



Pipeline Safety Division Investigation Report

Investigation regarding: Key Concrete, Inc

UPPAC Database Record ID: 3457

Investigator: Howard Friend

Telephone: (317) 650-9105

Report Date: 11/7/12

The Parties

Excavator: Key Concrete

Contact: Robert G. Sturm Jr., President

Address (City, State): PO Box 9279, Fort Wayne, IN 46899

Telephone: 260-638-3000

Facility Owner Information:

Business Name: NIPSCO

Contact: Luke Selking

Address (City, State): 1501 Hale Avenue, Fort Wayne, IN 46802

Telephone: (260) 439-1290

Utility Line Impact:

Damage Date: 6/12/12

Damage Address: 7913 Tipperart Trl

City: Fort Wayne

Pipeline Facility

Product Type: Natural Gas

Facility Type/Function: Service

Facility size: 5/8"

Service Interruption: Yes

Number of Customers One

Repair Cost (if known): Unknown

Excavator Activities/Cause of damage information:

Type of Equipment: Bobcat

Type of work performed: Drainage

Product release: Yes

Ignition: No

Excavator notify 811: No

Locate Information:

Excavator request locates: Yes, Expired

Indiana 811 ticket Number: 1205210220

Incident Impact Information:

Injuries: None

Fatalities: None

Synopsis: A natural gas service was damaged during excavation to install drainage.

Findings: The excavator provided notice of excavation on 5/21/12 and damaged the natural gas line 22 days later.

Conclusion: There was a failure to provide notice of excavation.

Violation: IC 8-1-26-16(g): Failure to provide notice of excavation.



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION -- PIPELINE SAFETY DIVISION

Case Number: 3457

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: Key Concrete Inc.

Responsible Party Personal Name: Robert G Sturm Jr.

Title (if any): President

Address (number and street): P.O. Box 9279

City, State and ZIP Code: Fort Wayne IN 46899

Preferred Telephone Number (area code): 260-638-3000

Cellular Telephone Number (area code): _____

Email Address: Psturm3906@aol.com

Facility Information:

Business Name: Key Concrete Inc.

Responsible Party Personal Name: Robert G Sturm Jr

Title (if any): President

Address (number and street): P.O. Box 9279

City, State and ZIP Code: Fort Wayne IN 46899

Preferred Telephone Number (area code): 260-638-3000

Cellular Telephone Number (area code): _____

Email Address: PSturm3906@aof.com

Locator Service Information:

Business Name: Indiana 811

Responsible Party Personal Name: Robert G Sturm jr

Title (if any): President

Address (number and street): PO Box 9279

City, State and ZIP Code: Fort Wayne IN 46899

Preferred Telephone Number (area code): 260 638 3000

Cellular Telephone Number (area code): _____

Email Address: PSturm3906@aol.com

Cause of Damage Information

Type of Equipment (select one): Backhoe/Trackhoe

Type of Work Performed (select one): Road Work

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

Personal Contact: Mark Wilson

Business/Organization Name: Key Concrete

Title (if any): Engineer

Address (number and street): 430 Lower Huntington rd

City, State and ZIP Code: Fort Wayne IN 46819

Preferred Telephone Number (area code): 260-747-2929

Cellular Telephone Number (area code): _____

Email Address: keyauto11@aol.com

Utility Line Impact

Location of Damage:

Address (*number and street*): 7913 Tipperary Trail

City, State and ZIP Code: Fort Wayne IN 46815

Nearest Intersection: Tipperary Trail and Kerrigan Way

Product Type (*select one*): Natural Gas

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

Size (Diameter/etc.): 1 inch

Pressure (PSIG/Inches): _____

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

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

Locate Information

Excavator Request Locate: Yes No

Indiana 811 Locate Ticket Number: 1205210226

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

The Locates were correct but when lifting section of street out the line had been poured into the concrete, service line was not in subgrade below concrete pavement.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3457

Your Full Name: Mark Wilson

Full Name of Business / Entity (if applicable): Key Concrete INC

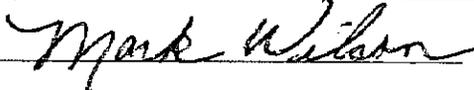
Your Business Title (if applicable): Engineer

Address (number and street): 430 Lower Huntington rd

City: Fort Wayne State: IN ZIP Code: 46819

Your E-mail Address: KeyAuto11@aol.com

Today's Date (month, day, year): 10/18/12

Your Signature:  Title (if any) Engineer

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 3457
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204**

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov

P.O. Box 9279
Fort Wayne IN 46899
Phone: 260-638-3000
Fax: 260-638-3000



Fax

To: Deanna Poon

From: Key Concrete INC.

