



Pipeline Safety Division Investigation Report

Investigation regarding: Vectren

UPPAC Database Record ID: 3712

Report Date: 5/22/2013

Investigator: Mike Orr

Damage Date: 9/6/2012 8:59:23 AM

Damage Address: 3779 W In Rt 44, Franklin, Johnson

The Parties

Excavator: **Johnson County R.e.m.c.**

Address: 750 International Drive, Franklin, In 46131

Facility Owner: **Vectren**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Trencher

Type of Work Performed: Electric

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$550

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1208280726

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

Synopsis: A natural gas service was damaged during excavation to install an electric line.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 9/30/2012. The excavator had a valid locate request however, the operator failed to accurately locate the natural gas facility.

Conclusion: There was a failure to provide accurate locate markings.

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

September 18, 2012

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

Subject: Investigation Request for Information

Date of Event: 9/6/2012

Event Location: 3779 W In Rt 44, Franklin

Facility Owner: Vectren

Excavator: Johnson County R.e.m.c.

Other Party: N/A

Pipeline Division Case No. 3712

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: Johnson County REMC

Business address (*number and street*): 750 International Drive

City, State, and ZIP code: Franklin, IN 46131

Telephone number (*area code*): 317-736-6174

Fax number (*area code*): 317-736-6127

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Trencher

Type of work performed: Pole

Date and Location of Damage

Date of damage (month, day, year): 9-6-2012

County: Johnson

City: Franklin, IN

Street address (number and street, city, state, and ZIP code):
3779 W IN RT 44, Franklin, IN

Nearest intersection: Unknown

Right of way where damage occurred: Dedicated Public Utility Easement

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): 0.5

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$550

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: 1208280726

Was the locate request completed within two working days? No

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? Yes

Did the excavator notify the operator in the event of this damage? Unknown/Other

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 was not located or marked

Additional Comments

3/4" plastic service damaged by trencher. Not Marked.

Vectren Claim Number: _____

FDS 0016859

Task No: 103.0510 Capital / O & M (circle one)

Police Report / MO #: _____

Date of Damage 9 / 6 / 12

Vectren Claims Camera:

Cost Center # 5835

FACILITIES DAMAGE

Time Occurred 10 AM am / pm

REPORT

VE00071

Time Found 10 AM am / pm

GAS

Form 3112

Latitude 39.44634 Longitude: -86.17316

DAMAGE SITE: 3779 ST RD 44 Lot # _____

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

County Johnson City Franklin State IN Township Union

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

VISUAL OBSERVATION AT DAMAGE SITE: 9/1

Visual Observation: Above Ground
 Below Ground

Locate Applicable Yes No N/S

Facilities Properly Marked Yes No N/S

Marking Methods: Conventional Flags None Whiskers
 Offset Paint Stakes N/S

Locate Marking Faded: Yes No N/S

Wrong Address Requested Yes No N/S

TYPE OF MATERIAL: Cast Iron Plastic (HDPE) Plastic (MDPE) Steel Other _____

DAMAGE TYPE: Severed Not Cut Severed
Size 3/4 x 2'

PRESSURE: 25 PSIG 40 PSIG 50 PSIG 55 PSIG 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 No MARKS
 Incomplete Locate
 No Locates Performed
 Qualified Locator Could Have Accurately Located
 Wrong Address Located
 Marking Off By: _____ (Feet / Inches)

PROTECTION IN PLACE: Building Fence None Post Rail Vault N/A Other _____

DURATION OF ESCAPING GAS:

Minutes: 10

Were Facility Marks Visible Yes No Destroyed

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: _____

EFV Activated Yes No N/S

Observation by (ID#): 5478

FEED TYPE: One-Way Feed Two-Way Feed

Number of Customers Affected: 1
Total Hours Service Was Off: 50

Name of Locator: IUPPS
LOCATING ORGANIZATION:
 Contract Locator Unknown / Other Utility Owner

SERVICE ORDER NUMBER: _____

DAMAGED BY:
 Company Crew Contractor County Developer Farmer Municipality Property Owner/ Tenant Railroad State Unknown Utility Vehicle Accident Other _____

