



Pipeline Safety Division Investigation Report

Investigation regarding: Vectren

UPPAC Database Record ID: 3601

Report Date: 5/8/2013

Investigator: Mike Orr

Damage Date: 8/17/2012 2:20:35 PM

Damage Address: 2125 Broadway St, Anderson, Madison

The Parties

Excavator: **Watson's Excavating**

Address: 3179 North County Road 300 West, Anderson, In 46011

Facility Owner: **Vectren**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Sewer

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$627

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1208151163

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

Synopsis: A natural gas service was damaged during excavation for a storm sewer.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 10/2/2012. The excavator had a valid locate request however, the operator failed to accurately locate the gas service.

Conclusion: There was a failure to accurately locate the natural gas service.

Violation: 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

September 18, 2012

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

Subject: Investigation Request for Information

Date of Event: 8/17/2012

Event Location: 2125 Broadway St, Anderson

Facility Owner: Vectren

Excavator: Watson's Excavating

Other Party: N/A

Pipeline Division Case No. 3601

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: 9-28-2012

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: Watson's Excavating

Business address (*number and street*): 3179 N County Rd 300 W

City, State, and ZIP code: Anderson, IN 46011

Telephone number (*area code*): 765-644-6743

Fax number (*area code*): 765-644-6743

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Sewer (Sanitary/Storm)

Date and Location of Damage

Date of damage (*month, day, year*): 8-17-2012

County: Madison

City: Anderson

Street address (*number and street, city, state, and ZIP code*):
2125 Broadway Street, Anderson, IN

Nearest intersection: Unknown

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*): 1

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 626.89

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? _____

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1208151163

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? No

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? 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

1/2" plastic service severed by hoe. > 24"



2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH

NOW DUE

\$626.89

USIC INC
9045 N RIVER ROAD, SUITE 300
INDIANAPOLIS, IN 46240

Type: GAS
Invoice: FDS0016751
BillToID: 32400
Billing Date: 9/7/2012
Date of Loss: 8/17/2012
5821 103.0510

Please return this portion with your remittance.



Mail Payment To:
Vectren Energy Delivery of Indiana - North
Vectren Utilities Holding Group, Inc.
1239 Reliable Parkway
Chicago, IL 60686-0012
Inquiries: 1-877-902-2934, Mon.-Fri., 8-5
Risk Management/Claims Department

NOW DUE

\$626.89

USIC INC
9045 N RIVER ROAD, SUITE 300
INDIANAPOLIS, IN 46240

Type: GAS
Invoice: FDS0016751
BillToID: 32400
Billing Date: 9/7/2012
Date of Loss: 8/17/2012

Invoice For Costs to Repair and Reconstruct Damaged Property

Address: 2125 BROADWAY STREET, ANDERSON
1/2" PLASTIC SERVICE SEVERED BY HOE. > 24"

Material:	\$47.24
Company Labor:	\$498.31
Contract Labor:	\$0.00
Transportation/Equipment:	\$77.99
Misc:	\$0.00
Gas Loss:	\$3.35
Adjustments:	\$0.00
Payments:	\$0.00
Total:	\$626.89

5821 103.0510

Remember, call two (2) working days before digging. Contact I.U.P.P.S. at 1-800-382-5544.

FACILITIES DAMAGE REPORT GAS

Task No.: 103.0570 Capital O&M (circle one)

FDS 0016751

FACILITY TYPE

- DISTRIBUTION
HEATER
MAIN
METER RESIDENTIAL
METER INDUSTRIAL/COMMERCIAL
ODORIZER
REGULATOR STATION
RELIEF VALVE
RISER
SERVICE LINE
VALVE

5285

TIME OCCURRED: 2:30 AM/PM
TIME FOUND: 2:45 AM/PM

DATE OF DAMAGE: 8/17/12

LATITUDE 40.136800
LONGITUDE -85.677290

Cost Center No.: 5821

DAMAGE SITE ADDRESS: 2125 BROADWAY LOT #

COUNTY: MADISON CITY: ANDERSON STATE: TN TOWNSHIP

Table with columns: FACILITIES DAMAGED, ORIFICE SIZE(S), (1), (2), (3). Rows include FARM TAP, HEATER, MAIN, METER RESIDENTIAL, etc.

- VISUAL OBSERVATION AT DAMAGE SITE
VISUAL OBSERVATION ABOVE GROUND
VISUAL OBSERVATION BELOW GROUND
LOCATE APPLICABLE?
FACILITIES PROPERLY MARKED
MARKING METHODS
LOCATE MARKINGS FADED
FACILITIES IMPROPERLY LOCATED

Table with columns: TYPE OF MATERIAL, DAMAGE TYPE, PRESSURE. Rows include CAST IRON, PLASTIC (HDPE), PLASTIC (MDPE), STEEL.

- WERE FACILITY MARKS VISIBLE
WAS AREA WHITE LINED?
POSITIVE RESPONSE
TOLERANCE ZONE VIOLATED

PROTECTION IN PLACE
BUILDING
FENCE
NONE
POST
RAIL
VAULT
N/A

DURATION OF ESCAPING GAS
MINUTES 15

LEAK REPORT NUMBER #
EFV ACTIVATED YES NO

COMPANY REPRESENTATIVE ON SITE YES NO
OBSERVATION BY: D. POER + K. HOUSE
NAME OF LOCATOR:
LOCATING ORGANIZATION USIC

FEED TYPE
ONE-WAY FEED
TWO-WAY FEED
NUMBER OF CUSTOMERS AFFECTED:
TOTAL HOURS SERVICE WAS OFF

- CONTRACT LOCATOR
UNKNOWN/ OTHER
UTILITY OWNER
COPY OF MARKOUT REQUEST PROVIDED WITHIN 2 WORKING DAYS

SERVICE ORDER # N6342768

Table with columns: DAMAGED BY, TYPE OF CONSTRUCTION. Rows include COMPANY CREW, CONTRACTOR, COUNTY, DEVELOPER, etc.

NOTIFICATION AND OTHER DETAILS OF LOCATE
LOCATE TICKET #:
DATE: TIME: AM/PM
REGULAR REQUEST EMERGENCY REQUEST

WORKING FOR
CITY COUNTY DEVELOPER
PROPERTY/OWNER STATE
UTILITY
IF OTHER

CONTACT NAME:
TIME CALLED: AM/PM
TIME LOCATOR ARRIVED AT SITE AM/PM
LOCATE COMPANY NOTIFIED YES NO N/S

ONE CALL CENTER
IUPPS
OUPS
UNKNOWN

TYPE OF EQUIPMENT	DAMAGING CAUSE
<input type="checkbox"/> AUGER	<input type="checkbox"/> ABANDON FACILITY
<input checked="" type="checkbox"/> BACKHOE/TRACKHOE	<input type="checkbox"/> DETERIORATED FACILITY
<input type="checkbox"/> BORING	<input type="checkbox"/> FACILITY COULD NOT BE FOUND/LOCATED
<input type="checkbox"/> DRILLING	<input type="checkbox"/> FACILITY WAS NOT LOCATED/MARKED
<input type="checkbox"/> EXPLOSIVES	<input type="checkbox"/> FAILURE TO MAINTAIN CLEARANCE
<input type="checkbox"/> FARM EQUIPMENT	<input type="checkbox"/> FAILURE TO MAINTAIN MARKS
<input type="checkbox"/> GRADER/SCRAPER	<input type="checkbox"/> FAILURE TO SUPPORT EXPOSED FACILITY
<input type="checkbox"/> HAND TOOLS	<input type="checkbox"/> FAILURE TO USE HAND TOOLS WHERE REQ
<input type="checkbox"/> MILLING EQUIPMENT	<input type="checkbox"/> IMPROPER BACKFILLING
<input type="checkbox"/> PLOW	<input type="checkbox"/> INCORRECT RECORDS/MAPS
<input type="checkbox"/> PROBING DEVICE	<input checked="" type="checkbox"/> MARKING OR LOCATIONS NOT SUFFICIENT
<input type="checkbox"/> TRENCHER	<input type="checkbox"/> NO NOTIFICATION MADE TO ONE-CALL CENT
<input type="checkbox"/> VACUUM EQUIPMENT	<input type="checkbox"/> ONE-CALL NOTIFICATION ERROR
<input type="checkbox"/> VEHICLE	<input type="checkbox"/> PREVIOUS DAMAGE
<input type="checkbox"/> IF OTHER _____	<input type="checkbox"/> WRONG INFORMATION PROVIDED
	<input type="checkbox"/> IF 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

EVACUATION 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: WATSON EXCAVATING
ADDRESS: 3179 N. CR 300W
CITY/STATE/ZIP: ANDERSON IN 46011
PHONE NUMBER: 765-644-6743
PREPARED BY: D. POER DATE: 8-17-12

PARTY TO INVOICE
NAME: USIC
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE NUMBER: _____
REVIEWED BY FIELD SUPERVISOR: [Signature] DATE: 8-20-12

MAIN & SERVICE LINES WERE MARKED BUT
SERVICE LOCATE OFF 3' @ RISER

EMERGENCY EMERGENCY

Ticket : 1208151163 Date: 08/15/2012 Time: 10:24 Oper: RJOHNSON Chan:002

State: IN Cnty: MADISON Twp: ANDERSON
Cityname: ANDERSON Inside: Y Near: N
Subdivision:

Address : 2125
Street : BROADWAY ST
Cross 1 : E CROSS ST Within 1/4 mile: Y
Location: AT THE ABOVE ADDRESS--LOCATE THE ENTIRE FRONT AND NORTH SIDE OF THE
PROPERTY
:
Grids : 4008D8540B 4008C8540B

Work type : SEWER REPAIR
Done for : KIM BENNETT
Start date: 08/17/2012 Time: 08:00 Hours notice: 45/045 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 1 DAY Depth: 5 FEET

Company : WATSONS EXCAVATING Type: OTHR
Co addr : 3179 NORTH COUNTY ROAD 300 WEST
City : ANDERSON State: IN Zip: 46011
Caller : SHAWN WATSON Phone: (765)644-6743
Contact : SHAWN WATSON - CELL Phone:
BestTime:
Mobile : (765)621-5551
Fax : (765)644-6743

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

Submitted date: 08/15/2012 Time: 10:24
Members: ID8051 ID8940 ID9108 ID9856 ID9857 SBCIN SM

Member Name	Facility Types
ANDERSON LIGHT AND POWER, CITY OF	ELECTRIC,OTHER
ANDERSON WATER AND SEWER, CITY OF	SEWER & WATER
AT&T - DISTRIBUTION	COMMUNICATIONS
COMCAST NORTHEAST (ANDERSON)	CABLE TV
COMCAST NORTHEAST (LEBANON)	CABLE TV
VECTREN - ANDERSON	GAS

[View Map](#)

[Close Map](#)

DAMAGE SEE REMARKS

Ticket : 1208172135 Date: 08/17/2012 Time: 14:18 Oper: SPOPE Chan:044

State: IN Cnty: MADISON Twp: ANDERSON
 Cityname: ANDERSON Inside: Y Near: N
 Subdivision:

Address : 2125
 Street : BROADWAY ST
 Cross 1 : E CROSS ST Within 1/4 mile: Y
 Location: AT THE ABOVE ADDRESS--LOCATE THE ENTIRE FRONT AND NORTH SIDE OF THE
 PROPERTY
 :
 Grids : 4008D8540B 4008C8540B

Work type : SEWER REPAIR
 Done for : KIM BENNETT
 Start date: 08/17/2012 Time: 14:18 Hours notice: 0/000 Priority: EMER
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
 Duration : 1 DAY Depth: 5 FEET

Company : WATSONS EXCAVATING Type: OTHR
 Co addr : 3179 NORTH COUNTY ROAD 300 WEST
 City : ANDERSON State: IN Zip: 46011
 Caller : LYNN LONG Phone: (765)644-6743
 Contact : SHAWN WATSON - CELL Phone:
 BestTime:
 Mobile : (765)621-5551
 Fax : (765)644-6743

Remarks : All tickets are taken and processed on Eastern Daylight Time
 VECTREN GAS LINE HAS BEEN CUT--LINE NOT IS BLOWING--LINE WAS CUT NEAR METER AT
 HOUSE --ORANGE PIPE--3/4 INCH--CREW ON SITE--PREV TICKET 1208151163
 Will you be white-lining the dig site area? NO
 :

Submitted date: 08/17/2012 Time: 14:18
 Members: ID8051 ID8940 ID9108 ID9856 ID9857 SBCIN SM

Member Name	Facility Types
ANDERSON LIGHT AND POWER, CITY OF	ELECTRIC,OTHER
ANDERSON WATER AND SEWER, CITY OF	SEWER & WATER
AT&T - DISTRIBUTION	COMMUNICATIONS
COMCAST NORTHEAST (ANDERSON)	CABLE TV
COMCAST NORTHEAST (LEBANON)	CABLE TV
VECTREN - ANDERSON	GAS

[View Map](#)

[Close Map](#)

Service Order Status

Friday, August 24, 2012

Enter Service Order Number:

5342768



Clear Filter

Refresh Data

Banner Instance: CS03PROD CS01PROD CS02PROD

Order Number: N5342768

Order Type: LEAK

Order Status: Completed

Customer: 600010710 - RICHARD BENNETT BUILDER INC

Prem: 5325207 - 2125 BROADWAY ST

Technician: 2538 - Poer, Doug

Order Dates and Times

Need Date: 8/17/2012 2:58:00 PM
Time Created: 8/17/2012 2:50:33 PM
Time Dispatched: 8/17/2012 2:50:33 PM
Time In Route: 8/17/2012 2:55:55 PM
Time On-Site: 8/17/2012 2:56:03 PM
Tech Complete: 8/17/2012 3:58:42 PM
Time Closed: 8/17/2012 3:58:42 PM

