

COMMONWEALTH OF KENTUCKY  
BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

OWEN ELECTRIC COOPERATIVE, INC. )

\_\_\_\_\_  
ALLEGED FAILURE TO COMPLY WITH )  
COMMISSION REGULATIONS 807 KAR 5:006 )  
AND 807 KAR 5:041 )

) CASE NO. 93-145  
)  
)  
)  
)  
)

O R D E R

Owen Electric Cooperative, Inc. ("Owen Electric"), a Kentucky corporation which engages in the distribution of electricity to the public for compensation for lights, heat, power, and other uses, and which was formed under KRS 279.010 to 279.220, is a utility subject to Commission jurisdiction. KRS 278.010. KRS 279.210.

KRS 278.280(2) directs the Commission to prescribe rules and regulations for the performance of services by utilities. Pursuant to this statutory directive, the Commission promulgated Commission Regulation 807 KAR 5:041, Section 3, which requires electric utilities to maintain their plant and facilities in accordance with the standards of the National Electrical Safety Code (1990 Edition) ("NESC"). It has additionally promulgated Commission Regulation 807 KAR 5:006, Section 24, which requires a utility to adopt and execute a safety program. Owen Electric has adopted and executed a safety program, the provisions of which are set out in its Safety Manual.

Owen Electric accepted a bid to do a line extension project by Richardson Contracting, Inc. ("Richardson") whereby Richardson agreed to comply with all applicable statutes, ordinances, rules and regulations pertaining to the work. Richardson affirmatively stated it understood "that the obligations of the parties hereunder are subject to the applicable regulations and orders of governmental agencies having jurisdiction in the premises." [Article VI, Section 3].

Commission Staff has submitted to the Commission an Electrical Utility Accident Investigation Report dated November 3, 1992, appended hereto, which alleges:

1. On September 25, 1992, Kenneth Peters, Jr., an employee of Richardson, was working on a three phase line conversion for Owen Electric. Mr. Peters was fatally injured when he inadvertently contacted a 7200 volt single phase tap line on the pole structure where he was working. Mr. Peters was not wearing rubber gloves at the time of the accident. The foreman who was supervising Mr. Peters had left the work site when the accident occurred. The line was being energized and the tap line involved in the accident was not covered with rubber protective equipment.

2. NESC, Section 42, Subparagraph 420H., Tools and Protective Equipment, requires employees to use the personal protective equipment, the protective devices, and the special tools provided for their work. Before starting work, these devices and tools shall be carefully inspected to ensure they are in good

condition. This section was violated when Mr. Peters did not wear rubber gloves while working on the three phase line conversion.

3. NESC Section 42, Subparagraph 421A., Duties of a First Level Supervisor or Person in Charge, states that this individual shall adopt such precautions as are within the individual's authority to prevent accidents and see that the safety rules and operating procedures are observed by the employees under his supervision. The foreman in charge of Mr. Peters violated this section by abandoning the work site while Mr. Peters was working on the three phase line conversion.

4. Owen Electric's Safety Manual, Section 5, subparagraph 502, Flexible Protective Equipment states that:

a) Employees shall not touch or work on any exposed energized lines or apparatus except when wearing approved protective equipment for the voltage to be contacted.

b) When work is to be done on or near energized lines, all energized and grounded conductors or guy wires within reach of any part of the body while working shall be covered with rubber protective equipment, except that part of the conductor on which the employee is to work.

f) Protective equipment shall be put on before entering the working area within which energized line or apparatus may be reached and shall not be removed until the employee is completely out of reach of this area.

Subparagraph 504 Use and Care of Rubber Gloves states that:

c) When the use of rubber gloves is required they shall be put on before the employee comes within falling or reaching distance (in any event not less than 5 feet) of unprotected energized circuits or apparatus or those which may become energized and they shall not be removed until the employee is entirely out of falling or reaching distance of such circuits or apparatus.

d) Rubber gloves with the leather protection shall be worn when: 1) Working on or within falling or reaching distance of conductors, electrical, equipment, or metal surface (crossarms, crossarm braces or transformer cases) which are not effectively grounded and which may be or may become energized [and when] 12) Pulling in wires or handling other conducting materials near circuits, apparatus or equipment which is, or may become energized.

5. At the time of the incident Kenneth Peters was an employee of Richardson, working for Owen Electric, and acting within the scope of his employment.

6. As a result of Kenneth Peters' failure to inspect and wear protective rubber gloves and the foreman's failure to supervise adequately the work site, Owen Electric is in probable violation of Commission Regulations 807 KAR 5:006, Section 24, and 807 KAR 5:041, Section 3.

The Commission, on its own motion, HEREBY ORDERS that:

1. Owen Electric shall submit to the Commission, within 20 days of the date of this Order, a written response to the allegations contained in the Electrical Utility Accident

Investigation Report, attached hereto and incorporated herein as Appendix A.


2. Owen Electric shall appear on June 14, 1993, at 10:00 a.m., Eastern Standard Time, in Hearing Room 1 of the Commission's offices at 730 Schenkel Lane, Frankfort, Kentucky, for the purposes of presenting evidence concerning the incident which is the subject of the Electrical Utility Accident Investigation Report, specifically the alleged violations of Commission Regulations 807 KAR 5:006, Section 24, and 807 KAR 5:041, Section 3, and of showing cause, if any it can, why it should not be subjected to the penalties of KRS 278.990 for its alleged failure to comply with Commission regulations.

3. Any motion requesting an informal conference with Commission Staff shall be filed with Owen Electric's written response to the Electrical Utility Accident Investigation Report.

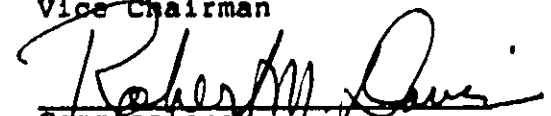
4. The Electrical Utility Accident Investigation Report dated November 30, 1992 is hereby made a part of the record of this case.

Done at Frankfort, Kentucky, this 13th day of May, 1993.

PUBLIC SERVICE COMMISSION

  
Chairman

  
Vice Chairman

  
Commissioner

ATTEST:

  
Executive Director

APPENDIX A

APPENDIX TO AN ORDER OF THE KENTUCKY PUBLIC SERVICE  
COMMISSION IN CASE NO. 93-145 DATED May 13, 1993 ATTACHMENT A

ELECTRICAL UTILITY ACCIDENT INVESTIGATION

DATE OF THIS REPORT 11-30-92 SUBMITTED BY John W. Land  
NAME OF UTILITY Owen Electric Cooperative, Inc.  
ACCIDENT REPORTED BY Danny Stockdale  
DATE AND TIME ACCIDENT OCCURRED 9-25-92 - Approx. 3:15 p.m.  
DATE & TIME UTILITY LEARNED OF ACCIDENT 9-25-92 - 3:40 p.m.  
DATE & TIME ACCIDENT REPORTED 9-25-92 - 4:00 p.m.  
DATE OF ACCIDENT INVESTIGATION 9-28-92  
DATE SUMMARY WRITTEN REPORT WAS RECEIVED FROM UTILITY 9-30-92  
PERSONS ASSISTING IN THE INVESTIGATION Danny Stockdale and  
Bill Smith, employees of Owen Co. RECC  
NAME OF VICTIM 1. Kenneth Peters, Jr. SEX M AGE 26  
FATAL Yes NAME OF EMPLOYER: Richardson Cont. Inc.  
INJURIES Burns to palm of left hand and web of thumb  
plus small burn to left 5th toe  
LOCATION OF ACCIDENT SITE Highway 17 Pendleton County Kentucky  
near Grassy Creek Grocery on Tom and Louise Kelly's property.  
DESCRIPTION OF ACCIDENT Mr. Charles E. Richardson, president of  
Richardson Contracting, Inc. stated that his construction crew  
was working on a 3 Phase line conversion when the accident  
occurred. Mr. Richardson stated that Mr. Kenneth Peters, Jr.  
was fatally injured when he inadvertently contacted a 7200 volt  
single phase tap line on the pole structure where he was

## ELECTRICAL UTILITY ACCIDENT INVESTIGATION (Continued)

working. Mr. Richardson also stated that Mr. Peters was not wearing his rubber gloves at the time of his accident. Mr. Richardson further stated that his crew foreman had left the work site at the time of the accident. Mr. Richardson stated he relied exclusively on the experience of his foreman rather than his employees. The line was being worked hot (energized) and the tap line where the accident occurred was not covered with rubber protective equipment.

SOURCE OF INFORMATION Mr. Charles E. Richardson, president of Richardson Contracting, Inc.; Mr. Danny Stockdale and Mr. Bill Smith of Owen Co. RECC; plus accident reports furnished by both these companies and an on-site investigation by John W. Land of the Commission's Engineering Staff.

PROBABLE VIOLATIONS OF COMMISSION REGULATIONS There are three probable violation concerning this accident due to Mr. Kenneth Peters, Jr. not wearing his rubber gloves.

1. Commission Regulation 807 KAR 5:041 (electric), Section 3(2), requires that each electric utility construct and maintain its plant in accordance with the National Electric Safety Code, ANSI C-2, 1990 Edition ("1990 NESC"). The 1990 NESC Section 42 Subparagraph 420 H., Tools and Protective Equipment, states that employees shall use the personal protective equipment, the protective devices, and the special tools provided for their work. Before starting work, these devices and tools shall be carefully inspected to make sure they are in good condition.

ELECTRICAL UTILITY ACCIDENT INVESTIGATION (Continued)

2. 1990 NESC, Subparagraph 421 A. 1-2 - Duties of First Level Supervisor or person in charge, states this individual shall:

1. Adopt such precautions as are within the individual's authority to prevent accidents. 2. See that the safety rules and operating procedures are observed by the employees under the direction of this individual.

3. Commission Regulation 807 KAR 5:006 (General Rules), Section 24, requires that each utility shall adopt and execute a safety program. Owen County RECC's Safety Manual, Section 5,

Subparagraph 502 Flexible Protective Equipment (Rubber Synthetics, etc.) a) Employees shall not touch or work on any exposed energized lines or apparatus except when wearing approved protective equipment for the voltage to be contacted.

b) When work is to be done on or near energized lines, all energized and grounded conductors or guy wires within reach of any part of the body while working shall be covered with rubber protective equipment, except that part of the conductor on which the employee is to work. f) Protective equipment shall be put

on before entering the working area within which energized line or apparatus may be reached and shall not be removed until the employee is completely out of reach of this area. Subparagraph

504 Use and Care of Rubber Gloves. c) When the use of rubber gloves is required they shall be put on before the employee comes within falling or reaching distance (in any event not less than 5 feet) of unprotected energized circuits or apparatus or



ELECTRICAL UTILITY ACCIDENT INVESTIGATION (Continued)

those which may become energized and they shall not be removed  
until the employee is entirely out of falling or reaching  
distance of such circuits or apparatus. d) Rubber gloves with  
the leather protection shall be worn when: 1) Working on or  
within falling or reaching distance of conductors, electrical,  
equipment, or metal surface ( crossarms, crossarm braces or  
transformer cases) which are not effectively grounded and which  
may be or may become energized. 12) Pulling in wires or  
handling other conducting materials near circuits, apparatus or  
equipment which is, or may become energized.

RECOMMENDATIONS It is recommended that the Public Service  
Commission consider action against Owen Electric Cooperative,  
Inc. in accordance with KRS 278.990, due to the probable  
violation by the contractor employed by Owen Electric  
Cooperative, Inc. of Commission Regulation 807 KAR 5:041,  
Section 3(2) 1990 NESC Section 42, Subparagraph 420 H, Tools and  
Protective Equipment and Subparagraph 421 A. 1-2 - Duties of a  
First Level Supervisor or person in charge. Commission  
Regulation 807 KAR 5:006 Section 24, Owen Electric Cooperative,  
Inc. Safety Manual, Section 5, Subparagraph 502 a) b) f)  
Flexible Protective Equipment and Subparagraph 504 c) d) 12) Use  
and care of rubber gloves.

CORRECTIVE ACTION None taken at this time.

**ELECTRICAL UTILITY ACCIDENT INVESTIGATION (Continued)**  
**LINE CLEARANCES**

	<u>As Measured</u>	<u>Minimum Allowed by 1990 NESC</u>
<b>A. AT POINT OF ACCIDENT</b>		
Phase conductor to ground elevation:		
Old Conductors	<u>C/Phase 32'-8 1/2"</u>	<u>18.5'</u>
	<u>B/Phase 33'-1"</u>	<u>18.5'</u>
	<u>A/Phase 33'-7"</u>	<u>18.5'</u>
 New Conductors	 <u>C/Phase 35'-1"</u>	 <u>18.5'</u>
	<u>B/Phase 36'-2"</u>	<u>18.5'</u>
	<u>A/Phase 35'-3 1/2"</u>	<u>18.5'</u>
 Neutral Conductor to ground elevation:	 <u>Neutral 31'-10 1/2"</u>	 <u>15.5'</u>
 Single Phase Tap Line to ground elevation	 <u>B/Phase 32'-4 1/2"</u>	 <u>18.5'</u>
	<u>Neutral 28'-6"</u>	<u>15.5'</u>
 Communication Conductor to ground elevation:	 <u>N/A</u>	 <u>N/A</u>
 Phase Conductor to Structure:	 <u>N/A</u>	 <u>N/A</u>
 Communication Conductor to structure:	 <u>N/A</u>	 <u>N/A</u>
 <b>B. AT LOWEST POINT OF SPAN</b>		
Phase Conductor to ground elevation:	<u>N/A</u>	<u>N/A</u>
Neutral Conductor to ground elevation:	<u>N/A</u>	<u>N/A</u>
Communication Conductor to ground elevation:	<u>N/A</u>	<u>N/A</u>

ELECTRICAL UTILITY ACCIDENT INVESTIGATION (Continued)

C. SPAN LENGTH N/A

Date the line or facilities were constructed: Structure date  
1993

Voltage of line or facilities: 7200 Volts phase to ground,


Date last inspected by utility: 2/2/91 - 5/2/91

Utility: Owen County RECC

Date: 9/28/92 Time: 1:30 p.m.

Approximate temperature: Approximately 60 degrees

Measurements made by: Danny Stockdale, engineer and employee  
of Owen County RECC and John W. Land, PSC Engineering Staff

Submitted by: 

P. S. C.  
ACCIDENT AND TROUBLE REPORT FORM

TODAY'S DATE \_\_\_\_\_ TIME \_\_\_\_\_

COMPANY \_\_\_\_\_

PERSON REPORTING INCIDENT: NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

ACCIDENT DESCRIPTION: \_\_\_\_\_

VICTIMS NAMES: \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_ DEATH \_\_\_\_\_ INJURY \_\_\_\_\_

\_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_ DEATH \_\_\_\_\_ INJURY \_\_\_\_\_

\_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_ DEATH \_\_\_\_\_ INJURY \_\_\_\_\_

LOCATION OF ACCIDENT: \_\_\_\_\_

TIME OF OCCURRENCE: \_\_\_\_\_

TROUBLE DESCRIPTION: \_\_\_\_\_

TIME OF OCCURRENCE: \_\_\_\_\_

TIME OF RESUMPTION OF NORMAL SERVICE: \_\_\_\_\_

NUMBER OF CUSTOMERS AFFECTED: \_\_\_\_\_

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_



ther revenue, such as state money for each student enrolled, officials say. About 20,000 stu-

The students asked that their last names not be used.

## Body found in stream may be that of missing Morganfield girl

Associated Press

MORGANFIELD, Ky. — A body believed to be that of a missing teen-age girl was found floating in a remote stream yesterday, and her brother-in-law was charged with murder and kidnapping, police said.

Patricia K. Johnson, 16, had been missing since Sept. 14, Morganfield police investigator Jeffery Hart said. She did not return home when it was time for school to be over.

The brother-in-law, Toni Lee Parish, 26, was arrested yesterday afternoon, police said. He was being held in the Union County Jail without bond.

The body was found around 11:30 a.m., about two miles north of Ky. 1508 near De Koven in the Dennis O'Nan Ditch, a tributary of the Ohio River.

An autopsy was scheduled for today in Madisonville, but tentative identification was made on the basis of jewelry found on the body. Union County Coroner Robert Scarberry said. Positive identification and the cause of death could not be determined before the autopsy, he said.

Scarberry said the body could have been in the water since the day Patricia disappeared.

Hart said Patricia stopped by her sister and brother-in-law's house about 7:45 a.m. on the day she disappeared. Her sister had gone to work at 5 a.m., and Patricia was to take their child to day care, but another relative had already taken the child, Hart said.

Patricia, who would have turned 17 last week, was a senior at Union County High School.

## Man killed while fixing power line

From Staff and Special Dispatches

FALMOUTH, Ky. — A 26-year-old Crittenden man was electrocuted Friday in Pendleton County.

Kenny Peters Jr. was in a bucket truck repairing a power line with the Owen County RECC when he was electrocuted.

Peters was a lineman for Richardson Construction Co. in Owenton, a member of Williamstown United Methodist Church and Bad Bob's Riders Club.

His survivors include his wife, the former Debbie Bingham of Crittenden; a daughter, Michael S. Peters of Crittenden; his parents, Kenneth and Cora R. Peters Sr. of Crittenden; two sisters, Shawna Hare of Dry Ridge and Lisa Shinkle of Lockland, Ohio; his grandparents, Hubert Peters of Cedar Grove, Ind.,

and Salle Bolton of Barbourville.

The funeral will be 2 p.m. tomorrow at Elliston-Stanley Funeral Home with burial in Hill Crest Cemetery, Dry Ridge. Visitation will be after 4 p.m. today.

### Classified Advertising

Death Notices 100

#### COX, Mary Isabel Mattingly

72 of Evansville, Ind., widow of Carl B. Cox, dies Friday at St. Mary's Hospital in Indiana. She is survived by a daughter, Karlene Cox, Evansville, a sister, Mary Elizabeth Thornton, Boston, Mass., and several nieces and nephews. Graveside memorial service, 2 P.M., Tuesday, Lawrenceburg Cemetery, Father J.P. Blenders. No visitation. Cash Memorial Chapel in charge of arrangements. Contributions are suggested to the American Cancer Society.

ADDITIONAL CLASSIFIED IN SECTION F-G

Now you can have a bedroom with New styles. On sale to



San Angelo Trunks Small. Reg. \$119.99

San Angelo Nightgowns

\$12

Reg. \$17.99

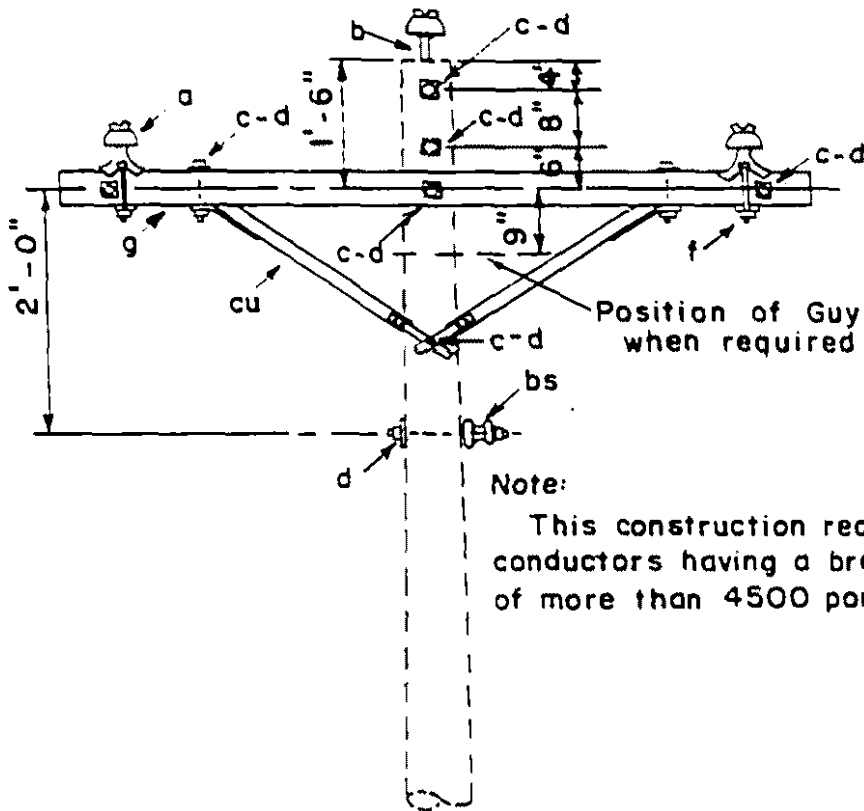
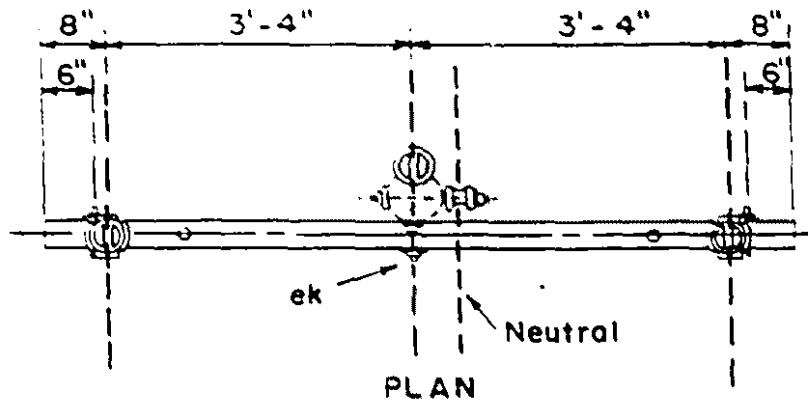
San Angelo Head Town. Reg. \$149.9 Stars Quilt is here Full/Queen. Reg. Sham. Reg. \$24.9

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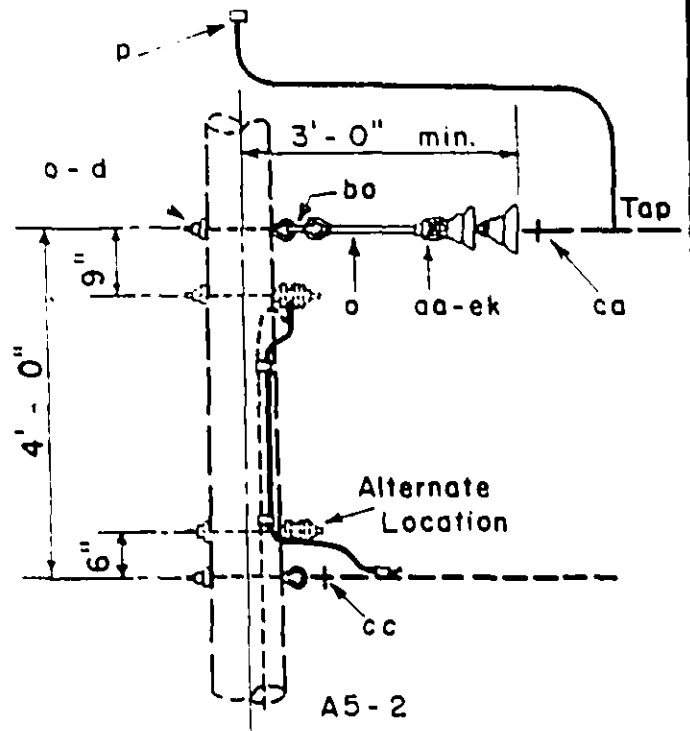
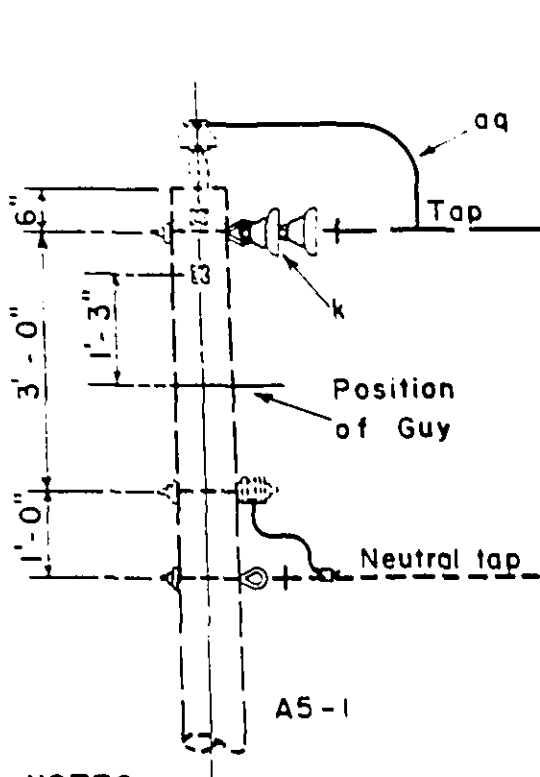
Note:  
This construction required for all conductors having a breaking strength of more than 4500 pounds.

ITEM NO.	MATERIAL	ITEM NO.	MATERIAL
a	3 Insulator, pin type 34224210	f	2 Pin, crossarm, clamp type 4541001
b	1 Pin, pole top, 20" 45612120	g	1 Crossarm, 3 5/8" x 4 5/8" x 8'-0" 45412011
c	6 Bolt, machine, 5/8" x req'd length 06380000	bs	1 Bolt, single upset, insulated 07535168
c	2 Bolt, machine, 1/2" x req'd length 06380000	ek	7 Locknuts 7/8 42903063
d	10 Washer, 2 1/4" x 2 7/8" x 3/16" 07535168		
d	2 Washer, rd. 1 3/8" diam. 9/16" hole 07535168		

2 1/2 Locknuts 42903050  
7.2/12.5 KV., 3-PHASE CROSSARM CONST.  
0° TO 2° ANGLE  
(LARGE CONDUCTORS)

Jan. 1, 1962

CI-2



**NOTES:**

1. See guide drawings M29-1 and M29-2.
2. A5-1 assembly may be used with drawings such as: A1, A1-1, A1-2, A2 and A2-3.
3. A5-2 assembly may be used with drawings such as: B1, B1-1, B2, B7, C1, C1-2, C1-3, C1-4, C2-1 and C2-2.
4. Specify A5-2A for tap to existing eyebolt.

ITEM	MATERIAL	ASSEMBLY UNIT		
		A5-1 NO.	A5-2 NO.	A5-2A NO.
d	Washer, square, 2-1/4" 71020441	2	2	
k	Insulator, suspension 4" 34224210	2	2	2
o	Bolt, eye, 5/8" x required length 063000	2	3	1
p	Connectors <del>insulator</del>	as req'd. 2	as req'd. 3	as req'd. 2
aa	Nut, eye, 5/8" oval eye 42904063		1	3
aa	Jumpers, Connectors -	as req'd. 2	as req'd. 2	as req'd. 2
ca	Deadend assembly, primary clamp 11124023	1	1	1
cc	Deadend assembly, neutral clamp 12301301-1	1	1	1
bo	Shackle, anchor 12302800		1	1
ek	Locknuts 42903063	2	2	2

7.2/12.5 KV PRIMARY, SINGLE PHASE TAP

**A5-1, A5-2, A5-2A**



**DISTRIBUTION LINE EXTENSION**

**CONSTRUCTION CONTRACT**

**(Labor Only)**

**FOR CONSTRUCTION OF RURAL ELECTRIC  
SYSTEM IMPROVEMENTS & EXTENSIONS**

1991 - 1992

**U. S. DEPARTMENT OF AGRICULTURE  
RURAL ELECTRIFICATION ADMINISTRATION**

*File*

# Richardson Contracting, Inc.

June 21, 1990

*Power Line Builders*

P.O. Box 496 • Owenton, KY 40359

Ph. (502) 464-6082

Mr. William Million, P. E.  
Owen Electric Cooperative  
Owenton, Ky. 40359

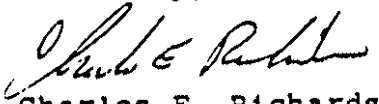
Dear Mr. Million:

Enclosed is our bid for the following:

1. REA Form 792 on a unit-cost basis
2. Reinsulating for voltage conversion from 15 to 25 KV
3. Pole Change Outs
4. Underground line installation, including trenching
5. Hourly rates for men and equipment for cost-plus work

We appreciate your extending an opportunity for us to continue working with your cooperative.

Sincerely,



Charles E. Richardson  
President

CER:mrc

## PROPOSAL

TO: Owen County R. E. C. C.

(hereinafter called the "Owner").

### ARTICLE I--GENERAL

Section 1--Offer to Construct. The undersigned (hereinafter called the "Contractor") hereby proposes to construct for the prices hereinafter stated, with materials furnished by the Owner, the rural electric project 1991 and 1992 Line Extensions (hereinafter called "Project") in strict accordance with the Plans, Specifications, and Construction Drawings hereinafter referred to. The Contractor understands and agrees that the Project will consist of line extensions and additions and line changes or similar work usually associated with overhead or underground distribution system improvement or extension work all located within the area served or ultimately to be served by the Owner and that the exact location and scope of individual sections of the Project (hereinafter called "Sections") will be made known to the Contractor from time to time as provided in Article II, Section 1 hereof; and provided, however, that the Contractor shall not be obligated to start construction of any Section unless the cost of construction of the Section computed on the unit prices of this Proposal shall amount to at least Five Thousand dollars (\$ 5000) and provided further that the Owner shall be obligated to release to the Contractor for construction at least one Section pursuant to the provisions of this Proposal.

Section 2--Additional Projects. From time to time the Owner and the Contractor may enter into negotiations for the performance of work at labor prices which may differ from those in the Proposal (such work being hereinafter called "Additional Projects"). Except as may otherwise be agreed upon in writing by the Owner and the Contractor at the time the supplemental contract for the Additional Project is negotiated, the provisions of the Contract for the Project shall apply.

Section 3--Proposal on Unit Basis. The Contractor understands and agrees that the various Construction Units considered in this Proposal are defined by symbols and descriptions in this Proposal, that the Proposal is made on a unit basis, and that the Owner may specify, as provided in Article II, Section 1 hereof, any number or combination of Construction Units which the Owner, may deem necessary for the construction of the Project. If kinds of Construction Units for which prices are not established in this Proposal are necessary for the construction of the Project, the prices of such additional Units shall be as agreed upon in writing by the Owner and the Contractor prior to the time of installation. The unit prices herein set forth are applicable to work performed on unenergized lines. Such unit prices shall be increased by forty percent (40%) percent for all units installed on energized lines in accordance with instructions of the Owner, as provided in Article II, Section 1g.

Section 4--Description of Contract. The Specifications and Construction Drawings set forth in:

- REA Form 804, Specifications and Drawings for 7.2/12.5 kV Line Construction
- REA Form 803, Specifications and Drawings for 14.4/24.9 kV Line Construction
- REA Form 806, Specifications and Drawings for Underground Electric Distribution

as applicable, which by this reference are incorporated herein, together with the Plans, Proposal and Acceptance constitute the Contract. The Plans, consisting of maps and special drawings, and approved modifications in standard specifications are attached hereto and identified as follows:

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expense of the Contractor, and the Contractor shall be liable to the Owner for any cost or expense in excess of the Contract price occasioned thereby. In such event the Owner may take possession of and utilize, in completing the construction of the Project, any materials, tools, supplies, equipment, appliance, and plant belonging to the Contractor or any of its subcontractors, which may be situated at the site of the Project. The Owner in such contingency may exercise any rights, claims, or demands which the Contractor may have against third persons in connection with this Proposal and for such purpose the Contractor does hereby assign, transfer, and set over unto the Owner all such rights, claims, and demands.

## ARTICLE VI--MISCELLANEOUS

Section 1--Patent Infringement. The Contractor will save harmless and indemnify the Owner from any and all claims, suits, and proceedings for the infringement of any patent or patents covering an equipment used in the work.

Section 2--Permits for Explosives. All permits necessary for the handling or use of dynamite or other explosives in connection with the construction of the Project shall be obtained by and at the expense of the Contractor.

Section 3--Compliance with Statutes and Regulations. The Contractor will comply with all applicable statutes, ordinances, rules, and regulations pertaining to the work. The Contractor acknowledges that it is familiar with the Rural Electrification Act of 1936, as amended, the so-called "Kick-Back Statute (48 Stat. 948), and regulations issued pursuant thereto, and 18 U.S.C. §§287,1001, as amended. The Contractor understands that the obligations of the parties hereunder are subject to the applicable regulations and orders of Governmental agencies having jurisdiction in the premises.

### Section 4. Equal Opportunity Provisions.

#### a. Contractor's Representations.

The Contractor represents that:

It has , does not have , 100 or more employees, and if it has, that

It has , has not , furnished the Equal Employment Opportunity--Employers Informatic Report EEO-1, Standard Form 100, required of employers with 100 or more employees pursuant to Executive Order 11246 and Title VII of the Civil Rights Act of 1964.

The Contractor agrees that it will obtain, prior to the award of any subcontract for more than \$10,000 hereunder to a subcontractor with 100 or more employees, a statement, signed by the proposed subcontractor, that the proposed subcontractor has filed a current report on Standard Form 100.

The Contractor agrees that if it has 100 or more employees and has not submitted a report on Standard Form 100 for the current reporting year and that if this Contract will amount to more than \$10,000, the Contractor will file such report, as required by law, and notify the Owner in writing of such filing prior to the Owner's acceptance of this Proposal.

#### b. Equal Opportunity Clause. During the performance of this Contract, the Contractor agrees as follows:

(1) The Contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. The Contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex, or national origin. Such action shall include, but not be limited to, the following: Employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided setting forth the provisions of this Equal Opportunity Clause.

(2) The Contractor will, in all solicitations or advertisements for employees placed by or behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, or national origin.

Section 7.- Definitions.

- a. The term "Owner" shall also include an engineer employed by the Owner, or a firm or engineer retained by the Owner, and designated by the Owner to act in that capacity. The Contractor will be notified in writing by the Owner of those designated to act for the Owner at the time of acceptance of this Proposal.
- b. The term "Completion of Construction" shall mean full performance by the Contractor of the Contractor's obligations under the contract and all amendments and revisions thereof relating to any Section of the Project or to the Project except the Contractor's obligation in respect of (i) Certificate of Contractor and Indemnity Agreement - Line Extensions under Article III, Section 2 hereof and (ii) the Final Inventory referred to in Article III, Section 1 hereof.
- c. The term "Completion" shall mean full performance by the Contractor of the Contractor's obligations under the Contract and all amendments and revisions thereof relating to any Section of the Project or to the Project.

Section 8.-Extension to Successors and Assigns. Each and all of the covenants and agreements contained in the Contract effected by the acceptance of the Proposal shall extend to and be binding upon the successors and assigns of the parties thereto.

Richardson Contracting, Inc.

(Contractor)

By   
(President)

P. O. Box 496

Owenton, Ky. 40359

(Address)

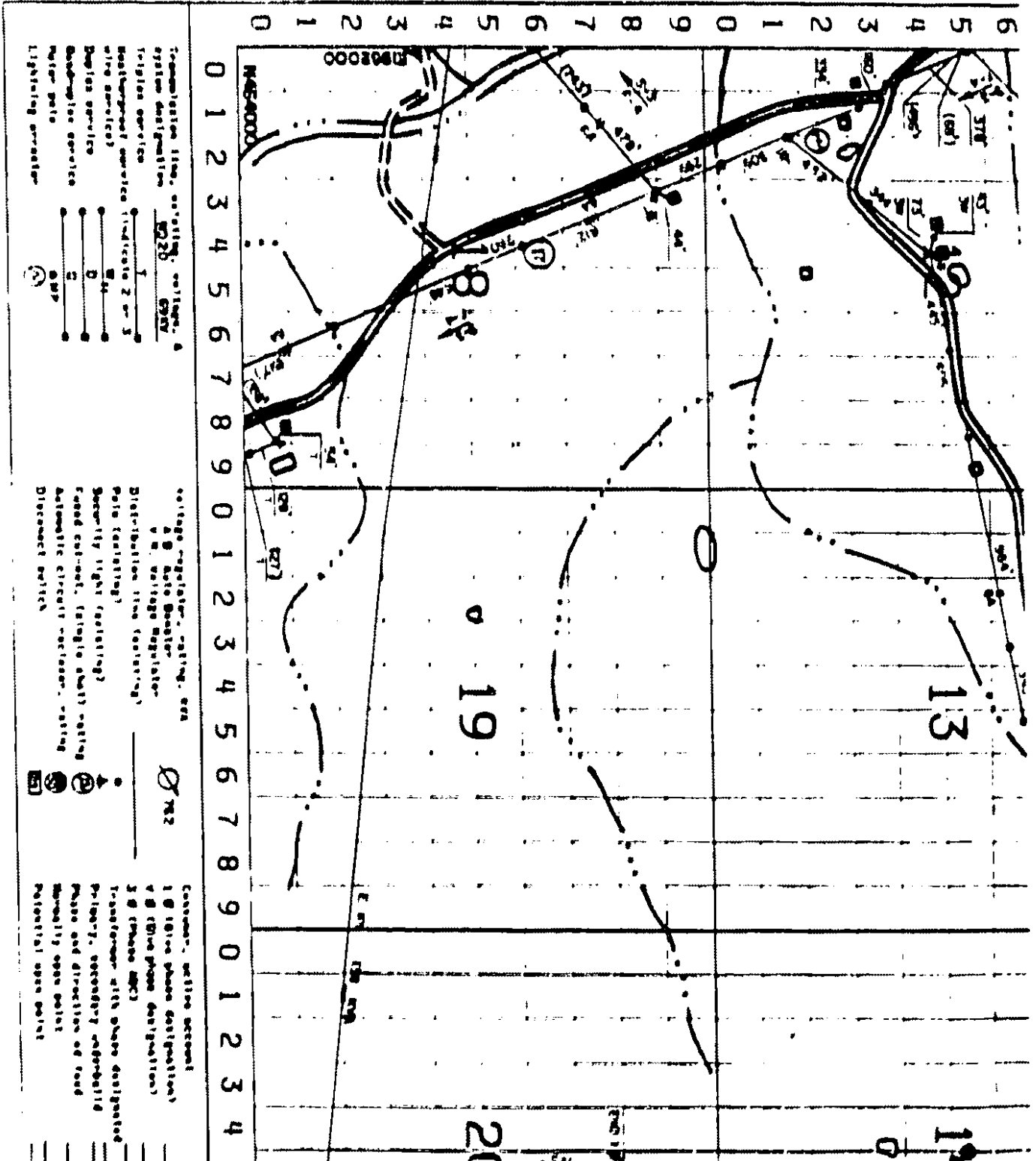
ATTEST:

  
(Secretary)

Date of Proposal June 21, 19

This Proposal must be signed with the full name of the Contractor. If the Contractor is a partnership the Proposal must be signed in the partnership name by a partner. If the Contractor is a corporation the Proposal must be signed in the corporate name by a duly authorized officer and the corporate seal affixed and attested by the Secretary of the Corporation.

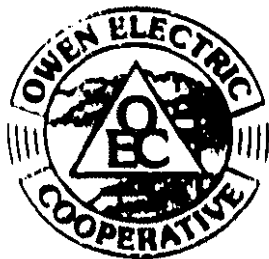




Transmission line, setting, setting, 4  
 system designation 0220 0221  
 isolation service (indicate 2 or 3  
 wire service)  
 Duplex service  
 Single-line service  
 Meter pole  
 Lightning arrester

voltage regulator, setting, etc  
 2 M. Auto Regulator  
 4 M. voltage regulator  
 Distribution line construction  
 pole (setting)  
 Security light (setting)  
 Road cut-off, (single shaft) setting  
 Automatic circuit recloser, setting  
 Disconnect switch

Customer, active account  
 1 @ (line phase designation)  
 4 @ (line phase designation)  
 3 @ (phase ABC)  
 Transformer with phase designated  
 Primary, secondary, secondary  
 Phase and direction of road  
 Manually open point  
 Potential open point



# OWEN ELECTRIC COOPERATIVE

410 South Main Street • Owenton, Kentucky 40359 • 502/484-3471

October 27, 1992

**RECEIVED**

OCT 29 1992

DIVISION OF SAFETY  
ENGINEERING & SERVICE

Mr. John Land  
Public Service Commission  
P. O. Box 615  
730 Schenkel Lane  
Frankfort, Kentucky 40601

Dear Mr. Land:

Enclosed you will find our final accident investigation report concerning Mr. Kenny Peters. The coroner's report has been requested and should be received around November 5, 1992. A copy will be sent to you as soon as it is available.

If you need any further information, feel free to call anytime.

Yours truly,

OWEN ELECTRIC COOPERATIVE

Danny Stockdale  
Superintendent of Engineering

DS:trb

Enclosure





COMMONWEALTH OF KENTUCKY  
DEPARTMENT FOR HEALTH SERVICES  
REGISTRAR OF VITAL STATISTICS

118

RECEIVED

FILE NO. 11-1392

CERTIFICATE OF DEATH

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's Office DIVISION OF HEALTH

DECEDENT

1. OCCIDENT'S NAME (Print, Middle Last)  
**KENNETH --- PETERS, JR.**

2. SEX  
**Male**

3. DATE OF DEATH (Print, Day, Month, Year)  
**September 25, 1992**

4. SOCIAL SECURITY NO. [REDACTED]

5a. AGE Last Birthday (Years)  
**26**

5b. UNDER 1 YEAR (Months) (Days)

5c. UNDER 1 DAY (Hours) (Minutes)

6. DATE OF BIRTH (Month, Day, Year)  
[REDACTED]

7. BIRTHPLACE (City/Town or in Foreign Country)  
**Covington, KY**

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)  
**No**

9a. PLACE OF DEATH (Check only one)  
**HOSPITAL**  
 Inpatient  ER/Outpatient  DCA

9b. OTHER  Nursing Home  Residence  Other (Specify)

9c. FACILITY NAME (If not institution, give street and number)  
**St. Luke Hospital East**

9d. CITY, TOWN, OR LOCATION OF DEATH  
**Ft. Thomas**

9e. COUNTY OF DEATH  
**Campbell**

10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify))  
**Married**

11. SURVIVING SPOUSE (If wife, give maiden name)  
**Debbie Lynn Bingham**

12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do Not use retired)  
**Lineman**

12a. KIND OF BUSINESS/INDUSTRY  
**Electrical Constr**

13a. RESIDENCE State  
**Kentucky**

13b. COUNTY  
**Grant**

13c. CITY, TOWN, OR LOCATION  
**Crittenden**

13d. STREET AND NUMBER  
**Violet Rd.**

14. INHABIT CITY (LIMITS) (Yes or No)  
**No**

14a. ZIP CODE  
**41030**

14b. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, Specify Cuban, Mexican, Puerto Rican, etc.)  
**No**