TYPE OF CONSTRUCTION:
 Agriculture Building Construction Building Demolition Cable TV Curbs / Sidewalk Drainage Driveway Electric Engineering / Surveying Fencing Grading Irrigation Landscaping Liquid Pipeline Milling Pole Natural Gas Public Transit Authority Railroad Maintenance Other _____

NOTIFICATIONS AND OTHER DETAILS OF LOCATE:

Locate Ticket: 1208280726
Date: 8/28/12 Time: _____ am / pm

TYPE OF REQUEST:
 Regular Request Emergency Request
 Locate Company Notified
Contact Name: _____
Time Called: _____ am / pm
Time Locator Arrived at the Site: _____ am / pm

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:
 IUPPS OUPS Unknown

Vectren Claim Number: _____

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:

- es 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: Johnson Co Remc
 Address: 750 INTERNATIONAL DR
 City/ State/ Zip: Franklin IN 46131
 Phone: () _____
 Prepared / Investigated By: Blake Cohen Date: _____

PARTY TO INVOICE:

Name: USIC
 Address: _____
 City/ State/ Zip: _____
 Phone: () _____
 Reviewed by: [Signature] Date: 9-7-12

NORMAL NOTICE

Ticket : 1208280726 Date: 08/28/2012 Time: 09:09 Oper: SUSANNA.NEFF Chan:000

State: IN Cnty: JOHNSON Twp: UNION
Cityname: FRANKLIN Inside: N Near: Y
Subdivision:

Address : 3779
Street : W IN RT 44
Cross 1 : S 400 W Within 1/4 mile: Y
Location: AT THE ABOVE ADDRESS ON THE SOUTH SIDE OF IN RT 44 LOCATE 2 POLES
LABELED 02694 AND 02706 LOCATE FROM POLE 02706 CONTINUING SOUTH FOLLOWING WHITE
FLAGGED ROUTE TO POLE 02702 NEAR THE HOUSE LOCATE EACH POLE WITH A 20 FOOT
RADIUS

:
Grids : 3926A8610D 3926A8610C 3926A8610B

Work type : REPLACE POLES AND INSTALL ELECTRIC CABLE
Done for : JOHNSON COUNTY REMC
Start date: 08/30/2012 Time: 09:30 Hours notice: 48/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 3 DAYS Depth: 8 FEET

Company : JOHNSON COUNTY R.E.M.C. Type: MEMB
Co addr : 750 INTERNATIONAL DRIVE
City : FRANKLIN State: IN Zip: 46131
Caller : SUSANNA NEFF Phone: (317)736-6174
Contact : SUSANNA NEFF OFFICE Phone:
BestTime:
Mobile : (317)736-6174
Fax : (317)736-6127
Email : BRIDGESS@JCREMC.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
Will you be white-lining the dig site area? YES
:

Submitted date: 08/28/2012 Time: 09:09
Members: ID2034 ID4378 ID7131 ID7288 ID5857 ID6921 SM

Member Name	Facility Types
CENTURYLINK	TELEPHONE
COMCAST CENTRAL (GREENWOOD)	CABLE TV
JOHNSON COUNTY R.E.M.C.	ELECTRIC
VECTREN - FRANKLIN	GAS

[View Map](#)

[Close Map](#)

View Ticket Information

District: Ticket Number: **Start Work Date:** 09/06/2012**Start Time:** 09:24**End Work Date:** 09/06/2012**End Time:** 09:24**Work Desc:** Marked (1) [VECTREN N]**Type of Work:** REPLACE POLES AND INSTALL ELECTRIC CABLE**Locator Notes:** marked vectren for the repair. Damage on abandoned service, followed by damage on good service for address. TV wire was used for tone wire, untoneable, but not turned in as such. Clean cut, blow time 15 min.**Locator ID:** 113440**Complete?** Yes

[Click here to view ticket text and photos.](#)

DAMAGE SEE REMARKS

Ticket : 1209060659 Date: 09/06/2012 Time: 08:56 Oper: CSCOTT Chan:001

State: IN Cnty: JOHNSON Twp: UNION
Cityname: FRANKLIN Inside: N Near: Y
Subdivision:

Address : 3779
Street : W IN RT 44
Cross 1 : S 400 W Within 1/4 mile: Y
Location: AT THE ABOVE ADDRESS ON THE SOUTH SIDE OF IN RT 44 LOCATE 2 POLES
LABELED 02694 AND 02706 LOCATE FROM POLE 02706 CONTINUING SOUTH FOLLOWING WHITE
FLAGGED ROUTE TO POLE 02702 NEAR THE HOUSE LOCATE EACH POLE WITH A 20 FOOT
RADIUS
:
Grids : 3926A8610D 3926A8610C 3926A8610B

Work type : REPLACE POLES AND INSTALL ELECTRIC CABLE
Done for : JOHNSON COUNTY REMC
Start date: 09/06/2012 Time: 08:56 Hours notice: 0/000 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 3 DAYS Depth: 8 FEET

Company : JOHNSON COUNTY R.E.M.C. Type: MEMB
Co addr : 750 INTERNATIONAL DRIVE
City : FRANKLIN State: IN Zip: 46131
Caller : SUSANNA NEFF Phone: (317)736-6174
Contact : SUSANNA NEFF OFFICE Phone:
BestTime:
Mobile : (317)736-6174
Fax : (317)736-6127
Email : BRIDGESS@JCREMC.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
A VECTREN GAS LINE WAS CUT IN THE FRONT OF THE PROPERTY NEAR W IN RT 44 - GAS
LINE IS BLOWING - CREW CAN HEAR AND SMELL GAS - CALLER DESCRIBES THE LINE AS
APPROX 1 INCH IN DIAMETER - MATERIAL AND COLOR ARE UNKNOWN - CALLER HAS NOTIFIED
911 AND VECTREN - CREW IS ON SITE - PREVIOUS TICKET NUMBER 1208280726 - THANK
YOU
Will you be white-lining the dig site area? YES
:

Submitted date: 09/06/2012 Time: 08:56
Members: ID2034 ID4378 ID7131 ID7288 ID5857 ID6921 SM

Member Name	Facility Types
CENTURYLINK	TELEPHONE
COMCAST CENTRAL (GREENWOOD)	CABLE TV
JOHNSON COUNTY R.E.M.C.	ELECTRIC
VECTREN - FRANKLIN	GAS

[View Map](#)

[Close Map](#)



Property of United States Infrastructure Corporation
Photo taken on 9/6/2012 9:32:42 AM



Property of United States Infrastructure Corporation
Photo taken on 9/6/2012 9:32:42 AM



Property of United States Infrastructure Corporation
Photo taken on 9/6/2012 9:41:46 AM

Service Order Status

Thursday, September 13, 2012

Enter Service Order Number:

5358555



[Clear Form](#) [Refresh Case](#)

Banner Instance: CS03PROD CS01PROD CS02PROD

Order Number: N5358555

Order Type: LEAK

Order Status: Completed

Customer: 600508637 - BURKHART RICKY D
Prem: 5030372 - 3779 W STATE ROAD 44

Technician: 5478 - Cohen, Blake

Order Dates and Times

Need Date: 9/6/2012 1:35:00 PM
Time Created: 9/6/2012 11:36:19 AM
Time Dispatched: 9/6/2012 11:36:19 AM
Time In Route: 9/6/2012 1:52:12 PM
Time On-Site: 9/6/2012 1:52:14 PM
Tech Complete: 9/6/2012 1:54:41 PM
Time Closed: 9/6/2012 1:54:41 PM

Events Performed/Completion Code

LKOT - CMP

Meter Information

Current ReadStatus

Old Meter: 9939 **Active**
New Meter:

Completion Notes

replaced 3/4 pipe section air tested and relit all good

Request Notes

09/06/2012 REMC HIT LINE ANOTHER LINE AT THIS SITE AT 2ND TIME CREW WAS ALREADONSITE FIXING 1ST HIT @ 10:00AM EST REMC 317-736-6174

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	9/6/2012 12:55:55 PM	Cohen, Blake
AsnAssignmentEnRoute_evt	9/6/2012 1:52:12 PM	Cohen, Blake
AsnAssignmentOnSite_evt	9/6/2012 1:52:14 PM	Cohen, Blake
OrdOrderComplete_evt	9/6/2012 1:54:41 PM	Cohen, Blake

NOTE: The Reporting database replicates in near real-time; it has been approximately 3 minute(s) since the last transaction replicated.

STATE OF INDIANA



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 14, 2012

Susanna Neff
Johnson County R.E.M.C.
750 International Drive
Franklin, In 46131

RECEIVED

SEP 20 2012

Re: Notice of Preliminary Determination of Violation
Pipeline Safety Division Case No. 3712

INDIANA UTILITY
REGULATORY COMMISSION

Date of Event: 9/6/2012
Event Location: 3779 W In Rt 44, Franklin, Johnson County
Excavator: Johnson County R.E.M.C
Facility Owner: Vectren

Dear Susanna Neff,

On behalf of the Indiana Utility Regulatory Commission ("Commission"), I am writing to inform you that information has been filed with the Commission's Pipeline Safety Division regarding an alleged violation of Indiana Code chapter 8-1-26, the Indiana Damage to Underground Facilities Act ("the Act"). You are receiving this letter because you have been identified as the Respondent Excavator.

To ensure safety, the Indiana Underground Plant Protection Service (Indiana 811) and gas operators routinely provide reports to the Pipeline Safety Division when an operator's facility is damaged. The Division has received a report from one of these entities that on 9/6/2012, you or your business damaged a pipeline facility owned by Vectren and located at 3779 W In Rt 44, Franklin, Johnson County.

Based upon the information received, the Pipeline Safety Division is commencing an investigation into the event concerning you or your business to determine whether any statutory violations were committed regarding public safety, specifically the following:

- IC 8-1-26-16(g): Failure to provide notice of excavation.
- IC 8-1-26-16(h): Failure to perform required white lining.
- IC 8-1-26-20(b): Failure to maintain two (2) feet clearance with mechanized equipment.
- IC 8-1-26-18(f): Failure to properly locate facilities (operator violation)

The Division provides both you and Vectren with an opportunity to send in documentation explaining what occurred. This may include maps, photographs, narrative statements, and any other evidence you wish to provide. You have thirty (30) days from the date this letter is received to send in information, but an extension may be given for good cause shown. Please note that the Division's

Information Request

Pipeline Safety Division
Indiana Utility Regulatory Commission

Case No.: 3712

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

The Parties:

Excavator Information:

Business Name: Johnson County REMC
Responsible Party Personal Name: Timothy A. Hogue
Title (if any): Director of Operations
Address: 750 International Dr.
City, State, Zip: Franklin, IN 46131
Preferred Telephone: (317) 738-7613
Cell Phone Number: (317) 796-1636
Email Address: hoguet@jcremc.com

Facility Information:

Business Name:
Responsible Party Personal Name:
Title (if any):
Address:
City, State, Zip:
Preferred Telephone:
Cell Phone Number:
Email Address:

Locator Service Information:

Business Name:
Responsible Party Personal Name:
Title (if any):
Address:
City, State, Zip:
Preferred Telephone:
Cell Phone Number:
Email Address:

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

Business/Organization Name:
Responsible Party Personal Name:
Title (if any):
Address:
City, State, Zip:
Preferred Telephone:
Cell Phone Number:
Email Address:

Utility Line Impact:

Location of Damage:

Address:
City, State, Zip:
Nearest Intersection:

Product Type (circle one):

Natural Gas
Liquid Pipeline
Unknown/Other

Facility Type (circle one):

Distribution
Gathering
Service/Drop
Transmission
Unknown/Other

Size (Diameter/Etc.): _____

Pressure (PSIG/Inches): _____

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

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

Repair Cost (if Known): \$ _____

Cause of Damage Information:

Type of Equipment (circle one):

- Auger
- 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 (circle 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)
- Site Development
- Steam
- Storm Drain/Culvert
- Street Light
- Telecommunications
- Traffic Signal
- Traffic Sign
- Water
- Waterway Improvement
- Unknown/Other

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: _____

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

Incident Impact Information:

Number of Outpatient Treated: _____

Number of Inpatient Treated: _____

Number of Fatalities: _____

Fire Department Response: _____

Police Department Response: Yes / No

Ambulance Response: Yes / No

Additional Information/Comments:

