

COMMONWEALTH OF PENNSYLVANIA
PA PUBLIC UTILITY COMMISSION
PO BOX 3265
HARRISBURG, PA 17105-3265

~~C-2014-241338~~
C-2014-2413368

MICHAEL ROBINSON

RECEIVED

VS

NOV - 6 2014

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

PECO ENERGY COMPANY

ATTN: ROSEMARY CHIAVETTA

EXCEPTIONS

The Commission did not give the same credence to the Complainants evidence as it did to the Respondents evidence. Therefore the Complainant is asking for a review of all his evidence and a new order to be written. If not I would like to appeal the decision set for by Judge Katherine Dunderdale.

1. **(Agree)**
2. **(Agree)**
3. **(Agree)** On February 4 - 7, 2014 Complainant experienced a power outage due to snow storm.

(Disagree) The intermittent outage lasted a total of 40 hours and 35 minutes affecting 2968 customers. Page 1 daily report (EX A) Not responsibility of Complainant to record this.

Question: How many of the 2968 customers were delinquent yet received prompt emergency service?

4. **(Agree)** Page 2 of daily report (EX A) filed by Complainant.
5. **(Disagree)** Page 2 of daily report (EX A) filed by complainant.

6. **(Agree)** On February 7, 2014 Complainant experienced a power outage at the service address as stated in daily report page 21. (EX A) Only person in neighborhood to experience one.

(Disagree) Outage lasted a total of 23 hours and 45 minutes affecting 188 customers as stated in daily report page 2 (EX A). I did not keep track of outage by hours and minutes or customers affected as it was not my responsibility.

7. **(Disagree)** February 8, 2014 daily report page 2 (EX A).

Question: How many of the 188 were delinquent and received prompt service?

8. **(Disagree)** February 8, 2014 daily report page 2 (EX A).

9. **(Disagree)** February 8, 2014 Peco representatives did not visit address this day it was on February 9, 2014 at 1:15pm as stated by door knob noticed left by Peco.

10. **(Agree)** Respondent came to service address on February 10, 2014 at 12:25 to change meter Complainant was not there. At 4:32pm the same day Respondent came to remove the meter jumpers and stated they would be back to install new meter as stated in daily report pages 4, 5 and 6 (EX A). Service was not restore this day.

(Disagree) The police did not come to address on February 9, 2014. Police and Westwood Fire Company were at the address on February 7 and 8, 2014. They also contacted Respondent and did not receive an answer.

11. **(Agree)** On February 10, 2014 Complainant was not present when Respondent arrived. He was called and asked to be there in 15 minutes. Once there he was told he would be receiving a new meter.

12. **(Agree)** See Respondents note.

13. **(Agree)** On February 11, 2014 Respondent replaced 60 feet of triplex wire from street to service address.

(Disagree) Respondent did not leave new meter.

14. **(Agree)** February 14, 2014 Complainant reported outage in the morning, Respondent visited address without notice and no one was there (EX D).

(Disagree) Respondent could not set meter because no meter was installed on jumpers.

15. **(Agree)** February 18, 2014 Complainant filed claim with Respondent asking for payment of damages sustained to service address on February 5, 2014, using exhibit A Daily Report Snow Emergency.

16. **(Agree)** Complainant was without electric, and staying with family and in a hotel due to lack of heat, from February 7-22, 2014 until Respondent installed new meter taking only 20 minutes to do so.

(Disagree) Complainant was without electric from February 11-22, 2014.

17. **(Disagree)** Complainant lost service February 4-14, 2014 51 times totaling 117 hours and 35 minutes.

18. **(Disagree)** Knowledge not known to Complainant.

19. **(Agree)** Complainant lost or had to pay for: See attached State Farm Ins. Claim 38-406R-167 and Jackson Electrical General Contractor Timothy Jackson 610-466-0962.

- frozen food
- cable/internet/phone
- trash
- water/sewage
- mortgage
- homeowners insurance

20. **(Agree)** February 5-22, 2014 Complainant was not at service address when Respondent visited due living elsewhere because of lack of heat with the exception of the last visit which was scheduled.

21. **(Agree)** Complainants homeowners insurance paid most but not all of the damages sustained during power surges. Complainant spent over 4000.00 dollars of his own money.

22. **(Disagree)** Complainant filed formal complaint with Commision on March 2, 2014.

DISCUSSION

(Disagree) Respondent did not effectively handle this emergency situation. The Commission did not give credence to all Complainants evidence, nor did it take into account Respondent illegally trespassed on his property completing work orders without the knowledge or permission of Complainant

BURDEN OF PROOF

(Disagree) Complainants evidence was not give credence. None of the history given by Complainant was considered such as:

- Exhibit A Daily Report Snow Emergency 2/3/14-2/22/14 14pg.
- Exhibit B Peco Claim Registration Form 2/18/14
- Exhibit C PA Public Utility Complaint Form 3/2/14
- Exhibit D Police Report 2/7/14 and 2/8/14
- Exhibit E Peco Door hangers 2/9/14, (2) 2/10/14, 2/14/14
- Exhibit F State Farm Insurance Claim Form Adj. Martinez 2/16/14
- Exhibit G Clinically Summary of Michael and Ann Robinson

ANALYSIS

(Disagree) Exhibits show that it was 5 days after the storm before Respondent came to service address to make repairs. At no time did the Respondent enter the Residence to assess damages inside.

The cause of the power surges was a nick in a wire entering the residence.

Respondent did not return calls February 4-8, 2014 from complainant, Police or Fire Department.

Respondent did visit unannounced and without complainant's permission to repair damaged equipment on 2/9/14, (2) 2/10/14, 2/11/14, and 2/14/14.

ORDER

(Disagree) All exhibits should have been taken into consideration in this matter including the daily report, police and fire department reports.

Page 1

DAILY REPORT

SUBS Emergency

2/3/04 Monday (Snow)

2/4/04 Tuesday (ZCo Storm)

Power outage 9:35 AM
CALL PeCO left phone #
no one return call

2/5/04 wed. (ZCo Storm)

Power outage left home
went to Bill House. For
The night

2/6/04 Thursday (ZCo Storm)

power outage BACK to Bill
House until 10:45 PM

Power came BACK on. (AM)
Home to stay. CALL PeCO 7 times

~~Police and Fire Dept stop by~~

~~2/7/04 Friday - no power~~

~~10:30 AM electrical wires~~

~~went through the house~~

~~shorted out everything~~

2/7/14

Emergency
2/7/14 Friday morning and
Electrical Supere went through
The House Shorting out Appliances
TV - computer - FURNACE - HEATER
Phone - Cable - Stereo - Light
Surgeyes Plug - ~~THE~~ PAD - Cable Box

Police CAM and westwood Fire Co.
Remove all Appliances and Electrical
Device from the plugs & call.

ELTRON Test BRAKER said
I HAVE a 20 on my ~~wire~~
Like my Electat wire reading
210 Volt. call PECO 5 times

FIRE DEPT Shut Down BRAKER Box
2/8/14 SATURDAY

CALL 911 Police - FIRE DEPT
Come BACK smelling smoke
check ~~at~~ Let and my out
side Line. The FIRE DEPT said
It look like my out side
wire are touching. CALL
PECO AGAIN and AGAIN

3 EAST Whiteland Township
Peco Service Center

2/9/14 Sunday

I CALL Peco Again and AGAIN
NO ONE CAME to my House to
Fix the "wire".

I WAS told to go to the
EAST Whiteland township and
talk to a Peco Service
Center and might be able
to help. I went to the
east whiteland township and

ALL They could do WAS to
see if there WAS a "Shelter"
I'd the AREA we could go to

Peco HAS not call me and
my power IS still out and
we CAN'T go home!!!

Peco said that they check
my meter and it WAS good
and my problem WAS INSIDE
MY HOME!!!

PAGE 4

2/10/14 Monday
we are still out of
power and can not go
home.

Peeco has to come
and fix the wire and
they never call me
Back.

Mike - Tim went up
to (Bottom Dollar) and
we saw a peeco
employee and told
him what was happen
at 909 Wagonway Rd.
and that Z-F need
to be repaired.

Peeco said that he will
come to 909 Wagonway Rd.
After the Finnish another
job.

PAGE
5

12.25 PM

2/10/14 Monday ~~20/10~~

Peco came and checked
my meter again and then
they said that they will
be (investigate) the
voltage at the meter
240V overall 122.0V
to (neutral) on both legs

2/10/14 Monday 4.32 PM

Peco call me and
ask me to meet them
at 209 Wagonwheel Rd
in 15 mins.

Peco then removed my
meter and told me that
I would need a new
meter and they will
install a new one

PH 10

2/10/14 Monday 9.30 pm
Mike - Ann are now staying
in the (Best western) hotel
pay for (ALE) of state
Farm ZUS - and I also
receive a call that Peco
will be working on my
house.

2/11/14 Tuesday 5.15 pm
Mike - Ann are still staying
at the (Best western) hotel
bring pay for by (ALE)
from state Farm ZUS

I receive a call that
Peco ZS back out
my home repairing the
(TRIPLEX) on the outside
of my home and charge
the meter - A ~~wire~~
one need to be order.

page 7

Tuesday

2/11/14 Call pece and
Left another order and
They said that they will
send someone out to look
at the Proamble. But they
did not know when and
that will not call me
to let me know!!!

Part 1

wednesday Snow Storm

2/12/14 I call the public
utility commission about pece
A complaint was file and
sent 20 to pece.

I call pece and left
another work order that
we still HAVE NO HEAT
OR Electricity

we have 14" of snow
and pece could not come to
the house.

PAGE 8

Thursday Snow Storm
2/13/14 went to the House
to see ZF there was a
new meter on "NO" so Z
went back to the (Best Western)
Hotel.

Z call Pece again and
again and Z left a
written order that the
electric is not on in
my house.

Pece said that they
will send someone to my
house to make sure IT
IS (SAFE).

no one call to let
me know ZF they were
there or not.

Z again call the Public
Utility Commission about what
Pece was telling me and
that they will not call me
when they come to my house!

PAGE 9

WATER DAMAGE

FRIDAY

2/14/14 Z call pece about the meter that still was not installed at the home and the (sumpen) were removed to make my home (SAFE).

pece still HAVE call me to come to the house while they were there repairing the Electric Box.

Z also HAVE not receive the report form they was to send to me about being reimbursd for the Damage property.

Z still HAVE NOT receive their form and Z call again and ASK for another to be sent over right and they SAID "NO" they can't

Z receive a call from my Neighbor (John March) that pece works at the house.

PAGE²
10

SATURDAY

2/15/14 (Another Snow Storm)
12-18" Again and we are
still at the (Best Western)
Hotel because Pece HAS NOT
ZUSTAY Electret to OUR
Home.

Z STILL HAVE NOT YET
RECEIVED THE Pece REZUBRIST
FORM THAT WAS SUPPOSED TO
BE MAIL TO ME OVER A
WEEK AGO.

2/15/14 Z CALL MY (ZUS CO.)
'STATE FARM' ABOUT HELPING
-MY FAMILY AND Z FIND A
PLACE TO STAY, THAT ZS
CLOSEN TO OUR HOME ZST.
'COATESVILLE'.

