

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>5:00 PM</u>	Date: <u>10/9/2013</u>
Name of Location Where Damage Occurred: _____	
Location of Damaged Property: <u>111 3rd Ave E Ross ND</u>	
Rural Location: _____	
Estimated Amount of Loss: _____	MDU Service Order No. (If applicable): <u>MDUG-20131011-00867</u>
CC&B Account # (If Applicable): _____	Additional Work Order (If applicable): <u>MDUG-20131011-00867</u>
If damaged meter, meter number: _____	Additional Work Order (If applicable): <u>MDUG-20131011-00867</u>
Description and Cause of Loss or Damage:	Type of meter: <u>765242124</u>
<i>Operator = Shannon Severson</i>	

Part B

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

If an Explosion, did a Fire Ensur? _____ (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 Ensur? _____

Part C

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

Location requested by: Northern Excavation Time: _____ Date: _____

Line Locate Number: 13167425

Company property located on:

Damage notification by: Northern Excavation Time: _____ Date: 10/9/2013

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: _____
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:

Names of Persons Involved	Address	Phone Number

Witnesses to Property Damage:

Names of Witnesses	Address	Phone Number

In case of line break, complete the following:

- | | | | |
|---------------------------|------------------|------------------|---------------------------|
| 48 PU-14-671 | 51 GS-14-230 | 50 GS-13-884 | Pages: 2 |
| Filed 06/30/2015 | Filed 06/30/2015 | Filed 06/30/2015 | Pages: 2 |
| Pages: 2 | Exhibit B7 | Exhibit B7 | Public Service Commission |
| Exhibit B7 | 51 GS-14-229 | 50 GS-13-886 | Pages: 2 |
| Public Service Commission | Filed 06/30/2015 | Filed 06/30/2015 | Pages: 2 |
| | Exhibit B7 | Exhibit B7 | |
| | 50 GS-13-885 | 51 GS-13-885 | Pages: 2 |
| | Filed 06/30/2015 | Filed 06/30/2015 | Pages: 2 |
| | Exhibit B7 | Exhibit B7 | |



REPORT OF DAMAGE TO COMPANY-OWNED PROPERTY

Decatherms of gas to bill:

Size of hole(in):

Time line blew:

Part D

Names of Persons Injured

Address

Extent of Injury

Person Filling Out Form: Leamon Ferrell

Date: 10/11/2013

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.