



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 08/02/2013	Address of the Excavation and/or Damage ROSS CITY, 2ND ST & CENTRAL AVENUE		
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: \$ \$1,522.51		Number of Customers Affected 2
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 08/02/2013
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	<p>CONTRACTOR CUT A 4 FIBER DROP (2ND TIME) AND A 2 FIBER DROP</p>
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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