

# 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: MDU District: WILLISTON Town: Ross, ND  
Time of Damage: 8:57 AM Date: 5/6/2014  
Name of Location Where Damage Occurred: Central Ave Ross  
Location of Damaged Property: 309' east of 2nd St E on Central Ave  
Rural Location: \_\_\_\_\_  
Estimated Amount of Loss: \_\_\_\_\_ First Responder Order No. (If applicable): MDUG-20140506-00074  
CC&B Account # (If Applicable): \_\_\_\_\_ MDU Service Order No. (If applicable): MDUG-20140508-00012  
If damaged meter, meter number: \_\_\_\_\_ Additional Work Order (If applicable): \_\_\_\_\_  
Description and Cause of Loss or Damage Type of meter: \_\_\_\_\_  
tore line in half with a trackhoe

## Part B

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

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: 14038256  
Company property located on:  
Damage notification by: Northern Excavation Time: 8:57am Date: 5/6/2014  
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: Jody Mitteider  
Address of who to Bill: PO Box 1108 Type of equipment: trackhoe  
Jamestown ND 58402 Operator's Address: \_\_\_\_\_  
Phone # of who to Bill: 701-252-5967 Operator's Phone #: \_\_\_\_\_  
Name of Insurer: \_\_\_\_\_  
Insurance Policy #: \_\_\_\_\_ Was a Police Report made: \_\_\_\_\_ If yes, please attach report

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Exhibit B12  
Public Service Commission

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## REPORT OF DAMAGE TO COMPANY-OWNED PROPERTY

**Others involved in Property Damage:**

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

<u>Names of Witnesses</u>	<u>Address</u>	<u>Phone Number</u>
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**In case of line break, complete the following:**

				<u>Time</u>	<u>Date</u>
Decatherms of gas to bill: 2	Size of hole(in): 1	Time line blew: 15 min			5/6/2014

**Part D**

<u>Names of Persons Injured</u>	<u>Address</u>	<u>Extent of Injury</u>
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Person Filling Out Form: Dana Baxter

Date: 5/8/2014

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

### Instructions

Email this completed form to MDURA - Accounts Receivable: [MDURA.AccountsReceivable@mdu.com](mailto: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.**

Name	Employee #	Hours	Unit #	Hours/Miles
Baxter		5.5		
Faber		1		
Nielson		3.5		
unit 6114			6114	135
bucket truck				20
bucket truck				16