Fax: 260-638-3000

Pages: 6 With Cover Sheet

Phone: 260-638-3000

Date: 10-18-12

Re: Pipe Line Safety

cc:

- Urgent
- For Review
- Please Comment
- Please Reply
- Please Recycle

• **Comments:** Cases for review for Key Concrete, INC.



101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

October 16, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3457
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3457

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: 6/12/2012

Event Location: 7913 Tipperary Trl, Fort Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: Key Concrete, Inc.

Other Party: N/A

Pipeline Division Case No. 3457

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. 3457	
Date of Event	6/12/2012
Event Location	7913 Tipperary Trl, Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	Key Concrete, Inc.
Date of IURC Information Request	9/18/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Key Concrete, Inc
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	PO Box 9279
CITY/ STATE/ZIP	Fort Wayne, IN 46899
PREFERRED TELEPHONE	260 638 3000
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	7913 Tipperary Trl
CITY/STATE/ZIP	Fort Wayne, IN
NEAREST INTERSECTION	Kerrigans Way
PRODUCT TYPE (Select One)	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
FACILITY TYPE (Select One)	
DISTRIBUTION	
GATHERING	
SERVICE/DROP	X
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	5/8"
PRESSURE (PSIG/INCHES)	45
INTERRUPTION IN SERVICE (YES/NO)	Y
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	N
IF YES, HOW MANY EVACUATED	0
REPAIR COST (IF KNOWN) (\$)	
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	X
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	X
Driveway	
Electric	
Engineering/Surveying	
Fencing	
Grading	
Irrigation	
Landscaping	
Liquid Pipeline	
Milling	
Natural Gas	
Pole	
Public Transit Authority	
Railroad Maintenance	
Road Work	
Sewer (Sanitary/Storm)	
Site Development	
Steam	
Storm Drain/Culvert	
Street Light	
Telecommunications	
Traffic Signal	
Traffic Sign	
Water	
Waterway Improvement	
Unknown/Other	
RELEASE OF PRODUCT (YES/NO)	Y
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	N
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1205210220
LOCATE MARKS VISIBLE (YES/NO)	Y
LOCATE MARKS CORRECT (YES/NO)	Y
EXCAVATOR "WHITE LINED" (YES/NO)	N
MAPS USED TO MARK FACILITIES (YES/NO)	Y
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	N
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	
<p>Failure to maintain clearance Nipsco emergency repair ticket #: 1206122894</p>	

Fact Based Investigation Report

NOTIFICATION ID: 01820120612008 **DISTRICT:** Northern IN
DAMAGE DATE: 6/12/2012 12:00:00 AM **NOTIFICATION DATE:** 6/12/2012 2:51:04 PM
NOTIFIED BY: CARLA Facility Owner
DAMAGE ADDRESS: 7913 TIPPERARY TRL X DUBLIN CT
CITY: FT WAYNE **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 06/12/2012
FROM: 16:45:00 **TO:** 16:50:00

EXCAVATOR INVOLVED: KEY CONCRETE
TYPE OF EXCAVATION: replacing concrete road

ORIG. LOCATE REQ.: 1205210226 **START DATE/TIME:** 5/23/2012 8:00:00 AM
TYPE OF TICKET: Routine **LOCATE REQ. INFO N/A:**

DIG UP/DAMAGE REQ.: 1206122894 **START DATE/TIME:**

PICTURES TAKEN BY: John Deitrick **DATE/TIME:** 6/12/2012 4:45:00 PM
PHOTOGRAPHY TYPE: Digital **FRAME #:**

INVESTIGATOR EMP#: 131108 **INVESTIGATOR NAME:** John Deitrick
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120612008
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** Gas Service
LOCATOR NAME & EMP #: Schiebel Christophe - 124410
LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:
Facility Marked Accurately

Other:

CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):
Visual, Facility Exposed At Time Of Investigation,

Investigator Verified Existing Marks By Hooking Up

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

Marks were good on this. The line was laying right under concrete. they hit while using bobcat scraping up concrete

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

na

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

na

LIST ANY OTHER INDIVIDUALS ON SITE:

na

WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL? Yes

WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA? Yes

WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS? Yes

EXTENT OF FACILITY DAMAGE cut

REPLACEMENT FOOTAGE 6ft

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? bobcat

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)

NIPSCO 00069 IUPPSa 05/21/2012 08:00:34 1205210220-00A NORM NEW GRID

NORMAL NOTICE

Ticket : 1205210220 Date: 05/21/2012 Time: 07:50 Oper: AGRIGGS Chan:015

State: IN Cnty: ALLEN Twp: ST JOSEPH
Cityname: FORT WAYNE Inside: Y Near: N
Subdivision:

CASE #
3457

Address :

Street : TIPPERARY TRL

Cross 1 : KERRIGANS WAY Within 1/4 mile: Y

Location: FROM THE INTERSECTION - LOCATE RIGHT OF WAY TO RIGHT OF WAY WEST FOR
400 FEET

:

