who to Bill: PO Box 1108 Type of equipment: _____

Jamestown ND 58402 Operator's Address: _____

Phone # of who to Bill: 701-252-5967 Operator's Phone #: _____

Name of Insurer: Northern Excavation

Insurance Policy #: _____ Was a Police Report made: N If yes, please attach report

Others involved in Property Damage:

Names of Persons Involved	Address	Phone Number
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Witnesses to Property Damage:

Names of Witnesses	Address	Phone Number
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In case of line break, complete the following:

Time

Date

REPORT OF DAMAGE TO COMPANY-OWNED PROPERTY

Decatherms of gas to bill: 0 Size of hole(in): Time line blew:

Part D

Names of Persons Injured

Address

Extent of Injury

Person Filling Out Form: Leamon Ferrell

Date: 10/25/2013

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