15. RACE - American Indian, Black, White, etc. (Specify)  
**White**

16. DECEDENT'S EDUCATION (Specify only highest grade completed)  
High School (9-12)  College (1-4 or 5+)  
**12**

PARENTS

17. FATHER'S NAME (Print, Middle Last)  
**Kenneth --- Peters, Sr.**

18. MOTHER'S NAME (Print, Middle Maiden Surname)  
**Cora Ruth Hays**

INFORMANT

19. INFORMANT'S NAME (Type/Print)  
**Mrs. Debbie Peters**

19a. MAKING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  
**P.O. Box 212, Violet Rd., Crittenden, KY 41030**

DISPOSITION

20a. METHOD OF DISPOSITION  
 Burial  Cremation  Removal from State  
 Donation  Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)  
**Hill Crest Cemetery**

20c. LOCATION - (City, Town or State)  
**Dry Ridge, Kentucky**

21. SIGNATURE OF FUNERAL SERVICE LICENSEE  
*[Signature]*

22. NAME AND ADDRESS OF FACILITY  
**Elliston-Stanley Funeral Home  
P.O. Box 130, Williamstown, KY 41097**

CERTIFIER

23. In the best of my knowledge, death occurred at the time, date and place and due to the causes stated.  
Signature and Title *[Signature]* **WED A. STU...**

24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 26I (Type/Print)  
**Coroner, Campbell County, Ky  
1805 ALEXANDRIA, ...  
HIGHLAND HEIGHTS, KY 41076**

25. TIME OF DEATH  
**16:33 hr**

26. DATE PROHOUNCED DEAD (Month, Day, Year)  
**September 25, 1992**

27. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No)  
**Yes**

CAUSE OF DEATH

28. PART I: In the deceased, give the conditions that caused the death. Do not omit the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)  
**a. Body as a whole**

DUE TO IOR AS A CONSEQUENCE OF  
**b. Electrocution (anomneted)**

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  
**c. Integumentary - Burns electrical**

**d. Palm & hand wet & numb; over 5th toe**

Approximate interval between onset and death  
**1 1/2 hrs**

PART II: Other significant conditions contributed to death but not resulting in the underlying cause given in Part I.  
**Drug screen - Negative**

29a. WAS AUTOPSY PERFORMED? (Yes or No)  
**Yes**

29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)  
**Yes**

REGISTRAR

29. MANNER OF DEATH  
 Natural  Pending Investigation  
 Accidental  Suicide  Could not be determined  
 Homicide

30a. DATE OF INJURY (Month, Day, Year)  
**9-25-92**

30b. TIME OF INJURY  
**1500 hrs**

30c. INJURY AT WORK? (Yes or No)  
**Yes**

30d. DESCRIBE HOW INJURY OCCURRED  
**using no protection or hand or arms - grabbed @ line under 72,000**

30e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)  
**Electric Transmission Lines Hwy Ky 17 @ Gasoy Creek; Pendleton Co**

30f. LOCATION (Street and number or Rural Route Number, City or Town)

31. REGISTRAR'S SIGNATURE

32. DATE FILED (Month, Day, Year)

POST MORTEM  
-- FINAL REPORT --

PETERS, KENNETH

Patient #: [REDACTED]  
Secondary #: [REDACTED]  
Location: OPSERV  
Birthdate: [REDACTED]  
Age/Sex: 26Y M

Received Date: 26SEP92 10:30  
Collected Date: 26SEP92

ACCESSION NUMBER: A-92000198

Requesting Dr: CAMPBELL COUNTY CORONER  
Admitting Dr: FRED STINE, M.D.

-- FINAL DIAGNOSIS --

- 1 BODY AS A WHOLE  
ELECTROCUTION, (ANAMNESTIC)
- 2 INTEGUMENT  
BURNS, ELECTRICAL

GROSS DESCRIPTION:

A post mortem examination is performed on the body of Kenneth Peters at St. Luke Hospital East on September 26, 1992. The autopsy is begun at 11:38 a.m. The body is identified by Albert Garnick, assistant coroner of Campbell County. Permission for a complete autopsy is granted by the signature of Albert Garnick, assistant coroner of Campbell County. The autopsy is performed by Charles L. Stephens, M.D.

EXTERIOR OF BODY:

The body is that of a white, man which measures 77 inches and weighs approximately 200 pounds. The body is normally developed, adequately nourished, well preserved, and unembalmed. Rigidity is fully established in all major muscle groups, including the lower extremities, the upper extremities and the head and neck. Lividity is diffuse, unfixated, purple and extends over the posterior surfaces of the body, except in areas exposed to pressure. The body is cool to touch, having been in refrigeration. The physical appearance is consistent with the state age of 26 years.

REVIEWED BY: \_ CLS \_ HL \_ UC \_ AFIP \_ OTHER DOCTOR \_\_\_\_\_ CALLI

Report For: PETERS, KENNETH  
[REDACTED]

Outpatient Services

Reported: 21OCT92 1:  
A-92000198 1

**CARDIOVASCULAR SYSTEM:**

The pericardial surfaces are smooth and glistening and unremarkable. The pericardial sac is free of significant fluid and adhesions.

The heart weighs 450 grams. The right atrium receives the superior and inferior venae cavae normally. The atrial septum is intact. The tricuspid valve is architecturally normal. The right ventricle is not dilated. The ventricular septum is intact. The pulmonary valve is architecturally normal. The pulmonary artery arises normally and bifurcates immediately. No thrombi or emboli are noted. The left atrium receives the pulmonary veins normally. The mitral valve is normal architecturally. The valve leaflets are pliable and the chordae tendineae are thin and delicate. The myocardium of the left ventricle is brown, firm, homogenous. The aortic valve is architecturally normal. The heart has a predominate left coronary artery distribution. No atherosclerosis is present. The aorta arches normally to the left, giving rise to its expected branches. The intimal surface is free of atherosclerosis. The inferior vena cava and its tributaries drain normally and are free of thrombi and emboli.

**RESPIRATORY SYSTEM:**

The trachea is in the midline. The lumen is patent. The mucosa is hyperemic, and when first opened covered by gastric debris. The right lung weighs 750 grams. The left lung weighs 450 grams. The pleural surfaces are smooth and glistening over the lobe. The bronchi are patent and free of mucosal abnormalities. The pulmonary arteries are free of thrombi and emboli. The pulmonary parenchyma is dark red to purple and homogenous. The parenchyma is homogenous and crepitant.

**HEPATOBIILIARY SYSTEM:**

The liver weighs 2,300 grams. The hepatic capsule is smooth, glistening, intact and transparent. The hepatic parenchyma is homogeneous, firm and brown.

The gallbladder contains 5 ml of green liquid bile without stones; the mucosa is velvety and unremarkable.

The common bile duct, hepatic artery and portal vein are of normal caliber and are patent.

**ENDOCRINE SYSTEM:**

The pituitary gland is in its normal position and has a normal relationship to the base of the brain. It is of normal size. The

liquified.

There is no regional lymph node enlargement .

The thymus weighs 50 grams. It is normal in its position and normal in its relationship to the superior mediastinum. It is formed largely of fibrous tissue and fat.

The bone marrow is red to purple/brown, homogenous and grossly unremarkable.

#### NECK:

The strap muscles are intact. The larynx is in the midline, intact, symmetrical and without mucosal abnormalities. The hyoid bone is intact and without hemorrhage. There is no hemorrhage in the neck, including the anterior cervical fascia and the superior mediastinum.

#### HEAD, CENTRAL NERVOUS SYSTEM:

There are no subgaleal hematomas. The bony skull is intact. The dura mater and the falx cerebrae are intact, white, smooth and glistening. The brain weighs 1,300 grams. The pia arachnoid is thin and delicate. The cerebral hemispheres are symmetrical. The vessels at the base of the brain are normally distributed, free of atherosclerosis. The cranial nerves are intact and free of abnormality . The sulci and gyri appear normal . Multiple coronal sections are taken. The ventricular system is symmetrical and of normal caliber . The cortex, subcortical white matter, basal ganglia and thalami are unremarkable . Sections through the brain stem and cerebellum are unremarkable . The spinal cord is not examined. CLS:ls

#### MICROSCOPIC DESCRIPTION:

##### HEART:

Sections of heart show intracardiac edema with spreading of myocardial fibers. The conduction system appears normal.

##### LUNG:

The lung is congested with distention of alveolar spaces by intact and liquified erythrocytes. This pattern is focal, red.

##### LIVER:

No histologic abnormalities.

Report For: PETERS, KENNETH

Outpatient Services

Reported: 21OCT92 13  
A-92000198

SPLEEN:

The spleen is congested.

THYMUS:

No histologic abnormalities.

KIDNEY:

The kidney is congested. Glomeruli are formed of thin, delicate capillary loops. The tubules are lined by cuboidal and columnar epithelium.

PROSTATE:

Some prostatic glands and ducts are dilated and filled with desquamated tubular epithelium. The structures are surrounded by aggregates of lymphocytes.

TESTICLE:

No histologic abnormalities.

THYROID:

No histologic abnormalities.

PANCREAS:

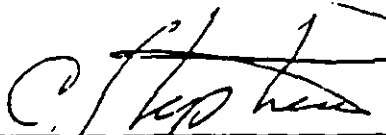
The pancreas shows early autolytic change. No histologic abnormalities are noted.

ADRENAL:

No histologic abnormalities.

BRAIN:

Cerebral vessels are ectatic, but intact. Changes are those of hypostasis. CLS:kc

  
STEPHENS, CHARLES L.

