



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Telecom Placement, Inc.**

UPPAC Database Record ID: 3120

Investigator: Mike Orr

Report Date: 1/2/2013

Damage Date: 5/30/2012 2:17:07 PM

Damage Address: 8023 N Mount Comfort Rd

City: Mccordsville

County: Hancock

### The Parties

Excavator: **Telecom Placement, Inc.**

Contact: Tony Harvey

Address: 15405 Little Eagle Creek Avenue, Zionsville, In 46077

Telephone:

Facility Owner: Vectren

Contact: Darlene Kulhanek

Address: 1 N Main Street, Evansville, IN 47702

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

**Investigation regarding: Telecom Placement, Inc.**

UPPAC Database Record ID: 3120

**Damage Impact**

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 4

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$5643

**Excavator Activities/Cause of damage information:**

Excavator request locates: Yes    Indiana 811 ticket Number: 1205222649

Type of Equipment: Boring

Type of work performed: Cable TV

**Synopsis:** Damage to a natural gas main occurred during a boring procedure to install a cable TV line.

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 9/20/2012. Excavator reports having a valid locate; however, the gas operator, after being put on notice in a mailing 8/1/2012, self reported failing to locate or provided incorrect locate markings resulting in a determination of an OPERATOR VIOLATION.

**Conclusion:** Gas operator failed to locate or provided incorrect locate markings resulting in violation.

**Violation: IC 8-1-26-18(f): Operator failed to locate or provided incorrect locate markings.**



INDIANA UTILITY REGULATORY COMMISSION  
101 W. WASHINGTON STREET, SUITE 1500E  
INDIANAPOLIS, INDIANA 46204-3407

<http://www.in.gov/iurc>  
Office: (317) 232-2701  
Facsimile: (317) 232-6758

July 13, 2012

Ms. Darlene Kulhanek  
Vectren  
1 N Main Street  
Evansville, IN 47702

Subject: Investigation Request for Information

Date of Event: 5/30/2012

Event Location: 8023 N Mount Comfort Rd, Mccordsville

Facility Owner: Vectren

Excavator: Telecom Placement

Other Party: N/A

Pipeline Division Case No. 3120

Dear Ms. Kulhanek:

Pursuant to Indiana Code 8-1-26, the *Indiana Damage to Underground Facilities Act*, the Pipeline Safety Division of the Indiana Utility Regulatory Commission ("Pipeline Division") is required to investigate reported incidents of alleged statutory violations involving underground pipeline safety. The purpose of this statute is to promote excavation and pipeline safety and to reduce the imminent danger to life, health, property, or loss of service associated with unsafe digging practices. Please note that the investigation does not entail determining criminal liability or a civil determination of fault or damages; however, it does determine whether any statutory violations were committed regarding public safety.

The Pipeline Division received information regarding potential statutory violations regarding the date and location referenced above. You were identified as a person or entity that might have information that would assist the Pipeline Division in its investigation. Therefore, we have contacted you in order to receive the full account of information in order to make a fair determination related to the circumstances of this incident.

We have asked all involved parties, entities and witnesses to provide *written* information within *30 days* in order to meet legal deadlines to conclude our investigation. **Please consider this letter as a formal request to receive any and all information and evidence (including a narrative, documentation, maps, photographs or any other written information) you can access regarding anything you may know about the incident referenced above.**



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)  
INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: 07-19-2012

### Who is submitting this information?

Name of person providing this information: Darlene Kulhanek

Business address (*number and street*): 1 Main Street

City, State, and ZIP code: Evansville, IN 47711

Telephone number (*area code*): 812-491-4227

Fax number (*area code*): 812-491-4504

E-mail address: dkulhanek@vectren.com

### Excavator Information, if known

Full name: Telecom Placement

Business address (*number and street*): 15405 Little Eagle Creek Avenue

City, State, and ZIP code: Zionsville, IN 46077

Telephone number (*area code*): 317-873-2188

Fax number (*area code*): 317-769-4645

E-mail address: Unknown

### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Boring

Type of work performed: Cable TV

## Date and Location of Damage

Date of damage (*month, day, year*): 5-30-2012

County: Hancock

City: McCordsville

Street address (*number and street, city, state, and ZIP code*):  
(8023 N Mt. Comfort Rd) CR 600 W & CR 800 N, McCordsville, IN

Nearest intersection: Unknown

Right of way where damage occurred: Public - City Street

Was there a release of product? Yes

If yes, was there an ignition of product? No

Were evacuations necessary as a result of release? No

If yes, how many evacuated? 0

Was there a customer service interruption? Yes

If yes, how many affected? 4

Time to restore service (*in hours*): 2

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 5,643.02

## Affected Facility Information

What type of pipeline was damaged? Natural Gas

What was the affected facility? Distribution

What was the depth of the facility, in inches?

## Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1205222649

Was the locate request completed within two working days? Yes

If locates were performed, were they done so by a contractor or pipeline employee? Contract Locator

If a contractor locator, enter the company name, if known: USIC \_\_\_\_\_

Were facility marks visible in the area of excavation? No

Were facilities marked correctly? No

Type of markings used: Other

If other, please specify: None \_\_\_\_\_

Was site marked by "White Lining"? No

Were special instructions part of the locate request? Unknown/Other

Were maps used to complete the locate request? Unknown/Other

Were pipeline company representatives on site during excavation? No

Did the excavator notify the operator in the event of this damage? Yes

Did the excavator notify Indiana 811 in the event of this damage? Yes

Did the excavator notify 911 in the event of a release of product? Unknown/Other

### **Description of Cause**

Select from the list the most accurate cause for the damage: --Facility marking or location not sufficient

### **Additional Comments**

6" plastic main damaged by bore. Stub.

Vectren Claim Number: VE02036  
Police Report /MO #: \_\_\_\_\_

FDS0016299

Task No: 103,0509 Capital / O & M (circle one)  
Date of Damage 5/1/12  
Cost Center # 5833  
Time Occurred 240 am/pm  
Time Found 245 am/pm  
Latitude 39.898840 Longitude -85.919010

FACILITIES DAMAGE REPORT GAS

Vectren Claims Camera:

VE02036

DAMAGE SITE:  
Address CR 600 W + CR 800 N Lot # \_\_\_\_\_  
County Hancock City McCordsville State IN Township Vernon

FACILITY TYPE:  
 Distribution  Propane  
 Service  Storage  
 Transmission: (include supplemental report)

FACILITIES DAMAGED: ORIFICE SIZE(S): (1) (2) (3)  
Farm Tap 0.50 inch  
Heater 5/8 inch  
Main 0.75 inch  
Meter (Residential) 1.00 inch  
Meter (Industrial / Commercial) 1.25 inch  
Odorizer 2.00 inch  
Regulator Station 3.00 inch  
Relief Valve 4.00 inch  
Riser 5.00 inch  
Service Line 6.00 inch  
Valve 10.00 inch  
12.00 inch  
16.00 inch  
20.00 inch  
Other

VISUAL OBSERVATION AT DAMAGE SITE:  
Visual Observation:  Above Ground  Below Ground  
Locate Applicable:  Yes  No  N/S  
Facilities Properly Marked:  Yes  No  N/S  
Marking Methods:  Conventional  Flags  None  
 Offset  Paint  Stakes  Whiskers  
Locate Marking Faded:  Yes  No  N/S  
Wrong Address Requested:  Yes  No  N/S

TYPE OF MATERIAL: DAMAGE TYPE: PRESSURE:  
 Cast Iron  Severed  25 PSIG  
 Plastic (HDPE)  Not Cut  40 PSIG  
 Plastic (MDPE)  Severed Puncture  50 PSIG  
 Steel  Size 1" x 1"  55 PSIG  
 Other  60 PSIG  
 6 WC (2163)  
 7 WC (252)  
 Other

Facilities Improperly Located:  
 Qualified Locator Could Not Have Accurately Located  
 Inaccurate Maps / Cards  
 Broken or No Tracer Wire (Plastic)  
 Insulation Preventing Accurate Locate

Locator Error:  
 Failure to Follow Policy  
 Inappropriate Site Markings  
 Incomplete Locate  
 No Locates Performed  
 Qualified Locator Could Have Accurately Located  
 Wrong Address Located  
 Marking Off By: \_\_\_\_\_ (Feet / Inches)

