

THIRD PARTY DAMAGE COMPLAINT

Public Service Commission

SFN 59067 (7-09)

PART A – WHO IS SUBMITTING THIS COMPLAINT

| | | | | |
|---|----------------------|---------------------------|----------|----------|
| Information Being Submitted By <input type="checkbox"/> Individual <input type="checkbox"/> Company* | Company/Organization | Person Filing Information | Position | |
| Address of Person Filing Information | City | | State | Zip Code |
| Telephone Number | Email Address | | Date | |

PART B – DATE AND LOCATION OF THE EVENT

| | | | |
|---------------|----------------------|---|----------|
| Date of Event | Description of Event | Address of the Excavation and/or Damage | |
| County | City | State | Zip Code |

PART C – WHO ALLEGEDLY VIOLATED THE ONE-CALL REGULATIONS

| | | | |
|---|------|------------------|----------|
| Name of Excavator | | Telephone Number | |
| Address | City | State | Zip Code |
| Name of Entity for Which Excavation Was Performed | | Telephone Number | |
| Address | City | State | Zip Code |

PART D – ADDITIONAL INFORMATION

| | | |
|--|----------------------|----------------------|
| Was a locate requested from North Dakota One-Call? | | Start Date on Ticket |
| <input type="checkbox"/> Yes | Locate Ticket Number | |
| <input type="checkbox"/> No | | |
| <input type="checkbox"/> Unknown | | |

| | | | |
|--|-----------------------------|----------------------------------|------------------------------|
| Did excavator wait until the start date/time on the ticket before commencing excavation? | | | |
| <input 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 type="checkbox"/> No | <input type="checkbox"/> Unknown | <input type="checkbox"/> N/A |

PART E – FACILITY INVOLVED

| | | | |
|--|--|-------|----------|
| Type of Facility Involved | Operator of Facility and Contact Person (if known) | | |
| Address | City | State | Zip Code |
| Telephone Number | Email Address (if known) | | |
| Brief Description of Facility Involved | | | |

PART F – MARKING

| | | | | |
|---|------------------------------|-----------------------------|----------------------------------|------------------------------|
| Were facilities marked? | <input 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 type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown | <input type="checkbox"/> N/A |
| Were the utility/facilities marked correctly? | <input 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 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 type="checkbox"/> Unknown | <input type="checkbox"/> N/A |
| Was the facility marked accurately (within 18 inches)? | <input 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 type="checkbox"/> Unknown | <input type="checkbox"/> N/A |

PART G – DAMAGE (if applicable)

| | | |
|--|----------|---|
| Fatalities | Injuries | Length of Hospitalization, If Applicable |
| Estimated Value of Property Damage: \$ | | Number of Customers Affected |
| Damaged In <input type="checkbox"/> Public <input type="checkbox"/> Private | | Photos of Damaged Facility <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please include copies) |
| Additional Information | | |

PART H – SIGNATURE

| | |
|--------------------------------------|------|
| Signature of Person Filing Complaint | Date |
|--------------------------------------|------|

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
 Testing and Safety Division
 600 E Boulevard Ave Dept 408
 Bismarck ND 58505-0480
 Telephone: (701) 328-2400