IC 8-1-26-16(g) - NOT IN VIOLATION

IC 8-1-26-16(h) - NOT IN VIOLATION

IC 8-1-26-18(f) - NOT IN VIOLATION

IC 8-1-26-20(b) - NOT IN VIOLATION FOR FAILURE TO MAINTAIN A 2 FOOT CLEARANCE WITH MECHANIZED EQUIPMENT. A VECTREN GAS LINE WAS DAMAGED DURING REMC CREW'S TRENCHING IN OF A NEW ELECTRIC SERVICE. DIGSITE WAS MARKED "OK" BY THE UTILITY LOCATOR. REMC CALLED IN A DAMAGE LOCATE AND CONTACTED VECTREN AT THE TIME. VECTREN'S CREW RESPONDED AND DETERMINED THAT THE LINE WAS AN ABANDONDED/RETIRED LINE AND WAS ONLY BURIED 3" DEEP. THE 2ND GAS LINE WAS THEN CUT WHILE VECTREN & USIC WERE ONSITE. USIC ONLY MARKED PART OF THE GAS SERVICE LINE TO THE HOUSE AND ASSUMED IT WENT STRAIGHT OUT TO THE ROAD, HOWEVER THE LINE MADE A TURN TOWARD THE ELECTRIC POLE AND THE REMC CREW CUT IT WHILE TRENCHING.

YOUR PIPELINE SAFETY DIVISION CASE NO.: 3712
YOUR FULL NAME: TIMOTHY A. HOGUE
FULL NAME OF BUSINESS/ENTITY (if applicable): JOHNSON COUNTY REMC
YOUR BUSINESS TITLE (if applicable): DIRECTOR OF OPERATIONS
ADDRESS: 750 INTERNATIONAL DR.
CITY: FRANKLIN STATE: IN ZIP CODE: 46131
YOUR TELEPHONE NUMBER: 317-738-7613 SECOND NO.: 317-796-1636
YOUR EMAIL ADDRESS: hoguet@jcremc.com

TODAY'S DATE: SEPTEMBER 21, 2012
YOUR SIGNATURE: Timothy A. Hogue TITLE (if any): DIR. OF OPERATIONS

Please return your Narrative Statement and Answers to the above questions to:

Pipeline Safety Division – Case No.: 3712
Indiana Utility Regulatory Commission
101 West Washington Street, #1500E
Indianapolis, IN 46204

Or scan documents(s) and Email to:
PipelineDamageCase@urc.in.gov

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JOHNSON COUNTY REMC
DAMAGE REPORT

NAME OF OWNER VETERAN DATE OF DAMAGE 9-6-12
LOCATION 14-6-14 TIME OF DAMAGE 8:30

DESCRIPTION OF PROPERTY DAMAGED: TWO CUT GAS LINES

WHAT KIND OF WORK WERE YOU DOING: TRENCHING SERVICE TO 14-6-14

FULL DESCRIPTION OF CAUSE OF DAMAGE: 1ST; DIGGING W/BUCKET 2ND; TRENCHING

W.O. # 29580612 If damaged property was underground, was it marked? No
If no, was owner notified of excavation? YES When? 8-28-12

LIST ANY OTHER FACTORS/CONDITIONS THAT MIGHT BE OF IMPORTANCE IN REPORTING THIS INCIDENT TO THE INSURANCE COMPANY: (include comments made by the claimant, temperature, line height, voltage, etc.) Prepare and attach a diagram. Include accurate measurements and reference distances to point of damage. Inform dispatcher if photos need to be taken.

LOCATES SAID OK; 1ST CUT WAS A RETIRED GAS LINE ONLY 3" UNDERGROUND
2ND CUT WAS A SERVICE TO THE HOUSE; LOCATER DIDN'T LOCATE; FOLLOW LINE
ALL THE WAY TO THE ROAD; HE JUST ASSUMED IT WENT STRAIGHT INSTEAD
IT MADE A TURN TOWARDS THE POLE

If this is due to our company's negligence, what, in your opinion, can be done to prevent this accident from reoccurring? Be specific in regard to corrective actions you believe need to be taken:

SIGNED: [Signature] DATE: 9-6-12
WITNESS TO ACCIDENT: [Signature] DATE: _____

Safety Committee Review Date: _____
Safety Committee Chairman Signature: _____
Department Manager Signature: _____
Corrective Action Taken: _____