PROTECTION IN PLACE: DURATION OF ESCAPING GAS:  
 Building  Fence  None  
 Post  Rail  Vault  N/A  
 Other \_\_\_\_\_  
Minutes: 150

Were Facility Marks Visible:  Yes  No  
Was Area White Lined:  Yes  No  Destroyed  
Positive Response:  Yes  No  Destroyed  
Tolerance Zone Violated:  Yes  No  
Part of Project:  Yes  No  
Company Representative On-Site:  Yes  No

LEAK REPORT NUMBER: 29933 EFV Activated  Yes  No  N/S  
Number of Customers Affected: 4  
Total Hours Service Was Off: 2

Observation by (ID#): 3512  
Name of Locator: LEO KOCHER  
LOCATING ORGANIZATION:  
 Contract Locator  
 Unknown / Other  
 Utility Owner

SERVICE ORDER NUMBER: 5262613

DAMAGED BY: TYPE OF CONSTRUCTION:  
 Company Crew  Agriculture  
 Contractor  Building Construction  
 County  Building Demolition  
 Developer  Cable TV  
 Farmer  Curbs / Sidewalk  
 Municipality  Drainage  
 Property Owner/ Tenant  Driveway  
 Railroad  Electric  
 State  Engineering / Surveying  
 Unknown  Fencing  
 Utility  Grading  
 Vehicle Accident  Irrigation  
 Other \_\_\_\_\_  Landscaping  
 Liquid Pipeline  
 Milling  
 Pole  
 Natural Gas  
 Public Transit Authority  
 Railroad Maintenance  
 Other \_\_\_\_\_

NOTIFICATIONS AND OTHER DETAILS OF LOCATE:

Locate Ticket: 1205222649  
Date: 05/22/12 Time: ? am/pm  
TYPE OF REQUEST:  
 Regular Request  Emergency Request  
 Locate Company Notified  
Contact Name: LEO KOCHER  
Time Called: 230 am/pm  
Time Locator Arrived at the Site: 255 am/pm

WORKING FOR:  
 City  County  Developer  
 State  Property Owner  
 Utility

Company Notified of Locate Near Critical Facilities  
 Yes  No  N/S

Copy of Mark Out Request Provided Within 2 Working Days  
 Yes  No  N/S

ONE-CALL CENTER:  
 PUPPS  
 OUPS  
 Unknown

Vectren Claim Number: VE 02036

**TYPE OF EQUIPMENT:**

- Auger
- Backhoe / Track hoe
- Boring
- Drilling
- Explosives
- Farm Equipment
- Grader / Scraper
- Hand Tools
- Milling Equipment
- Plow
- Probing Device
- Trencher
- Vacuum Equipment
- Vehicle
- Other \_\_\_\_\_

**ROOT DAMAGING CAUSE:**

- Abandoned Facility
- Deteriorated Facility
- Facility Could Not be Found/ Located
- Facility Was Not Located / Marked
- Failure to Maintain Clearance
- Failure to Maintain Marks
- Failure to Support Exposed Facility
- Failure to Use Hand Tools Where Required
- Improper Backfilling
- Incorrect Records / Maps
- Marking or Location Not Sufficient
- No Notification Made to One-Call
- One-Call Notification Error
- Previous Damage
- Wrong Information Provided
- Other \_\_\_\_\_

**CONTRACTOR REPAIRS:**

- Contractor Working for Vectren Made Repairs at Own Expense  
 Yes  No  N/S
- Contractor Repaired Damage  
 Yes  No  N/S

Name of Contractor: \_\_\_\_\_  
 # of Regular Hours: \_\_\_\_\_  
 # of Overtime Hours: \_\_\_\_\_  
 # of Regular Hours: \_\_\_\_\_  
 Crew Type: \_\_\_\_\_

**MATERIALS OR ROAD WORK:**

- Meter was replaced \_\_\_\_\_ (Stores Code)
- Regulator Was Replaced \_\_\_\_\_ (Stores Code)
- Temporary Asphalt Repair: \_\_\_\_\_ (sq. ft.)
- Permanent Asphalt Repair: \_\_\_\_\_ (sq. ft.)

Did Excavator Notify You

- Yes  No

Excavation Required

- Yes  No

Media at Site

- Yes  No

Was There Ignition of Gas?