Report For: PETERS, KENNETH

Outpatient Services

Reported: 21OCT92 13  
A-92000198 6



IF THIS CASE HAS OSHA RECORDABLE AND DATE REASON FOR RECORDING AND GIVE OSHA CASE OR FILE NUMBER

Fatal  
 OSHA Case or File Number: 92-02  
 OSHA Case or File Number (from previous form):

EMPLOYEE'S NAME <b>Richardson Cont., Inc.</b>		EMPLOYER NUMBER [REDACTED]	STREET OR ROAD <b>Old Monterey Rd.</b>	LOCATION AT WHICH EMPLOYEE WORKED CITY COUNTY STATE ZIP <b>Owenton Owen Ky. 40359</b>	DO NOT WRITE IN THIS COLUMN
INDIVIDUAL OR PARTNERSHIP NAME OF BUSINESS			CITY COUNTY STATE ZIP		
EMPLOYEE	MAILING ADDRESS <b>P. O. Box 250</b>		AREA CODE TELEPHONE [REDACTED]	UNEMPLOYMENT INSURANCE ID NUMBER [REDACTED]	Employer No.
	CITY COUNTY STATE ZIP <b>Owenton Owen Ky. 40359</b>		NATURE OF BUSINESS (i.e., USE following description) <b>Const. of Elec. Dist. Power Lines</b>		Industry
	WORKMEN'S COMPENSATION INSURANCE CARRIER POLICY NUMBER <b>Ky. Central 630011955</b>		SPECIFIC PRODUCT OR SERVICE COMPREHENSIVE MAJORITY OF SALES (i.e., BUSINESS) <b>Construction</b>		Line of Business
EMPLOYEE	EMPLOYEE'S NAME FIRST MIDDLE LAST <b>Kenneth Peters, Jr.</b>		AREA CODE TELEPHONE (HOME) [REDACTED]	SOCIAL SECURITY NUMBER [REDACTED]	Age
	EMPLOYEE'S HOME ADDRESS <b>Crittenden Grant Ky. 41030</b>		DATE OF BIRTH [REDACTED]		Sex
	CITY COUNTY STATE ZIP		DEPARTMENT IN WHICH REGULARLY EMPLOYED <b>Construction</b>		Position
	REGULAR OCCUPATION JOB TITLE <b>Lineman</b>		DEPARTMENT WHERE WORKING WHEN INJURY OR ILLNESS OCCURRED <b>Construction</b>		Department
	HOW LONG EMPLOYED BY YOU? <b>Since 11/6/89</b>	HOW LONG IN PRESENT JOB? <b>Since 11/6/89</b>	NUMBER OF HOURS WORKED PER DAY <b>8</b>	NUMBER OF DAYS WORKED PER WEEK <b>40</b>	Number of Job
	EMPLOYEE'S WAGE RATE \$ <b>10.50</b> PER HOUR		COMMISSION OR PIECE WORK EARNINGS	WEEKLY DOLLAR VALUE OF PAY IN KIND (HOODING FOOD ETC.)	Shift
	NUMBER OF DEPENDENTS (Please compute back of form) <b>two</b>	PLACE OF ACCIDENT OR EXPOSURE (LOCATION INCLUDING COUNTY) <b>Pendleton Co. On Highway 17, 5 miles west of U.S. 27</b>		DATE EMPLOYER NOTIFIED <b>9/25/92</b>	County of Injury
	ON EMPLOYER'S PREMISES? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	DATE OF OCCURRENCE <b>9/25/92</b>	TIME OF DAY <b>3:05PM</b>	TIME WORKDAY BEGAN AND WOULD NORMALLY END FROM 7:00 AM TO 3:30 PM	Nature of Injury
	HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Begin by stating what the employee was doing just before the accident or exposure. Be specific. If employee was using tools or equipment, or handling material, name them and list what employee was doing with them.) <b>Employee was in bucket truck tying in neutral wire.</b>				
	WHAT FACTORS LED TO THE ACCIDENT OR EXPOSURE? (List what happened and how it happened. Specify how objects or substances were involved. Give full details of all factors which led or contributed to the accident or exposure.) <b>Apparently, employee made contact with energized line</b>				
WHAT THING DIRECTLY PRODUCED THIS INJURY OR ILLNESS? (Name object or substance or event by which injury or illness occurred. Be specific. Name of equipment or material, if used, or name of person, if involved, if any. If injury resulted from failure of machine, tool, or equipment, specify what it was and how it failed.) <b>Electrocution</b>					
DESCRIBE THE INJURY OR ILLNESS IN DETAIL AND INDICATE THE PART OF BODY AFFECTED (e.g., amputation of right index finger at second joint fracture of 2-10s and dislocation, proximal of left hand etc.) <b>Autopsy is being performed.</b>					
NAME AND ADDRESS OF TREATING PHYSICIAN		NAME AND ADDRESS OF HOSPITAL <b>St. Luke Hospital East Ft. Thomas, Ky.</b>		IN PATIENT <input type="checkbox"/>	
MEDICAL TREATMENT GIVEN (DESCRIBE) <b>Co-workers administered CPR</b>		RESTRICTIONS OF DUTY OR PERMANENT TRANSFER TO ANOTHER JOB CHECK <input type="checkbox"/>		OUT PATIENT <input type="checkbox"/>	
DATE STOPPED WORK BECAUSE OF THIS INJURY OR ILLNESS	DATE RETURNED TO WORK	NUMBER OF SCHEDULED WORK DAYS LOST TO DATE	WAS EMPLOYEE PAID FOR FULL DAY ON DATE OF INJURY? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>		
IF DEATH GIVE NAME AND ADDRESS OF NEXT OF KIN <b>Debbie Peters, Bullock Pen Lake, Crittenden, Ky. 41030</b>			DATE OF DEATH <b>9-25-92</b>		
REPORT PREPARED BY <b>Jimmy R. Chandler</b>		TITLE <b>Sec/Treas.</b>		DATE OF THIS REPORT <b>9-26-92</b>	

*Submitted by MICHAEL S. LYC  
 9-28-92 8:07 AM*



PERSONS ACTUALLY DEPENDENT ON INJURED EMPLOYEE, LIST YOUNGEST FIRST

NAME	DATE OF BIRTH	RELATIONSHIP
Michael		daughter
Bobbie		wife

INSTRUCTIONS

This form is designed for completion with a typewriter. Vertical spacing matches carriage advance of most typewriters. Horizontal spacing (4 steps) can be set up on tabulator.

PLEASE USE TYPEWRITER OR COMPLETE LEGIBLY IN INK!

EMPLOYER

- 1., 3., 5., 8. - Give the name and address exactly as it appears on your certificate of workmen's compensation insurance. If you are an individual or a partner in business enter your name, or names of partners on line 1, and the name of your business enterprise on line 3. If a corporation, enter name of corporation on line 1 and leave line 3 blank.
- 2., 4. - Enter location of the establishment at which the employee was regularly employed at the time of the injury or illness.
6. - Enter telephone number at which person in charge of injury records can be reached.
7. - The employer number under which you pay unemployment insurance
9. - Classification of industry or business
10. - Name of company (not agent) carrying your workmen's compensation insurance in Kentucky.
11. - The product or service which is responsible for the largest percentage of your gross sales.

EMPLOYEE

- 19., 21. - Use descriptive word or phrase which identifies the kind of work performed in the department.
23. - In present department and with present job title.
- 24., 25. - On the average over the most recent quarter.
27. - Earnings in dollars and hours worked (if known) in past 12 months.
28. - Include value of all materials or services (auto, utilities, etc.) furnished for private use of employee or his family.

THE ACCIDENT OR EXPOSURE

29. - Enter the number of dependents in space 29., then turn to back of form and fill in the ages and relationships of each person principally dependent on the employee at the time of injury
31. - Date that employer first knew of the injury or illness.
33. - Date of injury if known, or date injury or illness was diagnosed.
35. - Employee's work shift on the day of the injury.
36. - 39. - Follow instructions on front of form with care. Forms which are incompletely filled out will be returned for completion, and submission of a completed form will be required. The information from these questions is used to compile statistical information which is essential to the study of accidents and occupational hazards.
41. - Complete only if employee was taken to a hospital. Check "in patient" if employee was admitted to the hospital. Check "out patient" if he was treated in the emergency room, for example, and released without being admitted. In either case, give the name and address of the hospital.
42. - Indicate treatment given both at scene and at medical facility (if any).
45. - Use the OSHA criteria for counting lost work days.

# DELTA MOBILE TESTING, INC.

## DIELECTRIC TEST REPORT

Customer: Richardson Contractors  
 Model #: 5FT-45PBI Technician: UP (H)  
 Serial #: 0709997 Temperature: 70°  
 Truck #: 204 Unit's Condition: Good  
 Report #: 60 Date: 5-3-91

TEST AREAS	APPLIED VOLTAGE K.V.A.C.	TIME IN SECONDS	LEAKAGE m.A.	COMMENTS
<b>ARTICULATING BOOM</b>				ANSI A92.2-1979
Upper Boom <input checked="" type="checkbox"/>	69	180	.11	Passed
Lower Boom Insert <input checked="" type="checkbox"/>	50	300	.44	Passed
Total Unit <input checked="" type="checkbox"/>	69	180	.17	Passed
Basket Shaft To Chassis				
<b>EXTENDABLE BOOM</b>				
Total Unit <input type="checkbox"/>	NA		NA	
Basket Shaft To Chassis				
Platform Liner <input checked="" type="checkbox"/>	35	60	Passed	
Hydraulic Oil <input type="checkbox"/> Pass				
21 KVAC Minimum <input type="checkbox"/> Fail				

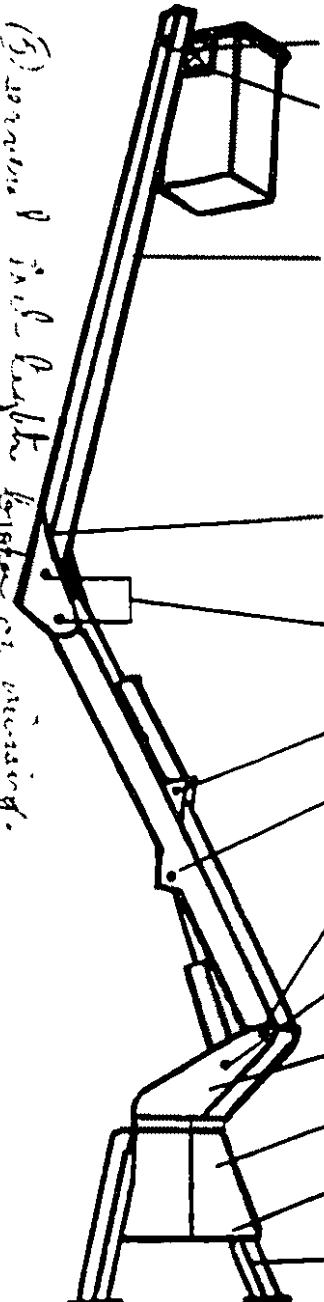
*These are Tests—Not a Guarantee!*

# DELTA MOBILE TESTING, INC.

## BUCKET TEST REPORT

Customer: Richardson Contracting Date: 5-3-91 Report No.: 6  
Model: 551-USPRT Truck No.: 1187 2CH-95D  
Serial No.: 2799887 Technician: MM MJ

5) Operator's seat height adjustable or necessary.



- PLATFORM PIN Pin retainer appears missing - yellow - collar.
- PLATFORM BRACKET Substrate leveling cables
- UPPER CONTROLS Control mounting pin bushings upper worn. Control mount loose.
- BOOM EXTERIOR CONDITION Lower boom mount stripped - occasional repainting.
- ELECTRICAL HAZARD DECALS Seat seat missing
- ELBOW WELDS OK
- ELBOW PINS clean & lubricate upper boom - leveling cables with light oil.
- CYLINDER BLOCK & PIN 3 cracks in corners under cover - yellow. 2 shield bolts missing.
- CYLINDER BLOCK & PIN OK
- LOWER CONTROLS OK
- MAIN BOOM PIN Lubricate cylinder & block with light oil. Upper boom rest cracked - OK
- CYLINDER BLOCK & PIN OK
- TURRET WELDS Lot 4 turret to pedestal mount bolts loose - yellow.
- LOWER PEDESTAL WELDS Oil leaking in pedestal area.
- ANCHOR BOLTS 3 of 4 anchor bolts loose - yellow
- OUTRIGGER WELDS OK

Comments: 1) Light wear on 11-12 bolts loose - yellow  
2) Emergency brake inoperational. 3) Wheel covers missing  
4) Bumper left loose - yellow. 5) Exhaust pipe close to PTO. P11

5650

APPLICATION FOR EMPLOYMENT

Richardson Contracting, Inc.

Date of Application 10-7-89

Position Applied For \_\_\_\_\_

Name Kenneth Peters Jr

Address Dry Ridge Ky Social Security No. [REDACTED]

Telephone No. [REDACTED]

Driver's License No. [REDACTED]

When are you available? 10-6-89

Are you available Full Time  Part Time \_\_\_\_\_ Temporary \_\_\_\_\_

Can you travel if necessary? yes

Have you been convicted of a moving vehicle offense in the last five years? If yes, list date, place and type of offense. No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical, mental, or medical impairment that would restrict your job performance for which you are applying? NO

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth [REDACTED]

Provide three name, address and telephone numbers of references who are not related to you and are not former employers.

Archie Calderon Sr Violet Rd Cottarden Ky  
Chester Fields NA  
Jerry Wright NA



PRESENT AND PREVIOUS EMPLOYMENT:

Begin with your present or most recent job.

- Employer Squirtable Bag  
Address Empire Drive Florence Ky  
Dates employed July 66 10-89  
Reason for leaving Better Job opportunity  
  
Position held Smi Adjuster
- Employer P4 Lumber  
Address Hwy 25 Florence Ky  
Dates Employed Jun 83 April 88  
Reason for leaving Better Job  
  
Position Held Truck Driver
- Employer P4 Lumber  
Address Cleaver Ohio  
Dates Employed September 87 April 88  
Reason for leaving Better Money  
  
Position Held Truck Driver

EDUCATION:

Name of School: Colts Neck At Large Years Completed 1 2 3 4 5 6 7

Name of School: Great Co High Years Completed 9 10 11

Name of College: \_\_\_\_\_ Years Completed 1 2 3 4

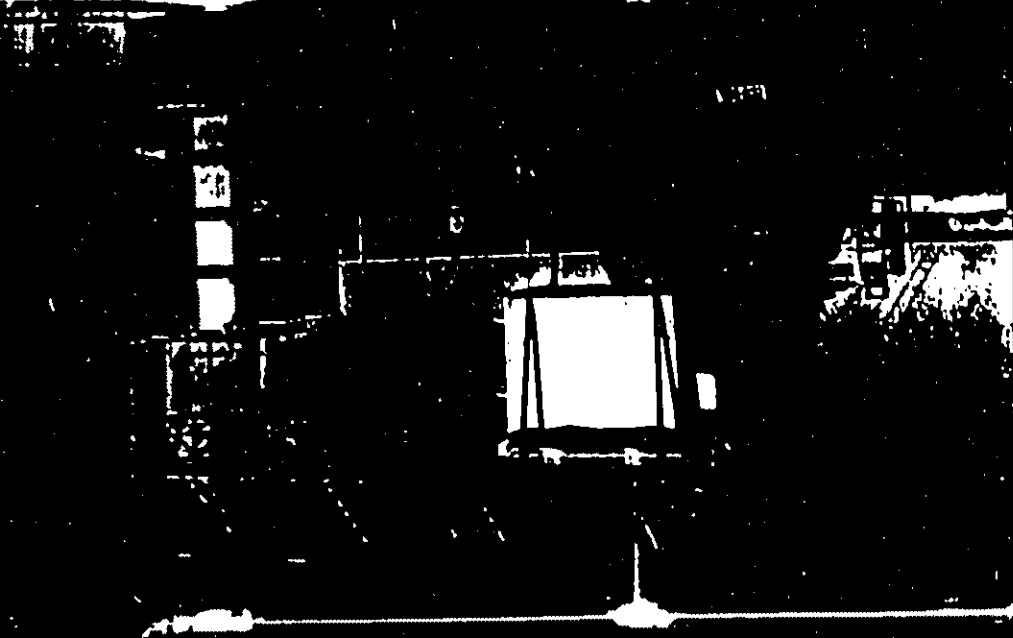
10-5-89  
Date

Kenneth Peters Jr  
Signature of Applicant

APPLICANTS ARE CONSIDERED FOR ALL POSITIONS AND ALL EMPLOYEES ARE TREATED EQUALLY WITH NO REGARD FOR AGE, SEX, MARITAL, RACE, COLOR, RELIGION, OR NATIONAL ORIGIN.

\_\_\_\_\_  
Charles E. Richardson, President  
Richardson Contracting, Inc.

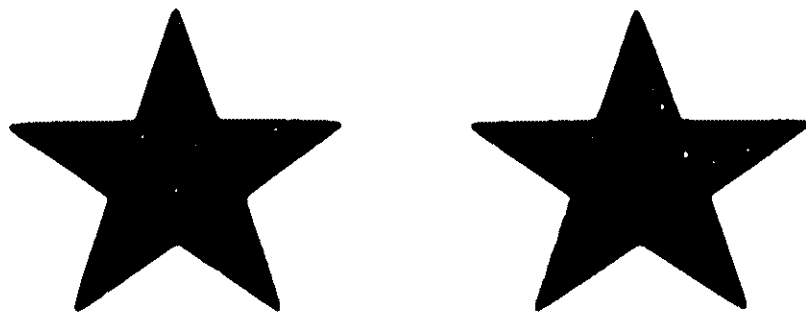
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CONDITION OF THE ORIGINAL RECORDS.



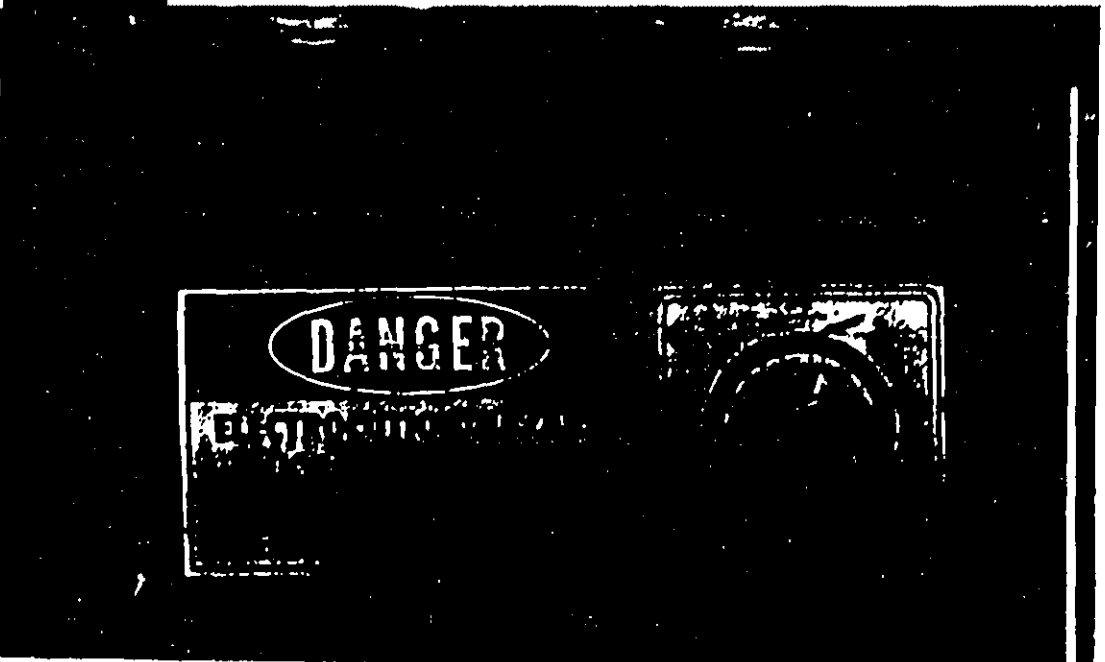
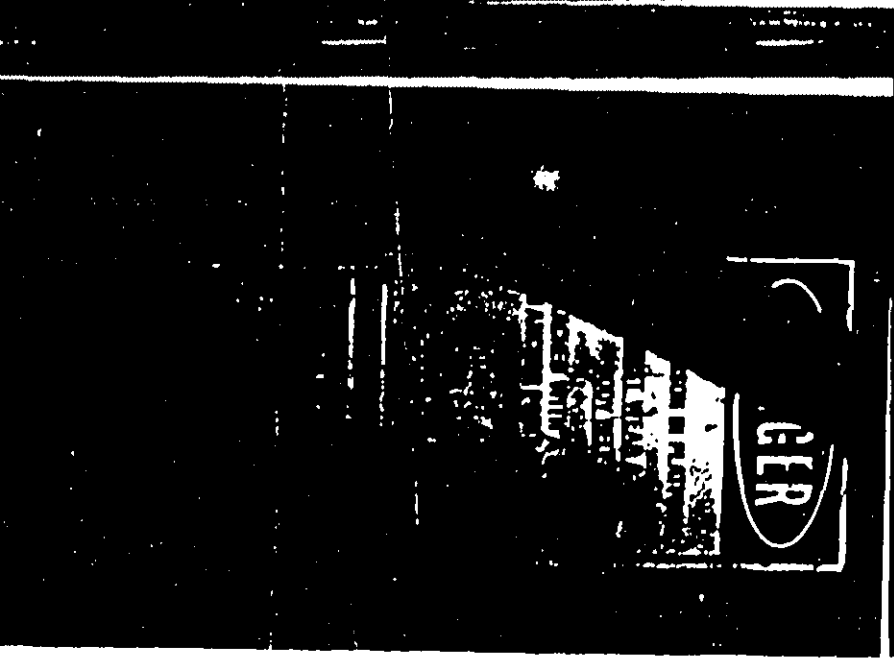
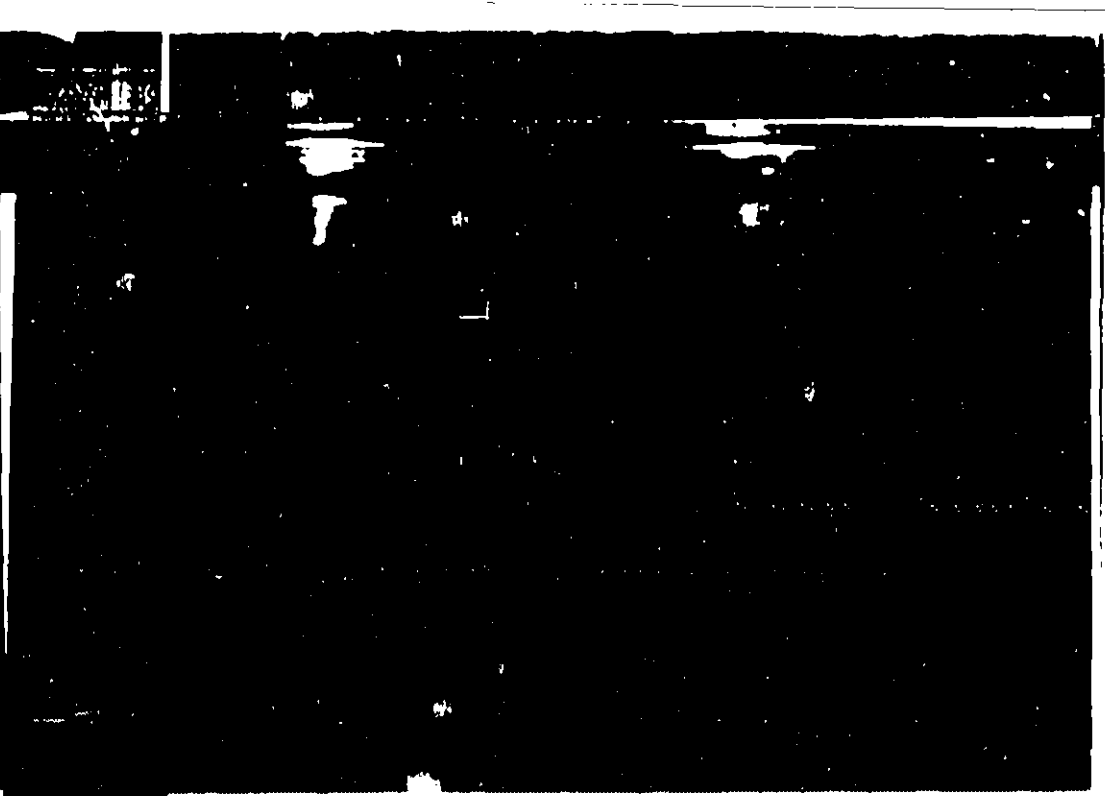
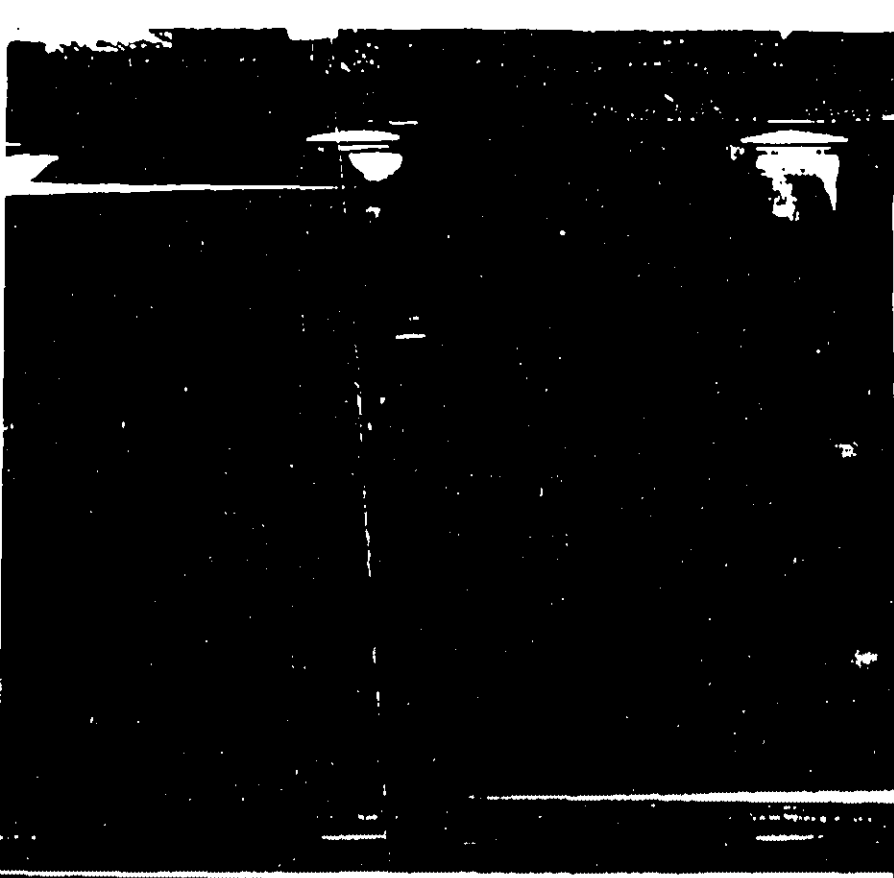


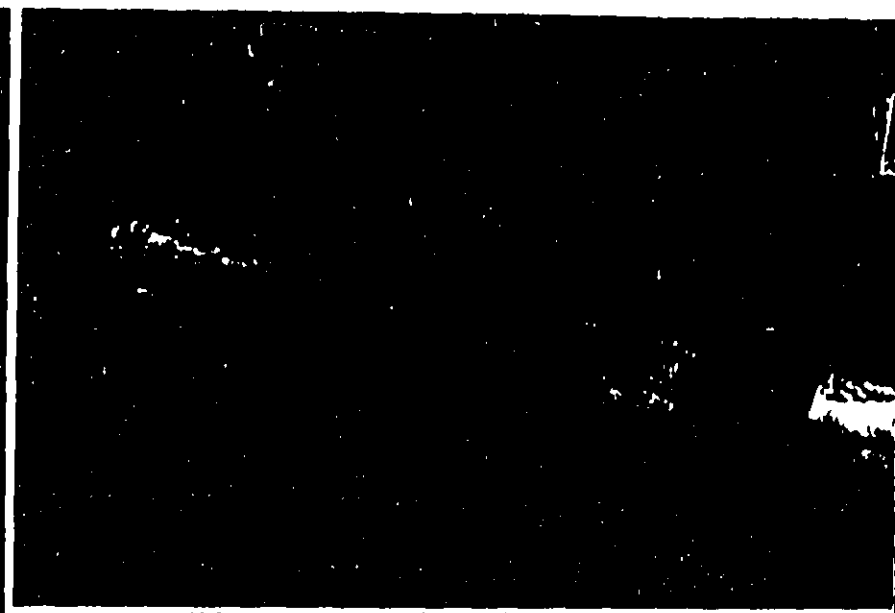
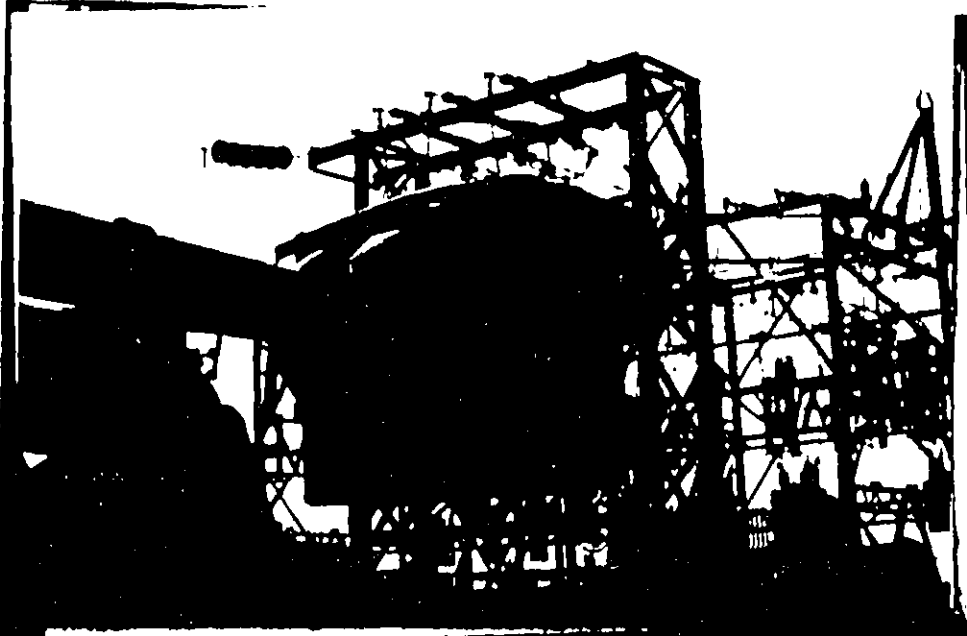


# CORRECTION



***PRECEDING IMAGE HAS BEEN  
REFILMED  
TO ASSURE LEGIBILITY OR TO  
CORRECT A POSSIBLE ERROR***





APPENDIX TO AN ORDER OF THE KENTUCKY PUBLIC SERVICE  
COMMISSION IN CASE NO. 93-174 DATED May 11, 1993

Commonwealth of Kentucky  
Public Service Commission

UTILITY INSPECTION REPORT

East Clark County Water District  
Winchester, Kentucky

Utility operations, utility maintenance, utility management and their effect on utility services are a primary concern of the Commission and this Division. Our ongoing inspection program is an expression of this concern. During each inspection, I am stressing: (1) the importance of periodic testing of customers' meters, (2) the importance of accounting for all water purchased and/or produced, (3) the need for surveillance of system operations and (4) the significance of good operating records.

The subject inspection was made September 29, 1992. The utility consists of a distribution system operating in Clark County, Kentucky. It has approximately 803 customers on its system. The utility representative providing information and assistance during this inspection was Robbie McDonald of the District.

The District's facility operations and its office procedures were reviewed for compliance with the Kentucky Revised Statutes (KRS 278) and the Public Service Commission Regulations (807 KAR).

The following deficiencies were noted:

1. The utility is not filing the periodic ("Quarterly") meter report with the Commission as required in accordance with 807 KAR 5:006, Section 3(2).

2. The utility is not maintaining a record of interruptions of service for its entire system. This record should include: the cause of interruption; date, time, duration, remedy, and steps taken to prevent recurrence as specified in 807 KAR 5:066, Section 4(5).
3. The utility has not filed a water shortage response plan with the Commission pursuant to 807 KAR 5:066, Section 17.
4. The utility is not providing a suitable place in its office which is available for the public to review its tariffs, KRS copy of Commission's Regulations and other information as required by 807 KAR 5:011, Section 12(1,2,3 & 4)

Recommendations

A written response should be prepared and forwarded to the Public Service Commission within 30 days of the date of receipt of this report. This response should say what has been done or what will be done to correct each noted deficiency. A starting date and a completion date should be given for actions that are to be accomplished after the date the response is mailed.

Submitted,  
October 1, 1992

 GP  

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K. Michael Newton  
Utility Investigator