Grids : 4105A8502D 4105A8502C

Boundary: n 41.097473 s 41.095867 w -85.039619 e -85.036369

Work type : REPLACING CONCRETE STREETS

Done for : CITY OF FORT WAYNE

Start date: 05/23/2012 Time: 08:00 Hours notice: 48/48 Priority: NORM

Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N

Duration : 2 WEEKS Depth: 3 FEET

Company : KEY CONCRETE INC Type: CONT

Co addr : PO BOX 9279

City : FORT WAYNE State: IN Zip: 46899

Caller : BOB STURM Phone: (260)638-3000

Contact : BOB STURM - OFFICE Phone:

BestTime:

Mobile : (260)638-3000

Fax : (260)638-3000

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

:

Submitted date: 05/21/2012 Time: 07:50

Members: AEPIN CC FW ID8000 NIPSCO SM



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Aug 10, 2012

Who is submitting this information?

Name of person providing this information: Carrie Ludwig

Business address (*number and street*): 3511 East 15th Ave

City, State, and ZIP code: Gary, IN 46403

Telephone number (*area code*): 219 962 0422

Fax number (*area code*): 219 962 0404

E-mail address: cludwig@nisource.com

Excavator Information, if known

Full name: Key Concrete Inc

Business address (*number and street*): PO Box 9279

City, State, and ZIP code: Fort Wayne, 46899

Telephone number (*area code*): _____

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Drainage

Date and Location of Damage

Date of damage (month, day, year): Jun 12, 2012

County: Allen

City: Fort Wayne

Street address (number and street, city, state, and ZIP code):
7913 Tipperary Trl Fort Wayne IN

Nearest intersection: Kerrigans Way

Right of way where damage occurred: Private - Land Owner

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? 1

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 \$

Affected Facility Information

What type of pipeline was damaged? Natural Gas

What was the affected facility? Service/Drop

What was the depth of the facility, in inches? 14

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1205210220

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? Yes

Were facilities marked correctly? Yes

Type of markings used: Paint

If other, please specify: _____

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? Yes

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? No

Did the excavator notify 911 in the event of a release of product? No

Description of Cause

Select from the list the most accurate cause for the damage: --Failure to maintain clearance

Additional Comments

Nipsco emergency ticket #: 1206122894

FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Fort Wayne MAXIMO WO# _____
 OPERATING AREA CONTACT Jason Ojts JOB ORDER# 564385
 TRACKING NUMBER 018-2012-0612-008 LOCATE REF# 120 521 0220
 Locate Performed By: _____

DATE AND TIME OF ACCIDENT 6-12-2012 2:50 PM DATE OF REPORT 6-12-12
 PLACE OF DAMAGE (INCLUDE CITY) 7913 Tipperary Trail Fort Wayne IN 46815

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

OTHER (DESCRIBE) _____

GAS: SERVICE MAIN () SIZE 5/8" MATERIAL: PLASTIC STEEL () METER () REG STATION () STUB ()
 OTHER (DESCRIBE) _____

DEPTH OF FACILITY (Inches) 14" PRESSURE (PSI) 45 Lbs.

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

INTERRUPTION OF SERVICE: YES NO () NUMBER OF CUSTOMERS LOST: 1

DURATION OF INTERRUPTION: TIME REPORTED 13:45 TIME RESTORED 3:30 pm

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: extantuo

Faded
 LOCATE MARKS ON SITE: YES DISTANCE BETWEEN FACILITY AND LOCATE MARKS Right on NO ()
 HOW LOCATED: PAINT FLAGS () BOTH () WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) Key Concrete Inc

ADDRESS OF PARTY (INCLUDE CITY) P.O. Box 9279 Ft Wayne IN 46899

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Bob Stern

WITNESS NAME AND ADDRESS _____

WITNESS REMARKS _____

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY _____ 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 checked="" type="checkbox"/> DRAINAGE <u>Tie</u> | <input type="checkbox"/> WATER |
| <input type="checkbox"/> DRIVEWAY | <input type="checkbox"/> ELECTRIC | <input checked="" 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 type="checkbox"/> POLE/SIGN POST | <input type="checkbox"/> ROAD WORK | <input checked="" type="checkbox"/> SEWER | |

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW

- | | | |
|--|---|--|
| <input 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 checked="" type="checkbox"/> OTHER - <u>Bob cat</u> |

REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW

- | | | |
|--|--|--|
| <input type="checkbox"/> AUTOMOTIVE ACCIDENT | <input type="checkbox"/> EXCAVATING BEFORE LOCATES DUE | <input type="checkbox"/> CARELESS MACHINE OPERATOR |
| <input type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED | <input type="checkbox"/> STUB |
| | | <input checked="" type="checkbox"/> OTHER <u>service right under concrete they were popping up</u> |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM