

# 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>11:00 AM</u>	Date: <u>9/13/2013</u>
Name of Location Where Damage Occurred: <u>Northmost end of Main St.</u>	
Location of Damaged Property: <u>Northmost end of Main St.</u>	
Rural Location: _____	
Estimated Amount of Loss: <u>\$0</u>	MDU Service Order No. (If applicable): <u>MDUG-20131002-00020</u>
CC&B Account # (If Applicable): _____	Additional Work Order (If applicable): <u>MDUG-20131002-00020</u>
If damaged meter, meter number: _____	Additional Work Order (If applicable): <u>MDUG-20131002-00020</u>
Description and Cause of Loss or Damage: _____	Type of meter: <u>3352421262</u>

**ADD TO BILLING:**

hrs labor for a fitter operator  
 2.5 hrs labor for a combo tech  
 35 miles for a welding truck  
 20 miles for a 3/4 ton

## Part B

Did Loss or Damage Originate on our Premises? (If no, Explain): \_\_\_\_\_  
1206

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? N

Location requested by: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Line Locate Number: \_\_\_\_\_

Company property located on: \_\_\_\_\_

Damage notification by: Northern Escavating Time: 11:00am Date: 9/13/2013

Was damager a subcontractor: \_\_\_\_\_ If yes, for whom: \_\_\_\_\_

**Who to bill for damages:**

Name of who to Bill: <u>Northern Escavating</u>	Name of Equipment Operator: <u>Randy Mcgough</u>
Address of who to Bill: <u>PO Box 1108</u>	Type of equipment: <u>trackhoe</u>
<u>Jamestown ND 58402-1108</u>	Operator's Address: _____
Phone # of who to Bill: <u>701-252-5967</u>	Operator's Phone #: _____

Name of Insurer: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Was a Police Report made: \_\_\_\_\_ 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:

Time                      Date

- 31 GS-14-229 Filed 06/30/2015 Pages: 2  
Exhibit A2
- 30 GS-13-886 Filed 06/30/2015 Pages: 2  
Exhibit A2
- 31 GS-13-885 Filed 06/30/2015 Pages: 2  
Exhibit A2
- 30 GS-13-884 Filed 06/30/2015 Pages: 2  
Exhibit A2



## 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: Dana Baxter

Date: 10/11/2013

### Instructions

Email this completed form to 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.**