- Yes  No

INVOICE:

- Yes  No  N/S

**RIGHT OF WAY:**

- Dedicated Utility Easement
- Federal Utility Easement
- Pipeline
- Power / Transmission Line
- Private - Business
- Private - Easement
- Private - Land Owner
- Public - County Road
- Public - Interstate Highway
- Public - Other
- Public - State Highway
- Public - City Street
- Unknown

**DAMAGING PARTY:**  
 Name: Telecomm Placement  
 Address: 15405 Little Eagle Creek Ave  
 City/ State/ Zip: Zionsville IN 46077  
 Phone: (317) 769-4777  
 Prepared / Investigated By: Kevin Gulpin Date: 5-30-12

**PARTY TO INVOICE:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/ State/ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Reviewed by Field Supervisor: Chris Staud Date: 6-4-12

Crew Foreman > Jacob Sims  
3 man

Bore started  $1\frac{1}{2}$  rods in stance  
 Gas main stub unmarked 18' in length  
 Tracer wire broken

## NORMAL NOTICE REMARK

Ticket : 1205222649 Date: 05/22/2012 Time: 13:47 Oper: RJOHNSON Chan:002

State: IN Cnty: HANCOCK Twp: VERNON  
 Cityname: MCCORDSVILLE Inside: Y Near: N  
 Subdivision:

Address : 8023  
 Street : N MOUNT COMFORT RD  
 Cross 1 : W 800 N Within 1/4 mile: Y  
 Location: LOCATE A 40 FOOT RADIUS OF THE POWER METERS ON THE SOUTHEAST CORNER OF THE BUILDING AND A 40 FOOT WIDE PATH WEST ALONG SOUTH SIDE OF BUILDING TO MOUNT COMFORT RD THEN LOCATE SOUTH ALONG FRONT EASEMENT 50 FEET - INCLUDING 40 FOOT RADIUS OF ALL FIXTURES - PLEASE USE HEAVY PAINT AND FLAG

Grids : 3953A8555D 3954D8555D

Work type : NEW CABLE INSTALL  
 Done for : COMCAST  
 Start date: 05/24/2012 Time: 14:00 Hours notice: 48/048 Priority: NORM  
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N  
 Duration : 15 DAYS Depth: 10 FEET

Company : TELECOM PLACEMENT Type: CONT  
 Co addr : 15405 LITTLE EAGLE CREEK AVENUE  
 City : ZIONSVILLE State: IN Zip: 46077  
 Caller : TONY HARVEY Phone: (317)873-2188  
 Contact : TONY HARVEY--CELL Phone:  
 BestTime:  
 Mobile : (317)753-2521  
 Fax : (317)769-4645

Remarks : All tickets are taken and processed on Eastern Daylight Time  
 REMARK AS NEEDED--DUE TO WEATHER--PREVIOUS TICKET 1205101028  
 Will you be white-lining the dig site area? NO  
 :

Submitted date: 05/22/2012 Time: 13:47

Members: ID0660 ID1501 ID3131 ID3493 ID5519 ID5555 ID7053 ID9999 SM

Member Name	Facility Types
AT&T - TRANSMISSION	FIBER OPTIC
BRIGHT HOUSE NETWORKS INDIANAPOLIS	CABLE TV
CITIZENS WATER / FORMERLY VEOLIA WATER	WATER
COMCAST NORTHEAST (NOBLESVILLE)	CABLE TV
INDIANAPOLIS POWER & LIGHT COMPANY	ELECTRIC
MCCORDSVILLE PUBLIC WORKS	
NINE STAR CONNECT / FORMERLY HANCOCK TELECOM TELEPHONE	
VECTREN - GREENFIELD	GAS

[- View Map](#) | [Close Map](#)

DAMAGE DAMAGE

Ticket : 1205303195 Date: 05/30/2012 Time: 14:15 Oper: RJOHNSON Chan:074

State: IN Cnty: HANCOCK Twp: VERNON  
 Cityname: MCCORDSVILLE Inside: Y Near: N  
 Subdivision:

Address : 8023  
 Street : N MOUNT COMFORT RD  
 Cross 1 : W 800 N Within 1/4 mile: Y  
 Location: LOCATE A 40 FOOT RADIUS OF THE POWER METERS ON THE SOUTHEAST CORNER OF THE BUILDING AND A 40 FOOT WIDE PATH WEST ALONG SOUTH SIDE OF BUILDING TO MOUNT COMFORT RD THEN LOCATE SOUTH ALONG FRONT EASEMENT 50 FEET - INCLUDING 40 FOOT RADIUS OF ALL FIXTURES - PLEASE USE HEAVY PAINT AND FLAG

Grids : 3953A8555D 3954D8555D

Work type : NEW CABLE INSTALL  
 Done for : COMCAST  
 Start date: 05/30/2012 Time: 14:15 Hours notice: 0/000 Priority: EMER  
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
 Duration : 15 DAYS Depth: 10 FEET

Company : TELECOM PLACEMENT Type: CONT  
 Co addr : 15405 LITTLE EAGLE CREEK AVENUE  
 City : ZIONSVILLE State: IN Zip: 46077  
 Caller : TONY HARVEY Phone: (317)873-2188  
 Contact : TONY HARVEY--CELL Phone:  
 BestTime:  
 Mobile : (317)753-2521  
 Fax : (317)769-4645

Remarks : All tickets are taken and processed on Eastern Daylight Time  
 GAS LINE HAS BEEN DAMAGED--VECTREN IS THE UTILITY COMPANY INVOLVED--GAS LINE IS BLOWING--CAN HEAR AND SMELL IT--LINE IS DAMAGED IN THE FRONT EASEMENT--UNKNOWN DESCRIPTION OF THE DAMAGED LINE--HAVE CALLED 911--CREW IS ON SITE--HAVE NOT CALLED VECTREN TO REPORT THE DAMAGED LINE--PREVIOUS TICKET 1205222649  
 Will you be white-lining the dig site area? NO

Submitted date: 05/30/2012 Time: 14:15  
 Members: ID0660 ID1501 ID3131 ID3493 ID5519 ID5555 ID7053 ID9999 SM

Member Name	Facility Types
AT&T - TRANSMISSION	FIBER OPTIC
BRIGHT HOUSE NETWORKS INDIANAPOLIS	CABLE TV
CITIZENS WATER / FORMERLY VEOLIA WATER	WATER
COMCAST NORTHEAST (NOBLESVILLE)	CABLE TV
INDIANAPOLIS POWER & LIGHT COMPANY	ELECTRIC
MCCORDSVILLE PUBLIC WORKS	
NINE STAR CONNECT / FORMERLY HANCOCK TELECOM TELEPHONE	
VECTREN - GREENFIELD	GAS

[View Map](#)

[Close Map](#)

# Service Order Status

Friday, June 8, 2012

Enter Service Order Number:

5262613

Go

Banner Instance:  CS03PROD  CS01PROD  CS02PROD

Order Number: N5262613

Order Type: LEAK

Order Status: Completed

Customer: 008888888 - INACTIVE CUSTOMER

Prem: 5713125 - 8023 N 600 W

Technician: 2648 - Arnold, Dennis

**Order Dates and Times**

Need Date: 5/30/2012 2:31:00 PM  
 Time Created: 5/30/2012 2:30:39 PM  
 Time Dispatched: 5/30/2012 2:30:39 PM  
 Time In Route: 5/30/2012 2:34:33 PM  
 Time On-Site: 5/30/2012 3:25:21 PM  
 Tech Complete: 5/30/2012 7:05:19 PM  
 Time Closed: 5/30/2012 7:05:19 PM

**Events Performed/Completion Code**

LKNS - CMP

**Meter Information**

Current ReadStatus

Old Meter:

New Meter:

**Completion Notes**

CREW CALLED 6INCH.MAIN HIT.CREW ON SITE FIXING LK.

**Request Notes**

HIT GAS LINE, BLOWING, PER JASON WITH F.E./ HIS # IS 317477 1144/ HIT BY TELECOM, LAYING WIRE, NEXT TO RD/ TONY CE 317 753 2521/ F.D. & POLICE ENRTE/ LOC # 1205222649 & DAMAGE # 1205303195 PER 811AMBE R/---NEED ETA---

**MDSI Event Dates and Times**

Event	Date/Time	User
AsnAssignmentEnRoute_evt	5/30/2012 2:34:33 PM	Arnold, Dennis
AsnAssignmentManualAck_evt	5/30/2012 2:34:37 PM	Arnold, Dennis
AsnAssignmentOnSite_evt	5/30/2012 3:25:21 PM	Arnold, Dennis
OrdOrderComplete_evt	5/30/2012 7:05:19 PM	Arnold, Dennis

NOTE:The Reporting database replicates in near real-time; it has been approximately 0 minute(s) since the last transaction replicated.

OpUID

RECEIVED



**INFORMATION REQUEST**

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION - PIPELINE SAFETY DIVISION

SEP 20 2012

INDIANA UTILITY  
REGULATORY COMMISSION

Case Number: 3120

*The Pipeline Safety Division of the Indiana Utility Regulatory Commission requests any and all information you can provide regarding the following criteria.*

*Upon completion of answers select email button for submission.*

**The Parties**

**Excavator Information:**

Business Name: telecom Placement Inc

Responsible Party Personal Name: Molly Fisher

Title (if any): \_\_\_\_\_

Address (number and street): 15405 Little Eagle Creek Rd

City, State and ZIP Code: 2.025.116 IN 46077

Preferred Telephone Number (area code): 317 501 7693

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Facility Information:**

Business Name: Uct 117

Responsible Party Personal Name: \_\_\_\_\_

Title (if any): \_\_\_\_\_

Address (number and street): \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_

Preferred Telephone Number (area code): \_\_\_\_\_

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Locator Service Information:**

Business Name: US-C

Responsible Party Personal Name: \_\_\_\_\_

Title (if any): \_\_\_\_\_

Address (number and street): \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_

Preferred Telephone Number (area code): \_\_\_\_\_

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Cause of Damage Information**

Type of Equipment (select one): Directional Drill

Type of Work Performed (select one): CATV

**Other Information (Witness, Police, Fire, Other):**

Personal Contact: John Sims

Business/Organization Name: \_\_\_\_\_

Title (if any): \_\_\_\_\_

Address (number and street): \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_

Preferred Telephone Number (area code): \_\_\_\_\_

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Utility Line Impact**

**Location of Damage:**

Address (number and street): 8023 MT Confort Rd

City, State and ZIP Code: McCordsville IN

Nearest Intersection: \_\_\_\_\_

Product Type (select one): Gas

Facility Type (select one): \_\_\_\_\_

Size (Diameter/etc.): 6"

Pressure (PSIG/Inches): \_\_\_\_\_

Interruption in Service:  Yes  No Number of Customers Affected: ?

Evacuation:  Yes  No If yes, How Many Evacuated? \_\_\_\_\_

Repair Cost (if known): \$ ?

Release of Product:  Yes  No

Ignition and/or Fire:  Yes  No

Excavator Notify 811:  Yes  No

120 530 3195

**Locate Information**

Excavator Request Locate:  Yes  No

Indiana 811 Locate Ticket Number: 1205 222 649

1205 10 1028

Locate Marks Visible:  Yes  No

Locate Marks Correct:  Yes  No

Excavator "White Lined":  Yes  No

Maps Used to Mark Facilities:  Yes  No *JKR-7*

Was Locate Provided within Two (2) Working Days:  Yes  No

Operator Employees On-site during Excavation:  Yes  No

*John S. ...*

**Incident Impact Information**

Number of Outpatient Treated: 0

Number of Inpatient Treated: 0

Number of Fatalities: 0

Fire Department Response:  Yes  No

Police Department Response:  Yes  No

Ambulance Response:  Yes  No

**Additional Information / Comments**

*Hit 6" Future Build Trail  
Not located. No Point  
within 16'*

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3120

Your Full Name: Holly Fisher

Full Name of Business / Entity (if applicable): Telecom Placement Inc

Your Business Title (if applicable): \_\_\_\_\_

Address (number and street): 15405 Little Eagle Creek Ave

City: Zionsville State: IN ZIP Code: 46077

Your E-mail Address: \_\_\_\_\_

Today's Date (month, day, year): 9-17-12

Your Signature: [Signature] Title (if any) \_\_\_\_\_

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number \_\_\_\_\_  
Indiana Utility Regulatory Commission  
101 West Washington Street, 1500E  
Indianapolis, IN 46204

Or scan the statement and Email to:

[PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)