PAGE
11

SUNDAY

2/16/14 I went to my home to see if piece HAS
Zn STALL The (New meter) "NO"
It WAS NOT there.

2/16/14 I Contact my (ZWS
CO.) STATE FARM About a
place in Coatesville that
we could stay while waiting
for piece to come and
Zn STALL the new meter and
they SAID "yes" we will.

We will Be going to the
(Marut) Court yard Hotel ON
2/17/14 at 1:00 PM Check in

PAGE
12

Monday

2/17/14 my family and I
HAS JUST went to the ~~market~~
Hotel I went to my
Home to see if the meter
was install "NO" so I
CALL Pece and LEFT A
MESSAGE FOR Pece to
Contact me.

(File CLAIM today)

Tuesday

2/18/14 I went to the
Post office to pick up my
M.A.L. I receive a CLAIM
Form from Pece to fill
out and I then FAX THIS
INFORMATION and I am
now waiting for Pece to
Respond.

I ALSO sent a copy of
this INFORMATION to my (ZUSCO
~~COMP~~ state FARM to File A
CLAIM ALSO

Page
13

Wednesday
2/19/14 I went to my Home
and Peco HAS NOT INSTALLED
The (new meter) •

Thursday
2/20/14 I Received a call From
The Public Utility Commission and
they are sending me a Form
to fill out concerning my
complaint which I had
filed against (Peco) •

I went to the House to
see if the meter HAS
been installed and it HAS
~~(not yet)~~ been installed •

I ALSO CALL Peco about
my claim Registration Form
I filed by FAX at 04
2/17/14

Page

14

FRIDAY

2/21/14 on Thursday 2/20/14 me
and my wife had to make (DR APPT)
FOR (DEPRESSION) - we receive medication
to help us with our (DEPRESSION)
while we deal with this electrical
problem we are HAVING with PECO

SATURDAY

2/22/14 Today PECO IS supposed
to ZUSTALL new meter Z CALL
The Emergency # 188-841-4141 and
Z was told that the IS and
APPT. FOR \$909 (approximate total)
Between 7-12.

PECO Show up at about 10:05
and ZUSTALL the (new meter)
It took about 20 min to
ZUSTALL and He did NOT
Go into the house to see
IF the Power WAS working.

✓ FAMILY HAS BEEN ADVISED
SO WE HAVE LOST APPROX. 320⁰⁰ WORTH OF MEAT AND GROCERIES.

PECO CLAIM REGISTRATION FORM

Claims Division
1-877-538-7769

Dear PECO Customer:

To officially register your claim, please complete and return this form in the enclosed self-addressed return envelope, or fax to 215-841-4919.

Our Address is: **PECO Energy, Claims Division, S16-1, 2301 Market Street, Phila., PA 19103**

Once this form is received in our office, you will be contacted by one of our Claims Adjusters at your daytime telephone number.

<u>Michael Robinson</u> Name	<u>(484) 868-5009</u> Daytime Phone No.
<u>909 Wagontown Rd</u> Address	<u>2/5/14</u> Date & Time of Loss or Damage
<u>Coatesville PA 19320</u> City, State, Zip	<u>909 Wagontown Rd</u> Location of Damage <u>my Home</u>

Please describe the details of the incident and list the item(s) damaged.

ATTACH ALL COPIES OF
1 JACKSON ELECTRICAL GENERAL CONTRACTOR ^{DIAGNOSTICS} REPORT
2 PERSONAL PROPERTY INVENTORY (DAMAGE)
[Signature] 2/18/14
Signature Date

THIS FORM IS A REQUEST FOR INFORMATION ONLY AND DOES NOT CONSTITUTE ANY ADMISSION OF LIABILITY ON THE PART OF PECO ENERGY COMPANY.



PECO
Customer Service Center
2301 Market Street, N4-2
P.O. Box 8699
Philadelphia, PA 19101-8699

www.peco.com

An Exelon Company

February 10, 2014

MICHAEL ROBINSON
909 WAGONTOWN RD, BSMT
COATESVILLE PA 19320

Re: 909 WAGONTOWN RD, BSMT COATESVILLE PA 19320

Account Number: 48232-01703

Dear MICHAEL ROBINSON

In response to your recent contact with our Customer Service Department, we are enclosing a PECO Claim Registration Form.

Please complete this form and return it to our office. A self-addressed envelope is enclosed, or the form may be faxed to 215-841-4919.

Once this form is received in our office, your claim will be officially registered and you will be contacted by one of our Claims adjusters at your daytime telephone number.

Thank you.
PECO Energy Claims Division
Enclosures

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint

Filing this form begins a legal proceeding and you will be a party to the case. If you do not wish to be a party to the case, consider filing an informal complaint.

To complete this form, please type or print legibly in ink.

1. Customer (Complainant) Information

Provide your name, mailing address, county, telephone number(s), e-mail address and utility account number:

Name Michael Robinson

Street/P.O. Box 909 Wagonway Rd Apt #

City Coatesville State PA Zip 19320

County Chester

Telephone Number(s) Where We Can Contact You During the Day:

(484) 868-5009 (home) () Same (mobile)

E-mail Address (optional): N/A

Utility Account Number (from your bill) 48232-01703

If your complaint involves utility service provided to a different address or in a different name than your mailing address, please list this information below.

Name (Peco) Customers Service Center

Street/P.O. Box 2301 Market St N4-2 P.O. Box 86

City Philadelphia State PA Zip 19101-8689

2. Name of Utility or Company (Respondent)

Provide the full name of the utility or company about which you are complaining. The name of your utility or company is on your bill.

Peco Energy Claim Division 816-1
2301 Market St Phila PA 19103

3. Type of Utility Service

Check the box listing the type of utility service that is the subject of your complaint (check only one):

- ELECTRIC WASTEWATER/SEWER
 GAS TELEPHONE/TELECOMMUNICATIONS (local, long distance)
 WATER MOTOR CARRIER (e.g. taxi, moving company, limousine)
 STEAM HEAT

4. Reason for Complaint

What kind of problem are you having with the utility or company? Check all boxes below that apply and state the reason for your complaint. Explain specifically what you believe the utility or company has done wrong. Provide relevant details including dates, times and places and any other information that may be important. If the complaint is about billing, tell us the amount you believe is not correct. Use additional paper if you need more space. **Your complaint may be dismissed without a hearing if you do not provide specific information.**

- The utility is threatening to shut off my service or has already shut off my service.
- I would like a payment agreement.
- Incorrect charges are on my bill. Provide dates that are important and an explanation about any amounts or charges that you believe are not correct. Attach a copy of the bill(s) in question if you have it/them.
- I am having a reliability, safety or quality problem with my utility service. Explain the problem, including dates, times or places and any other relevant details that may be important.
- Other (explain). *ATTACH ARE COPIES*

Note: If your complaint is only about removing or modifying a municipal lien filed by the City of Philadelphia, the Public Utility Commission (PUC) cannot address it. Only local courts in Philadelphia County can address this type of complaint. The PUC can address a complaint about service or incorrect billing even if that amount is subject to a lien.

In addition, the PUC generally does not handle complaints about cell phone or internet service, but may be able to resolve a dispute regarding voice communications over the internet (including the inability to make voice 911/E911 emergency calls) or concerns about high-speed access to internet services.

5. Requested Relief

How do you want your complaint to be resolved? Explain what you want the PUC to order the utility or company to do. Use additional paper if you need more space.

- ① REPLACE OUR MEATS and GROCERIES
- ② LOST OF WORK FROM 2/4/14 - until RETURN
- ③ Full VALUE OF my PERSONAL PROPERTY THAT WAS DAMAGED
- ④ FOR THE TIME WE HAVE BEEN PUT OUT OF OUR HOME -
- ⑤ and FOR ALL MEDICAL (DAMAGE) to me and my FAMILY BASE ON (DEPRESSION) (INSOMNIA) (ANXIETY/GENERALIZED) (SEIZURE DISORDER)
- ⑥ I MICHAEL ROBINSON HAS BEEN ON SOCIAL SECURE FOR THE PAST 20 YRS, and IT WAS "UNFAIR" FOR PECO TO PUT US OUT OF OUR HOME.
NOTE 3/2/14
- ⑦ IF I NEED TO STATE THE AMOUNT I AM ASKING FOR \$0.000.00 DOLLAR. IF MY CLAIM IS DENIED I WOULD LIKE TO FILE APPEAL TO THE (ADMINISTRATIVE JUDGE)

Note: The PUC can decide that a customer was not billed correctly and can order billing refunds. The PUC can also fine a utility or company for not following rules and can order a utility or company to correct a problem with your service. Under state law, the PUC cannot decide whether a utility or company should pay customers for loss of earnings. Damage claims may be sought in an appropriate civil court.

6. Protection from Abuse

Has a court granted a "Protection from Abuse" order that is currently in effect for your personal safety or welfare? The PUC needs this information to properly process your complaint so that your identity is not made public.

Note: You must answer this question if your complaint is against a natural gas distribution utility, an electric distribution utility or a water distribution utility AND your complaint is about a problem involving billing, a request to receive service, a security deposit request, termination of service or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety or welfare?

YES

NO

If your answer to the above question is "yes," attach a copy of the current Protection for Abuse order to this Formal Complaint form.

7. Prior Utility Contact

a. Is this an appeal from a decision of the PUC's Bureau of Consumer Services (BCS)?

YES

NO

Note: If you answered yes, move to Section 8. No further contact with the utility or company is required. If you answered no, answer the question in Section 7 n. and answer the question in Section 7 c. if relevant.

b. If this is not an appeal from a BCS decision, have you spoken to a utility or company representative about this complaint?

YES

NO

Note: You must contact the utility first if (1) you are a residential customer, (2) your complaint is against a natural gas distribution utility, an electric distribution utility or a water utility AND (3) your complaint is about a billing problem, a service problem, a termination of service problem, or a request for a payment agreement.

c. If you tried to speak to a utility company representative about your complaint but were not able to do so, please explain why.

why (peco) DID NOT WANT TO RESPOND TO THE EMERGENCY CALL BY THE RESECTION OR THE POLICE. (I DON'T KNOW)

Note: Even if you are not required to contact the utility or company, you should always try to speak to a utility or company representative about your problem before you file a Formal Complaint with the PUC.

8. Legal Representation

If you are filing a Formal Complaint as an individual on your own behalf, you are not required to have a lawyer. You may represent yourself at the hearing.

However, if you are interested in receiving legal representation, you may contact the Widener Harrisburg Civil Law Clinic located at 3605 Vartan Way, Harrisburg, PA 17110, by phone at 717-541-0320 or via email at lawclinichb@mail.widener.edu.

For additional information see Widener Harrisburg's Civil Law Clinic's website <http://law.widener.edu/Academics/ClinicalProgramsandProfessionalTraining/Clinics/HarrisburgCivilLawClinic.aspx>. Based on your income, legal representation may be available to you at no cost or a reduced fee.

If you are already represented by a lawyer in this matter, provide your lawyer's name, address, telephone number, and e-mail address, if known. Please make sure your lawyer is aware of your complaint. If represented by a lawyer, both you and your lawyer must be present at your hearing.

Lawyer's Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

E-mail Address (if known) _____


Note: Corporations, associations, partnerships, limited liability companies and political subdivisions are required to have a lawyer represent them at a hearing and to file any motions, answers, briefs or other legal pleadings.

9. **Verification and Signature**

You must sign your complaint. Individuals filing a Formal Complaint **must** print or type their name on the line provided in the verification paragraph below and **must** sign and date this form in **ink**. If you **do not sign** the Formal Complaint, the PUC **will not accept** it.

Verification:

1 Michael Robinson hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).



(Signature of Complainant)

3/2/14

(Date)

Title of authorized employee or officer (only applicable to corporations, associations, partnerships, limited liability companies or political subdivisions)

Note: If the Complainant is a corporation, association, partnership, limited liability company or political subdivision, the verification must be signed by an authorized officer or authorized employee. If the Formal Complaint is not signed by one of these individuals, the PUC will not accept it.

10. **Filing**

You may electronically file your Formal Complaint with the PUC. To do so, you need to establish an account on the PUC's eFiling system, which may be accessed at <http://www.puc.pa.gov/efiling/default.aspx>.

If you do not electronically file your Formal Complaint, **mail** the completed form (along with any attachments) to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105-3265	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
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Note: Formal Complaints sent by fax or e-mail will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your Formal Complaint for your records.

Complaint Report

Complaint ID: 14-020804

Description: assist fire department

<i>Date Received:</i> 02/08/2014	<i>Time Received:</i> 08:32	<i>Day of the Week:</i> Saturday
<i>Received By:</i> Timothy Parker		<i>Shift:</i> 0800 to 1600 Hrs
<i>How Received:</i> Officer Dispatched		<i>Date Occurred:</i> 02/08/2014
<i>Time Dispatched:</i> 08:32	<i>Time Arrived:</i> 8:37	<i>Time Cleared:</i> 8:56

Officer(s) Assigned: 38P02 - Timothy Parker (Officer Dispatched)

<i>Caller's Name:</i> Michael Robinson 909 Wagontown Rd Coatesville, PA 19320	<i>Telephone No:</i> (610) 383-6924 <i>Date of Birth:</i> 08/12/1959
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Complaint Type: Assist Fire Dep

<i>Location:</i> 909 Wagontown Rd	<i>Area:</i> Rock Run
<i>How Handled:</i> Officer Dispatched	

Comments: This officer responded to 909 Wagontown Road for the report of an odor of an electrical fire. Upon arrival this officer was advised by the RP that when he got his electricity back his lights and appliances were burning out. The RP had an electrician come to his residence on 07 February 2014 who advised him that the neutral line coming into his residence from the pole was acting as a 220 line. This officer did notify the radio room of same and requested a PECO notification. Clear.

Current Status:

Time Analysis (Minutes):

<i>Queue Time:</i>	
<i>Travel Time:</i>	5
<i>Response Time:</i>	5
<i>Action Time:</i>	19

Complaint Report

Complaint ID: 14-020701

Description: Appliance fire
Date Received: 02/07/2014 *Time Received:* 10:13 *Day of the Week:* Friday
Received By: James Chieffo *Shift:* 0800 to 1600 Hrs
How Received: Officer Dispatched *Date Occurred:* 02/07/2014
Time Dispatched: 10:13 *Time Arrived:* 10:19 *Time Cleared:* 10:30
Officer(s) Assigned: 38P05 - James Chieffo (Officer Dispatched)

Caller's Name: Michael Robinson *Telephone No:* (610) 383-6924
 909 Wagontown Rd
 Coatesville, PA 19320 *Date of Birth:* 08/12/1959

Complaint Type: Assist Fire Dep
Location: 909 Wagontown Road *Area:* Rock Run
How Handled: Officer Dispatched

Comments: I was dispatched to 909 Wagontown Road for the report of a house fire. Upon my arrival several fire departments where on location and found no active fire. What was found was a computer that caught fire due to a power surge and then smoked. No other issues where found and all units cleared. No injuries or major damage was sustained. Cleared NFA

End Report

Current Status:

Time Analysis (Minutes):

Queue Time:

Travel Time: 6

Response Time: 6

Action Time: 11

(10)

PAGE 2 DOOR HAZARD
2/10/14 4:32 PM
T:5

NAME Robinson
ADDRESS 909 Wagon Town Rd

**YOUR
PECO Energy Company
SERVICEPERSON WAS HERE**

ON
DATE 2-9-14 AM 1:15 PM

We are sorry to have missed you.

We called AND checked Voltage
AT Meter - It is Good.

Please call the number listed below to let us know when we may return.

1-800-494-4000

You most likely have
An internal problem

A. Yeikes
SERVICEPERSON

Referred To Electrician



An Exelon Company

* PLEASE LEAVE METER
IN BAG AT THE METER
BOARD ON GROUND.

* METER JUMPERS HAVE
BEEN REMOVED. YOU
WILL NEED TO GET
AN ELECTRICIAN TO
MAKE SURE YOUR
WIRING IS SAFE.

* PECO WILL BE BACK
TO INSTALL NEW
METER.

NAME _____
ADDRESS 909 WAGONTOWN RD

A PECO SERVICE TECHNICIAN WAS HERE

ON
DATE 2/14/14 AM _____ PM

We are sorry to have missed you.

We were here to Someone must be
home for PECO to set meter

Please call the number listed below to let us know
when we may return.

1-800-841-4141
(24-hours a day)

EGM
SERVICE TECHNICIAN



An Exelon Company



Personal Property Inventory - Customer Worksheet

See instructions and example provided.

Claim Number: 38-406R-167 Insured's Name: Michael Robinson Date of Loss: 2/5/14

Room: Home Phone Number: (H) N/A (W) N/A (C) 784-865-0099

(Please indicate the best contact number)

Item No.	1. Qty	2. Detailed Description of Item	3. Brand Name/Model Number and/or Specifications	Where Pl. Obt.	4. Replaced or	5. Age of Item	6. Today's Replacement Amount or (without loss)	7. Document Attached (X)
	1	Electr/air furnace	CARRIER/Honeywell	Blindley Treat. H	REPORT	5 YRS	\$ 3,680.00	X
	1	Electr hot water Tank	A99029-3 5/97	Home Depot	REPORT	3 YRS	\$ 680.00	X
	1	washer/dryer	AMANA/LW9252W2	Home Depot	REPORT	4 YRS	\$ 1,200.00	X
	1	computer	HP/compaq G7729WU	WAL	REPORT	5 YRS	\$ 1,100.00	X
	1	MICROWAVE oven	EWAVE/EW6F6W	Home Depot	REPORT	3 YRS	\$ 550.00	X
	1	Electric Ranges	GE/JUN144013H04	Home Depot	REPORT	3 YRS	\$ 900.00	X
	1	Chest Freezer	magic chef/mcc F70	Home Depot	REPORT	1 YRS	\$ 700.00	X
	1	Refrigerator/Freezer	GE/R3213AV	Home Depot	REPORT	3 YRS	\$ 799.00	X
	1	Dishwasher	Hot Point/HDA3400	Home Depot	REPORT	2 YRS	\$ 690.00	X
	1	Toasters	Proctor Silex/846221802	Doll	STORE	1 YRS	\$ 2.00	X
	1	6ft Baseball Hitter	Fallen Hammer	Home Depot	REPORT	6 MONTH	\$ 5.00	X
	2	2ft Baseball Hitter	Fallen Hammer	Home Depot	REPORT	6 MONTH	\$ 6.00	X
	2	Phones	VT 9162	Kmart	REPORT	3 YRS	\$ 7.00	X
	1	Phone	GE/27851 series	Kmart	REPORT	5 YRS	\$ 35.00	X

Item No = Item Number Qty = Quantity *Sales tax will be added by your claim representative if applicable.

Account # 48232-01703

The above information is true to the best of my knowledge.

Insured's Signature: Date: 2/16/14



Personal Property Inventory - Customer Worksheet

See instructions and example provided.

Claim Number: 38-406R-167

Insured's Name: Michael Robinson

Date of Loss: 2/5/14

Room: _____

Phone Number: (H) _____ (W) _____

(C) 484-868-5009

(Please indicate the best contact number)

Item No.	1. Qty	2. Detailed Description of Item	3. Brand Name/Model Number and/or Specifications	4. Where Purchased or Obtained	5. Age of Item	6. Today's Repair Cost/ Replacement Cost/ Amount of Loss (without tax*)	7. Documentation Attached (X)
	1	STEREO/cd player		WALMART	3 YRS	\$ 89.00	
	1	Light Stand		KMART	10 YRS	\$ 49.00	
	1	Battery Charger	MAKITA/BL1430	Home Depot	3 YRS	\$ 29.00	
	2	Battery Chargers 18"	DUALT	Home Depot	5 YRS	\$ 69.00	
	4	Fluorescence Light	GE	Home Depot	10 YRS	\$ 410.00	
	8	Ceiling Light		Home Depot	7 YRS	\$ 50.00 - 75.00	
	9	wall light	Came with the Home		75 YRS	\$ 20.00 - 40.00	
	1	Ceiling Fan Light		Home Depot	10 YRS	\$ 30.00	
	1	net 10 Phone	cell phone	Dellon store	1 YRS	\$ 30.00	
	7	surge plug		Home Depot / Dollar	9 YRS	\$ 50.00	
	2	Porch Light	Came with the Home		75 YRS	\$ 20.00 - 40.00	
	1	Cable Tower	AVRIS/IM4026	COMCAST CABLE	1 YRS	\$	X
	1	Cable Box (minimal)		COMCAST cable	1 YRS	\$	X
	2	Cable Boxes Install		Comcast cable	1 YRS	\$	X

Item No = Item Number Qty = Quantity *Sales tax will be added by your claim representative if applicable.

ACCOUNT # 48232-01703

The above information is true to the best of my knowledge.

Insured's Signature: [Signature]

Date: 2/16/14



Personal Property Inventory - Customer Worksheet

See instructions and example provided.

Claim Number: 38-406A-167 Insured's Name: M. Kent Robinson Date of Loss: 2/5/14
 Room: Home Phone Number: (H) N/A (W) N/A (C) 484-868-5009
 (Please indicate the best contact number)

1. Item No.	2. Qty	3. Detailed Description of Item	4. Brand Name/Model Number and/or Specifications	5. Where Purchased or Obtained	6. Age of Item	7. Today's Repair Cost/ Replacement Cost/ Amount of Loss (without tax*)	8. Documentation Attached (X)
	1	Electric Heater	DRBLOC-MS6	Home Depot	3 YRS	\$ 129.00	X
	1	Electric Heater	CPS-750-2	K MART	1 YRS	\$ 129.00	X
	1	Electric Heater	CLARK SYLVANIA	Home Depot	6 MTS	\$ 129.00	X
	1	Electric Heater	Chuangyong	Home Depot	6 MTS	\$ 129.00	X
	1	32" TV	PROSCAN	K MART	8 MTS	\$ 325.00	X
	1	34" TV	SANYO / DS13330	K MART	10 YRS	\$ 160.00	X
	1	STEREO	RCA / RS2604	Home Depot	2 YRS	\$ 250.00	X
	1	CD Player	GPX / HM38170TB1K	K MART	1 YRS	\$ 149.00	X
	1	PS3 Player		CHRYSLER G-IF	2 YRS	\$ 250.00	
	1	+ Box Game		CHRYSSTARS G-IF	1 YRS	\$ 300.00	
	1	34" TV	RCA	K MART	1 YRS	\$ 295.00	
	1	36" TV	Seiki	Home Depot	6 MTS	\$ 350.00	
	1	I PAD	ZEBE	K MART	1 YRS	\$ 99.00	
	1	Computer Table		K MART	4 YRS	\$ 179.00	

Item No = Item Number Qty = Quantity *Sales tax will be added by your claim representative if applicable.

Account # 48232-01703

The above information is true to the best of my knowledge.
 Insured's Signature: [Signature]

Date: 2/16/14

Clinical Summary for Ann Robinson

03/06/2014 08:20 AM

Reason for today's visit and medical problems addressed

Hypothyroidism
Anxiety, generalized
COPD, moderate

Medications

Ordered/Changed/Discontinued Medications during today's visit

- Synthroid 50MCG Tablet 1 (one) Tablet Oral dailyActive
- Sertraline HCl 100MG Tablet 1 (one) Tablet Oral dailyActive

Active Medication List

- Synthroid 50MCG Tablet 1 (one) Tablet Oral daily
- Sertraline HCl 100MG Tablet 1 (one) Tablet Oral daily
- Zolpidem Tartrate 10MG Tablet 1 (one) Tablet Tablet Oral Each evening as needed
- Proventil HFA 108 (90 Base)MCG/ACT Aerosol Soln 2 (two) Puff(s) Puff(s) Inhalation four times daily, as needed

Allergies

- Aspirin (Salicylates) 03/06/2014 Vomiting Nosebleeds Active Yes No

Vital Signs

Pulse: 84 (Regular)

BP: 126/80 Manual (Sitting, Left Arm, Standard)

Weight: 126 lb, 6.4 oz

Procedures

**No procedures were ordered today.

Laboratory tests ordered today

- **TSH with reflex to Free T4 (84443)** Ordered
Diagnosis: Anxiety, generalized

Instructions and recommendations discussed today

Next appointment (if scheduled)

Your next appointment is on 04/07/2014 at 08:45 AM with Brian Boucher, MD.
Your appointment is scheduled at the Colonial Family Practice.

Clinical Summary for Ann Robinson

02/21/2014 11:01 AM

Reason for today's visit and medical problems addressed

COPD, moderate
Vitamin d deficiency
Hypothyroidism
Tobacco Use Counseling >3 minutes up to 10 min
Insomnia
Anxiety, generalized
SCREENING FOR LIPOID DISORDERS

Medications

Ordered/Changed/Discontinued Medications during today's visit

- Sertraline HCl 50MG Tablet 1 (one) Tablet Oral dailyActive
- Zolpidem Tartrate 10MG Tablet 1 (one) Tablet Oral Each evening as neededActive
- Proventil HFA 108 (90 Base)MCG/ACT Aerosol Soln 2 (two) Puff(s) Inhalation four times daily, as neededActive

Active Medication List

- Sertraline HCl 50MG Tablet 1 (one) Tablet Oral daily
- Zolpidem Tartrate 10MG Tablet 1 (one) Tablet Oral Each evening as needed
- Proventil HFA 108 (90 Base)MCG/ACT Aerosol Soln 2 (two) Puff(s) Inhalation four times daily, as needed
- No Current Medications specific dose unknown

Allergies

- Aspirin (Salicylates) 02/21/2014 Active Yes No

Vital Signs

Pulse: 80 (Regular)
BP: 128/80 Manual (Sitting, Right Arm, Standard)
Weight: 126 lb **Height:** 61.5 in
Body Surface Area: 1.57 m² **Body Mass Index:** 23.42 kg/m²

Procedures

- BEHAV CHNG SMOKING 3-10 MIN (99406)

Laboratory tests ordered today

- **CBC, Auto wo diff (85027)** Ordered
Diagnosis: COPD, moderate
- **LIPID PANEL (80061)** Ordered
Diagnosis: SCREENING FOR LIPOID DISORDERS
- **TSH with reflex to Free T4 (84443)** Ordered
Diagnosis: Hypothyroidism
- **Metabolic Panel, Comprehensive (80053)** Ordered
Diagnosis: COPD, moderate

Instructions and recommendations discussed today

Next appointment (if scheduled)

Your next appointment is on 03/06/2014 at 08:15 AM with Brian Boucher, MD.
Your appointment is scheduled at the Colonial Family Practice .

Clinical Summary for Michael Robinson

03/01/2014 11:35 AM

Reason for today's visit and medical problems addressed

Depression

Medications

**No medications ordered or changed today.

Active Medication List

- Aspirin Adult Low Strength 81MG Tablet DR 1 (one) Tablet DR Oral daily
- Dilantin 30MG Capsule 2 (two) Oral bid
- Dilantin 100MG Capsule 1 (one) Oral in AM and 2 capsules in PM
- Sertraline HCl 50MG Tablet 1 (one) Tablet Oral one po qd
- Clonazepam 0.5MG Tablet 1 Oral 1 po qhs prn sleep

Allergies

- No Known Drug Allergies 03/01/2014 Active No No

Vital Signs

Temp.: 98.5 °F **Pulse:** 80 (Regular)

BP: 120/80 Manual (Sitting, Right Arm, Standard)

Weight: 185 lb

Procedures

**No procedures were ordered today.

Laboratory tests ordered today

**No lab tests were ordered today.

Instructions and recommendations discussed today

- Follow up in 2 months

Next appointment (if scheduled)

Your next appointment is on 05/06/2014 at 02:15 PM with Marianne Nikas, MD.
Your appointment is scheduled at the Colonial Family Practice.

Clinical Summary for Michael Robinson

02/21/2014 11:17 AM

Reason for today's visit and medical problems addressed

Seizure disorder

Depression

Intradermal Flu vaccine 18 years or > LOTUT4721AA

Medications

Ordered/Changed/Discontinued Medications during today's visit

- Clonazepam 0.5MG Tablet 1 Tablet Oral 1 po qhs prn sleep Active
- Sertraline HCl 50MG Tablet 1 (one) Tablet Oral one po qd Active

Active Medication List

- Clonazepam 0.5MG Tablet 1 Tablet Oral 1 po qhs prn sleep
- Sertraline HCl 50MG Tablet 1 (one) Tablet Oral one po qd
- Aspirin Adult Low Strength 81MG Tablet DR 1 (one) Tablet DR Oral daily
- Dilantin 30MG Capsule 2 (two) Oral bid
- Dilantin 100MG Capsule 1 (one) Oral in AM and 2 capsules in PM

Allergies

- No Known Drug Allergies 02/21/2014 Active No No

Vital Signs

Temp.: 98.6 °F Pulse: 80 (Regular)

BP: 120/90 Manual (Sitting, Left Arm, Standard)

Weight: 178 lb Height: 69.5 in

Body Surface Area: 1.99 m² Body Mass Index: 25.91 kg/m²

Procedures

- FLU VACCINE NO PRESERV ID (90654) **Notes: Lot #: UT4721AA Manufacturer: Sanofi Exp Date: 4/08/2014
- Flu Administration(G0008)

Laboratory tests ordered today

**No lab tests were ordered today.

Instructions and recommendations discussed today

- Follow up in 2 weeks

Next appointment (if scheduled)

Your next appointment is on 03/04/2014 at 10:45 AM with Marianne Nikas, MD.
Your appointment is scheduled at the Colonial Family Practice .

~~RECEIVED~~

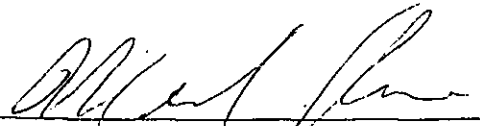
~~NOV - 6 2014~~

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

(5)

VERIFICATION

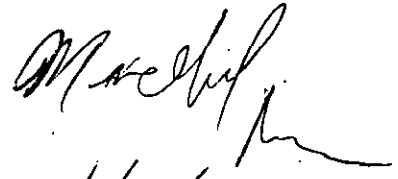
Understanding that the making of any false statement would subject me to the penalties of 18 Pa.C.S. sec. 4909 relating to unsworn falsification to authorities, I verify that the facts set out in the foregoing pleading are true and correct to the best of my knowledge, information and belief.



[Your signature]

11/6/14

[Dated]


11/6/14

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2014 NOV 24 AM 10:49

PA.P.U.C.
SECRETARY'S BUREAU

Return on
11/20/14
Ⓢ

(NOTE) ATTACH 25 THE COPIES OF THE "ORIGINAL"
CERTIFICATE OF SERVICE AND VERIFICATION

(6)-

Certificate of Service

I hereby certify that I have served a true and correct copy of this Answer to the Plaintiff-Appellee, [~~proceeding title's name~~ here] or their attorney of record by

PECO energy company

Please check:

C-2014-2413368

_____ Regular First Class Mail

_____ Certified Mail

_____ Other

on the _____ of _____, 200____
[day] [month]

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NOV 6 2014

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Michael Robinson
Name of Petitioner (Print Name)

[Signature]
Signature of Petitioner (Sign Name)

11/6/14
Dated: _____

Michael Robinson

[Signature]

11/6/14

Return on 11/21/14

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2014 NOV 24 AM 10:48
PA.P.U.C. BUREAU
SECRETARY'S BUREAU

ORIGIN ID: NMZA (610) 383-1010
DAVE KELLY
MAIL MORE SERVICES
112 AIRPORT ROAD

SHIP DATE: 06NOV14
ACTWGT: 0.6 LB
CAD: 106543743/WSX12950

COATESVILLE, PA 19320
UNITED STATES US

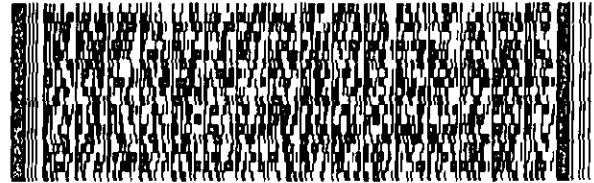
BILL SENDER

TO **SECRETARY**
PA PUBLIC UTILITY COMMISSION
400 NORTH ST
COMMONWEALTH KEYSTONE BLDG, 2ND FL
HARRISBURG PA 17120

(610) 383-1010
INV: PKG ID: 213672
PO:

REF: MICHAEL ROBINSON
DEPT:

112 AIRPORT ROAD
COATESVILLE PA 19320



FedEx
Express

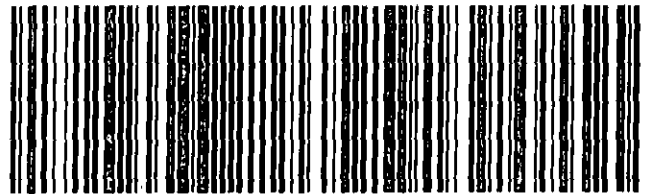


TRK# 7717 6624 9620
0201

FRI - 07 NOV AA
STANDARD OVERNIGHT

EN MDTA

17120
PA-US MDT



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Coatesville PA
19320

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22 NOV 2014 PM 5 L

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2014 NOV 24 AM 10:49

Commonwealth of Pennsylvania
SECRETARY'S BUREAU

Pennsylvania Public Utility Commission

400 North Street 2nd Floor Harrisburg PA

17120

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