



Pipeline Safety Division Investigation Report

Investigation regarding: **Kreager Brothers Excavating, Inc.**

UPPAC Database Record ID: 3410

Investigator: Howard Friend

Report Date: 12/4/2012

Damage Date: 7/25/2012 3:52:47 PM

Damage Address: 280 N Niles Ave

City: South Bend

County: St Joseph

The Parties

Excavator: **Kreager Brothers Excavating, Inc.**

Contact: Tim Biddle

Address: Po Box 80187, Fort Wayne, In 46898

Telephone:

Facility Owner: NIPSCO

Contact: Kit Earle

Address: 101 West Ohio Street, Indianapolis, IN 46204

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Investigation regarding: Kreager Brothers Excavating, Inc.

UPPAC Database Record ID: 3410

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: False

Number of Customers Affected: 0

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$61

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1207200547

Type of Equipment: Auger

Type of work performed: Sewer

Synopsis: A 2” natural gas line was damaged during excavation for a sewer line.

Findings: Reported by Indiana 811; excavator’s response to initial notice was received on 9/17/2012. The excavator had a valid locate request and the operator provided accurate locate marks. The excavator failed to maintain the marks and damaged the gas line.

Conclusion: There was a failure to maintain two (2) feet of clearance with mechanized equipment.

Violation: IC 8-1-26-20(b): Failure to plan excavation to avoid damage or interference with underground facilities; Failure to maintain two (2) feet clearance with mechanized equipment.



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3410

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: Kreager Brothers Excavating

Responsible Party Personal Name: Tim Biddle

Title (if any): Job site Foreman

Address (number and street): 4512 Newaygo road

City, State and ZIP Code: Fort Wayne IN 46898

Preferred Telephone Number (area code): 260-410-0748

Cellular Telephone Number (area code): 260-410-0748

Email Address: _____

Facility Information:

Business Name: EAST BANK LIQUOR STORE

Responsible Party Personal Name: _____

Title (if any): _____

Address (number and street): 502 NILES AVE.

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Locator Service Information:

Business Name: USIC _____

Responsible Party Personal Name: Allen ODonnell _____

Title (*if any*): _____

Address (*number and street*): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): 574-320-1140 _____

Cellular Telephone Number (area code): _____

Email Address: _____

Cause of Damage Information

Type of Equipment (*select one*): Unknown/Other

Type of Work Performed (*select one*): Grading

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

Personal Contact: SCOTT JONES _____

Business/Organization Name: Kreager Brothers _____

Title (*if any*): HEAVY EQUIPMENT OPERATOR _____

Address (*number and street*): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): 574-274-3001 _____

Cellular Telephone Number (area code): _____

Email Address: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): 502 COLFAX _____

City, State and ZIP Code: SOUTH BEND INDIANA _____

Nearest Intersection: COLFAX & NILES AVE _____

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Service/Drop

Size (Diameter/etc.): 1/2" _____

Pressure (PSIG/Inches): _____

Interruption in Service: Yes No **Number of Customers Affected:** ¹ _____

Evacuation: Yes No **If yes, How Many Evacuated?** ⁰ _____

Repair Cost (if known): \$ 60.52 _____

Release of Product: Yes No

Ignition and/or Fire: Yes No

Excavator Notify 811: Yes No

Locate Information

Excavator Request Locate: Yes No

Indiana 811 Locate Ticket Number: 1207062188 _____

Locate Marks Visible: Yes No

Locate Marks Correct: Yes No

Excavator "White Lined": Yes No

Maps Used to Mark Facilities: Yes No

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

Operator Employees On-site during Excavation: Yes No

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

SERVICE LINE WAS JUST UNDER CONCRETE ROAD NOT BURIED AT ALL, LOADER DROVE OVER IT TURNED WHEELS AND BROKE GAS LINE. LINE RAN EAST AND WEST ACROSS NILES AVE.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3410

Your Full Name: TIM BIDDLE

Full Name of Business / Entity (*if applicable*): Kreager Brothers Excavating

Your Business Title (*if applicable*): Job site foreman

Address (*number and street*): 4512 Newaygo road

City: Fort Wayne IN 46898 State: IN ZIP Code: 46898

Your E-mail Address: _____

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

Your Signature: _____ Title (*if any*) _____

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3410
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov

**Northern Indiana Public Service Company
DAMAGE CLAIM BILL**

CLAIM NO.: 12 1848

JOB ORDER NO.: 575666

DATE: August 21, 2012

Kreager Brothers
P.O. Box 80187
Fort Wayne, IN 46898

PAYMENT DUE 28 DAYS FROM ABOVE DATE.
PLEASE MAKE REMITTANCE PAYABLE TO:
NORTHERN INDIANA PUBLIC SERVICE COMPANY
801 E. 86TH AVENUE
MERRILLVILLE, INDIANA 46410-6271
ATTENTION: FACILITY DAMAGES RECOVERY

AMOUNT REMITTED

AMOUNT DUE
\$ 60.52

↓ PLEASE DETACH HERE AND RETURN THIS PORTION WITH PAYMENT ↓

DATE	DESCRIPTION	AMOUNT
07/25/12	Expense incurred as the result of damage to NIPSCO facilities located in the vicinity of 502 Colfax Street, South Bend, Indiana, by the above organization.	
	LABOR:	\$ 51.94
	MATERIAL:	4.58
	EQUIPMENT:	<u>4.00</u>
	TOTAL EXPENSE:	\$ 60.52
<p>If you have any questions regarding this bill, please contact Mary Lechowicz, Leader Facility Damages, at 219-647-4033 or 1-800-884-2684</p> 		
	East Bank # 123417	# 007 Demc PWT Removal

Northern Indiana Public Service Company
DAMAGE CLAIM BILL

CLAIM NO.: 12 1848

JOB ORDER NO.: 575666

DATE: August 21, 2012

(219) 647-4033
(800) 884-2684

August 21, 2012

Kreager Brothers
P.O. Box 80187
Fort Wayne, IN 46898

RE: Our Claim 12 1848

Gentlemen:

Enclosed is our Damage Claim Bill in the amount of \$60.52, being the expense this Company incurred as the result of your contact with our facilities located in the vicinity of 502 Colfax Street, South Bend, Indiana. Our reports indicate that our facilities were damaged on July 25, 2012.

If you have insurance to cover this type of damage claims, please forward the enclosed Damage Claim Bill and envelope to your insurance carrier for payment and advise this Department of the company's name and address so that we can follow the matter to a conclusion. In the event you are not insured, your check or money order in the above amount is requested. To insure proper credit to your account, please remit the top portion of the Damage Claim Bill, along with payment, in the enclosed pre-addressed envelope.

If you wish to discuss this matter further, please contact the undersigned.

Sincerely,

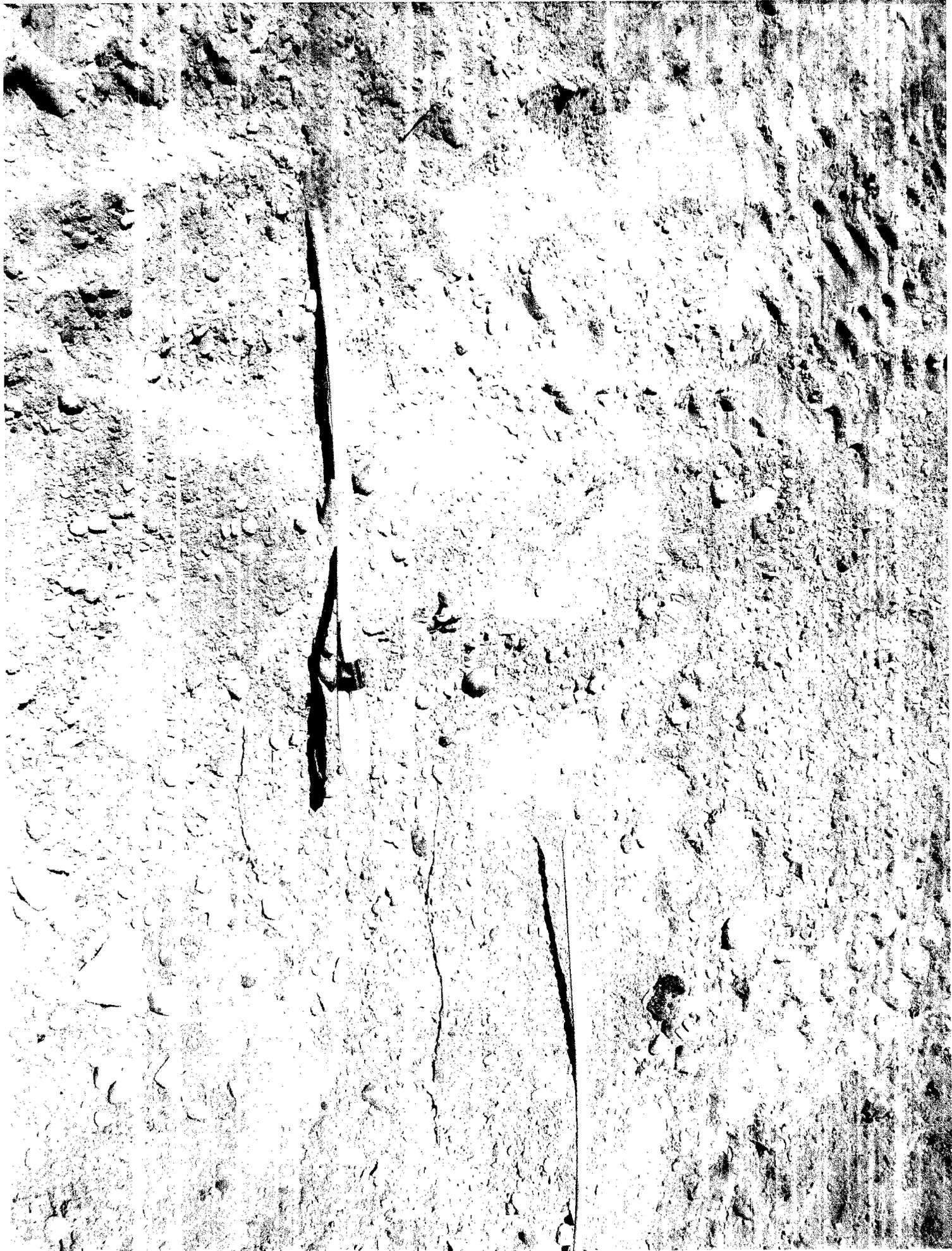


MARY L. LECHOWICZ
Leader Facility Damages

MLL:ke

Enclosure







101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

September 14, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3410
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3410

To Whom It May Concern:

Attached please find Northern Indiana Public Service Company's ("NIPSCO") written information, and supporting documentation, relating to the following event:

Date of Event: 7/25/2012

Event Location: 280 N Niles Ave, South Bend

Facility Owner: Northern Indiana Public Service Company

Excavator: Kreager Brothers Excavating, Inc.

Other Party: N/A

Pipeline Division Case No. 3410

NIPSCO has reviewed its recovery and damage prevention files for this matter and has provided answers, when known, to the list of questions set forth in the Information Request. To the extent available, NIPSCO is also providing a copy of the Damage Information Report – Pipeline Safety Division previously submitted by NIPSCO to IURC Pipeline Safety as well as additional documentation relating to this Event Location.

Upon completion of the investigation, NIPSCO requests that it be provided with a copy of the Pipeline Division's Investigation Report with findings that will be forwarded to the Underground Plant Protection Advisory Committee. If there are any additional questions, please contact the undersigned.

Very truly yours,

A handwritten signature in black ink, appearing to read "Christopher Earle".

Christopher C. (Kit) Earle
NiSource Corporate Services - Legal
Phone: 317-684-4904
Fax: 317-684-4918
Email: cearle@nisource.com

IURC INFORMATION REQUEST	
Pipeline Safety Division Case No. 3410	
Date of Event	7/25/2012
Event Location	280 N Niles Ave, South Bend
Facility Owner	Northern Indiana Public Service Company
Excavator	Kreager Brothers Excavating, Inc.
Date of IURC Information Request	8/16/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Kreager Brothers Excavating Inc
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	PO Box 80187
CITY/ STATE/ZIP	Fort Wayne, IN 46898
PREFERRED TELEPHONE	260 482 4445
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:	
BUSINESS NAME	NORTHERN INDIANA PUBLIC SERVICE COMPANY
RESPONSIBLE PARTY PERSONAL NAME	LUKE SELKING
TITLE	
ADDRESS	1501 HALE AVENUE
CITY/STATE/ZIP	FORT WAYNE, IN 46802
PREFERRED TELEPHONE	260/439-1290
SECONDARY TELEPHONE	
EMAIL ADDRESS	LSELKING@NISOURCE.COM
LOCATOR SERVICE INFORMATION	
BUSINESS NAME	USIC
RESPONSIBLE PARTY PERSONAL NAME	Morgan Thompson
TITLE (IF ANY)	Claims Coordinator
ADDRESS	9045 N. River Rd. Suite 300
CITY/ STATE/ZIP	Indianapolis, IN 46240
PREFERRED TELEPHONE	1-317-538-7301
CELL PHONE TELEPHONE	Same
EMAIL ADDRESS	morganthompson@usicinc.com
OTHER (WITNESS, POLICE, FIRE, OTHER) INFORMATION	
PERSONAL CONTACT	
BUSINESS/ORGANIZATION NAME	
TITLE (IF ANY)	

ADDRESS	
CITY/ STATE/ZIP	
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
UTILITY LINE IMPACT	
LOCATION OF DAMAGE	
ADDRESS	280 N Niles Ave
CITY/STATE/ZIP	South Bend, IN
NEAREST INTERSECTION	E Lasalle Ave
PRODUCT TYPE (Select One)	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
FACILITY TYPE (Select One)	
DISTRIBUTION	X
GATHERING	
SERVICE/DROP	
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	2"
PRESSURE (PSIG/INCHES)	35
INTERRUPTION IN SERVICE (YES/NO)	Yes
NUMBER OF CUSTOMERS AFFECTED	2
EVACUATION (YES/NO)	Yes
IF YES, HOW MANY EVACUATED	2
REPAIR COST (IF KNOWN) (\$)	
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	X
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	
Probing Device	

Trencher	
Vacuum Equipment	
Unknown/Other	
TYPE OF WORK PERFORMED (Select One)	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	
Bldg. Demolition	
Drainage	
Driveway	
Electric	
Engineering/Surveying	
Fencing	
Grading	
Irrigation	
Landscaping	
Liquid Pipeline	
Milling	
Natural Gas	
Pole	
Public Transit Authority	
Railroad Maintenance	
Road Work	
Sewer (Sanitary/Storm)	X
Site Development	
Steam	
Storm Drain/Culvert	
Street Light	
Telecommunications	
Traffic Signal	
Traffic Sign	
Water	
Waterway Improvement	
Unknown/Other	
RELEASE OF PRODUCT (YES/NO)	Yes
IGNITION AND/OR FIRE (YES/NO)	No
EXCAVATOR NOTIFY 811 (YES/NO)	Yes 1207252886
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Yes

INDIANA 811 LOCATE TICKET NUMBER	1207200547
LOCATE MARKS VISIBLE (YES/NO)	Yes
LOCATE MARKS CORRECT (YES/NO)	Yes
EXCAVATOR "WHITE LINED" (YES/NO)	No
MAPS USED TO MARK FACILITIES (YES/NO)	Yes
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	No
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	
Excavator failed to use hand tools where required.	

Fact Based Investigation Report

01820120725016
Northern IN
7/25/2012 3:52:48 PM
7/25/2012 4:00:11 PM
TIM BIDDLE
280 N NILES AVE
SOUTH BEND
ST: IN ZIP:

NOTIFICATION ID:
DISTRICT:
DAMAGE DATE:
NOTIFICATION DATE:
NOTIFIED BY:
DAMAGE ADDRESS:
CITY:

NIPSCO

DAMAGED CUSTOMER:

07/25/2012
16:10:00
16:30:00

INVESTIGATION DATE:
FROM:
TO:

KREAGER BROS.
Sewer

EXCAVATOR INVOLVED:
TYPE OF EXCAVATION:

1207200547

ORIG. LOCATE REQ.:
START DATE/TIME:
TYPE OF TICKET:
LOCATE REQ. INFO N/A:

1207252886

DIG UP/DAMAGE REQ.:
START DATE/TIME:

Allen O'Donnell
7/25/2012 4:15:00 PM
Digital

PICTURES TAKEN BY:
DATE/TIME:
PHOTOGRAPHY TYPE:
FRAME #:

116375

INVESTIGATOR EMP#:
INVESTIGATOR NAME:

Joe Hendrickson
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?
No

Fact Based Investigation Customer Information

01820120725016

NIPSCO

(optional)

NOTIFICATION ID:

SELECT A CUSTOMER:

CUSTOMER #:

LOWPROF

Gas Service

O'Donnell Allen - 124207

FACILITY DESCRIPTION:

FACILITY ID:

LOCATOR NAME & EMP #:

LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:

Facility Marked Accurately,
Relocate Needed,
Other

Other: Marks destroyed

CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):

Visual, Facility Exposed At Time Of Investigation

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

Marks on site for the investigation had been destroyed by all the construction traffic. Review of the post locate photos show this service was marked correctly. Relocate needed for the crew.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

Tech in TRUCK # 30954-6 - Stated that they weren't sending a crew out to repair it. He was going to stub it until the work was done in the area and then reconnect it.

NAMES OF EXCAVATOR'S REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

N/A

LIST ANY OTHER INDIVIDUALS ON SITE:

N/A

WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL?

No

WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA?

No

WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS?

No

EXTENT OF FACILITY DAMAGE

cut gas service

REPLACEMENT FOOTAGE

N/A

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?

No N/A

WHAT CONTRACTOR EQUIPMENT WAS USED?

Backhoe

IS THE FACILITY SHOWN ON THE UTILITY RECORDS?

No

IF YES, PLEASE LIST RECORD #(S)

N/A

NIPSCO 00847 IUPPSa 07/25/2012 15:52:48 1207252886-00A EMER DAMG STRT

DAMAGE REMARK

Case 3410

Ticket : 1207252886 Date: 07/25/2012 Time: 15:48 Oper: SHARRIS Chan:089

State: IN Cnty: ST JOSEPH Twp: PORTAGE
Cityname: SOUTH BEND Inside: Y Near: N
Subdivision:

Address : 280
Street : N NILES AVE
Cross 1 : E LASALLE AVE Within 1/4 mile: Y
Location: LOCATE ON NILES STARTING 100 FEET SOUTH OF THE LASALLE INTERSECTION
FOR 1300 FEET TO THE SOUTH FROM THE CENTER OF THE ROAD 50 FEET TO THE EAST

Grids : 4140B8614B 4140A8614B
Boundary: n 41.679714 s 41.677254 w -86.245110 e -86.243622

Work type : INSTALLING STORM SEWER
Done for : RIETH RILEY
Start date: 07/25/2012 Time: 15:52 Hours notice: 0/0 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 3 MONTHS Depth: 10 FEET

Company : KREAGER BROTHERS EXCAVATING INCORPORATED Type: CONT
Co addr : PO BOX 80187
City : FORT WAYNE State: IN Zip: 46898
Caller : TIM BIDDLE Phone: (260)482-4445
Contact : TIM BIDDLE Phone:
BestTime:
Mobile : (260)410-0748
Fax : (260)482-4576
Email : BMEAD@KREAGERBROTHERS.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
A NIPSCO GAS LINE HAS BEEN DAMAGED APPROX 100 FEET SOUTH ON N NILES AVE - GAS
CAN NOT BE SMELLED HEARD AND IS NOT BLOWING - ORANGE PLASTIC 1/2 INCH IN
DIAMETER - HAVE ADVISED TO CALL 911 - CALLER HAS CALLED NIPSCO - CREW ON SITE -
PREVIOUS TICKET NUMBER 1207200547
Will you be white-lining the dig site area? NO
:

Submitted date: 07/25/2012 Time: 15:48
Members: AEPIN COMCN ID4866 ID5610 ID6590 ID7150 NIPSCO SBCIN SM

NIPSCO 00147 IUPPSa 07/20/2012 09:26:04 1207200547-00A NORM NEW STRT

NORMAL NOTICE REMARK

Case 3410

Ticket : 1207200547 Date: 07/20/2012 Time: 09:19 Oper: BEN.MEAD Chan:000
Old Tkt: 1207111228 Date: 07/11/2012 Time: 10:32 Oper: BEN.MEAD Rev: 00A

State: IN Cnty: ST JOSEPH Twp: PORTAGE
Cityname: SOUTH BEND Inside: Y Near: N
Subdivision:

Address : 280
Street : N NILES AVE
Cross 1 : E LASALLE AVE Within 1/4 mile: Y
Location: LOCATE ON NILES STARTING 100 FEET SOUTH OF THE LASALLE INTERSECTION
FOR 1300 FEET TO THE SOUTH FROM THE CENTER OF THE ROAD 50 FEET TO THE EAST

:
Grids : 4140B8614B 4140A8614B
Boundary: n 41.679714 s 41.677254 w -86.245110 e -86.243622

Work type : INSTALLING STORM SEWER
Done for : RIETH RILEY
Start date: 07/24/2012 Time: 09:30 Hours notice: 96/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 3 MONTHS Depth: 10 FEET

Company : KREAGER BROTHERS EXCAVATING INCORPORATED Type: CONT
Co addr : PO BOX 80187
City : FORT WAYNE State: IN Zip: 46898
Caller : BEN MEAD Phone: (260)482-4445
Contact : TIM BIDDLE Phone:
BestTime:
Mobile : (260)410-0748
Fax : (260)482-4576
Email : BMEAD@KREAGERBROTHERS.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
Will you be white-lining the dig site area? NO
:

Submitted date: 07/20/2012 Time: 09:19
Members: AEPIN COMCN ID4866 ID5610 ID6590 ID7150 NIPSCO SBCIN SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY FACILITY DAMAGE REPORT

** COMPLETE FORM FOR ALL DAMAGES TO NIPSCO FACILITIES **

REPORTING OPERATING AREA 060 MAXIMO WO # _____
OPERATING AREA CONTACT TIM ARMSTRONG JOB ORDER # 576354
TRACKING NUMBER 018 2012 0710 001 LOCATE REF # _____
Locate Performed By: _____

DATE AND TIME OF ACCIDENT 7/10 753 M DATE OF REPORT 7/10
PLACE OF DAMAGE (INCLUDE CITY) NILES + LASALLE, SOUTH BEND

DAMAGE WAS TO:
ELECTRIC - POLE / TRANSFORMER: # _____ SIZE _____ YEAR INSTALLED _____ BROKEN YES () NO ()

OTHER (DESCRIBE) _____

GAS: SERVICE () MAIN SIZE 2" MATERIAL: PLASTIC STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE) _____

DEPTH OF FACILITY (inches) 60" +/- PRESSURE (PSI) 35 Lbs.

RELEASE OF GAS: YES NO () IGNITION OF GAS: YES () NO EVACUATION REQUIRED: YES # _____ NO ()

INTERRUPTION OF SERVICE: YES NO () NUMBER OF CUSTOMERS LOST: 2

DURATION OF INTERRUPTION: TIME REPORTED 753 TIME SHUT OFF 9:15 AM TIME RESTORED 11:15 AM

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 2" (CUT IN HALF)

LOCATE MARKS ON SITE: YES DISTANCE BETWEEN FACILITY AND LOCATE MARKS _____ NO ()
HOW LOCATED: PAINT () FLAGS BOTH () WHITE LINED () UNABLE TO VERIFY ACCURACY.

PARTY THAT CAUSED DAMAGES (NAME) MICHIANA CONTRACTORS 574 936 8613

ADDRESS OF PARTY (INCLUDE CITY) 7943 LILAC RD. PLYMOUTH IN 46563 (PO Box 929)

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE ANTHONY "TONY" BALES

WITNESS NAME AND ADDRESS NONE ON SITE

WITNESS REMARKS NONE

AGENCIES NOTIFIED / ONSITE: POLICE AGENCY SBCD REPORT # _____

FIRE () AGENCY _____ REPORT # _____

OTHER () _____ Any Injuries? () YES # _____ () NO

PHOTOS TAKEN: YES () NO TAKEN BY: _____ (ATTACH PHOTOS TO REPORT)
MEDIA ON SITE YES NO ()

- WORK IN PROGRESS WHEN FACILITY DAMAGED** -- CHECK APPROPRIATE CHOICE BELOW
- | | | | |
|--|-------------------------------------|--|---|
| <input type="checkbox"/> AGRICULTURE/FARMING | <input type="checkbox"/> CABLE TV | <input type="checkbox"/> CURB/SIDEWALK | <input type="checkbox"/> TELECOMMUNICATIONS |
| <input type="checkbox"/> BLDG CONSTRUCTION | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> DRAINAGE | <input type="checkbox"/> WATER |
| <input type="checkbox"/> DRIVEWAY | <input type="checkbox"/> ELECTRIC | <input type="checkbox"/> SURVEYING | <input type="checkbox"/> DRAINS/CULVERTS |
| <input type="checkbox"/> FENCING | <input type="checkbox"/> GRADING | <input type="checkbox"/> IRRIGATION | <input type="checkbox"/> MOWING |
| <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> PIPELINE | <input type="checkbox"/> MILLING | <input type="checkbox"/> OTHER _____ |
| <input checked="" type="checkbox"/> POLE/SIGN POST | <input type="checkbox"/> ROAD WORK | <input type="checkbox"/> SEWER | |

- TYPE OF EQUIPMENT USED** -- CHECK APPROPRIATE CHOICE BELOW
- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> AUGER | <input type="checkbox"/> HAND TOOLS | <input type="checkbox"/> BACKHOE/TRACKHOE |
| <input type="checkbox"/> MILLING EQUIPMENT | <input type="checkbox"/> PROBING DEVICE | <input type="checkbox"/> BORING / DRILLING |
| <input type="checkbox"/> EXPLOSIVES | <input type="checkbox"/> TRENCHER | <input type="checkbox"/> FARM EQUIPMENT |
| <input type="checkbox"/> VACCUUM EQUIPMENT | <input type="checkbox"/> GRADER | <input type="checkbox"/> OTHER _____ |

- REASON DAMAGE OCCURRED** -- CHECK APPROPRIATE CHOICE BELOW
- | | | |
|--|---|--|
| <input type="checkbox"/> AUTOMOTIVE ACCIDENT | <input checked="" type="checkbox"/> EXCAVATING BEFORE LOCATES DUE | <input type="checkbox"/> CARELESS MACHINE OPERATOR |
| <input type="checkbox"/> NO NOTIFICATION | <input checked="" type="checkbox"/> MARKS DISTURBED | <input type="checkbox"/> STUB |
| | | <input type="checkbox"/> OTHER _____ |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS: ASKED CONTRACTOR 2 TIMES FOR LOCATE TICKET No.#
AND THEY SKIRTED AROUND THE ISSUE & NEVER
PRODUCED ONE. (MICHAHA CONTRACTING INC.)

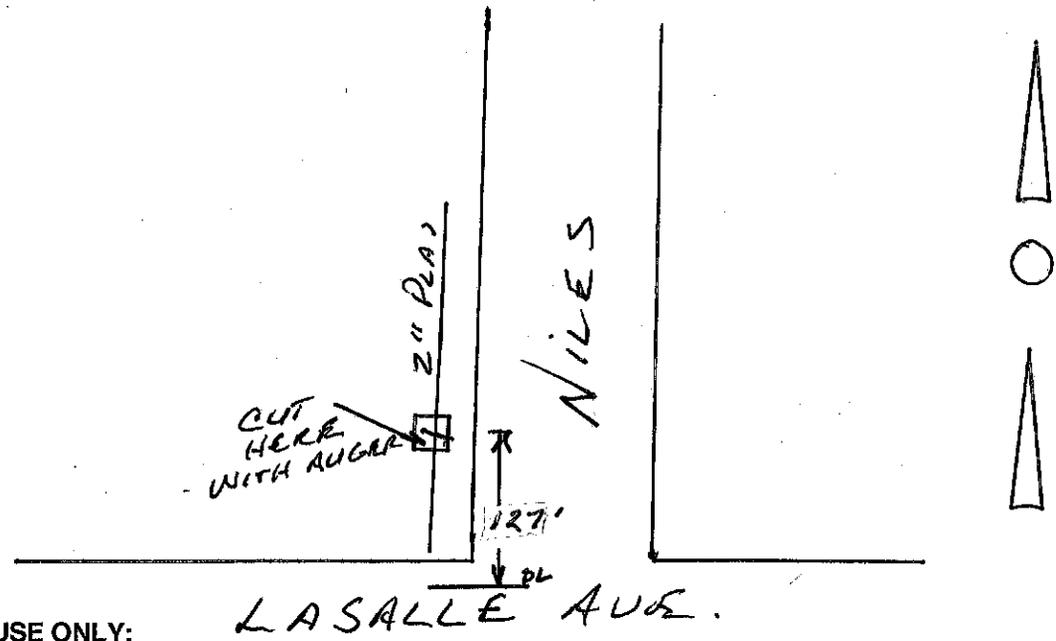
PERSON PREPARING REPORT KEVIN
BADGER

FIELD SUPERVISOR TIM ARMSTRONG / ANTONIO LOPEZ A.L. Lopez

FIELD MANAGER LINDA GRAY

- ORIGINAL REPORT AND SUPPORTING INFORMATION IS TO BE SENT TO FACILITY DAMAGE RECOVERY
- COPY OF REPORT IS TO BE SENT TO DAMAGE PREVENTION

SKETCH: - Show position of all pertinent information



FOR OFFICE USE ONLY:

- | | | |
|---|-----|----|
| • DID EXCAVATION OCCUR BEFORE LOCATES WERE DUE | YES | NO |
| • NO IN 811 LOCATE CALLED IN | YES | NO |
| • DAMAGE CAUSED FROM EXCAVATION WITHIN 24" ZONE | YES | NO |
| • EXPIRED LOCATE | YES | NO |
| • WAS WHITE LINING INDICATED ON LOCATE REQUEST | YES | NO |

COMPLETED BY: _____ DATE: _____