Events Performed/Completion Code

LKOT - CMP

Meter Information

Current ReadStatus

Old Meter: 1868 Active

New Meter:

Completion Notes

CUT 1/2" PL SERVICE-REPAIRED BY VECTREN CREW-GAS ON-APPL LIT-ADV CUST NOTE: C
 ONT HAD LINE SQUEEZED OFF UPON ARRIVAL

Request Notes

RQSTD PER DOUG POER, CORRECT ADD. REFER TO SO# N5342723 FOR CORRECT TIMES

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentEnRoute_evt	8/17/2012 2:55:55 PM	Poer, Doug
AsnAssignmentManualAck_evt	8/17/2012 2:55:58 PM	Poer, Doug
AsnAssignmentOnSite_evt	8/17/2012 2:56:03 PM	Poer, Doug
OrdOrderComplete_evt	8/17/2012 3:58:42 PM	Poer, Doug

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

Service Order Status

Friday, August 24, 2012

Enter Service Order Number:

5342723



[View Form](#) [New Entry Form](#)

Banner Instance: CS03PROD CS01PROD CS02PROD

Order Number: N5342723

Order Type: LEAK

Order Status: Completed

Customer: 600034738 - FIREPLACE SHOP

Prem: 5491623 - 2225 BROADWAY ST

Technician: 2538 - Poer, Doug

Order Dates and Times

Need Date: 8/17/2012 2:37:00 PM
Time Created: 8/17/2012 2:30:04 PM
Time Dispatched: 8/17/2012 2:30:04 PM
Time In Route: 8/17/2012 2:30:26 PM
Time On-Site: 8/17/2012 2:39:23 PM
Tech Complete: 8/17/2012 2:55:49 PM
Time Closed: 8/17/2012 2:55:49 PM

Events Performed/Completion Code

LKOT - INC

Meter Information

Current ReadStatus

Old Meter:

New Meter:

Completion Notes

WRONG ADDRESS-CORRECT TKT PUT IN(2125 BROADWAY)

Request Notes

HIT LINE BY HSE PER BRITTANY W/ 811. HIT BY WATSONS EXCAVATING. SEWER REPAIR3/4" ORANGE LNE. NOT BLW ING. ODOR. PREV# 1208151163. XST CROSS STREET.POC SHAWN WATSON. 765-621-5551.. 811 EXT 1415. CREW ON SITE.

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentEnRoute_evt	8/17/2012 2:30:26 PM	Poer, Doug
AsnAssignmentManualAck_evt	8/17/2012 2:30:28 PM	Poer, Doug
AsnAssignmentOnSite_evt	8/17/2012 2:39:23 PM	Poer, Doug
OrdOrderComplete_evt	8/17/2012 2:55:49 PM	Poer, Doug

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



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3601

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: Watson's Excavating, Inc.

Responsible Party Personal Name: Shawn Watson

Title (if any): Owner

Address (number and street): 3179 North 300 West

City, State and ZIP Code: Anderson, IN 46011

Preferred Telephone Number (area code): 765-644-6743

Cellular Telephone Number (area code): 765-621-5551

Email Address: wdigwatson06@aol.com

Facility Information:

Business Name: _____

Responsible Party Personal Name: _____

Title (if any): _____

Address (number and street): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): 2125 Broadway

City, State and ZIP Code: Anderson, IN 46012

Nearest Intersection: West Cross Street

Product Type (*select one*): Natural Gas

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

Size (Diameter/etc.): 3/4"

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: 1208151163, Damage Ticket #12081

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: _____

Number of Inpatient Treated: _____

Number of Fatalities: _____

Fire Department Response: Yes No

Police Department Response: Yes No

Ambulance Response: Yes No

Additional Information / Comments

Gas line was marked wrong by more than 3 feet.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: William Boyd

Your Full Name: Shawn Watson

Full Name of Business / Entity (if applicable): Watson's Excavating, Inc.

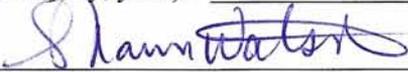
Your Business Title (if applicable): Owner

Address (number and street): 3179 North 300 West

City: Anderson State: IN ZIP Code: 46011

Your E-mail Address: wdigwatson06@aol.com

Today's Date (month, day, year): October 2, 2012

Your Signature:  Title (if any) Owner

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3601
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov