



Pipeline Safety Division Investigation Report

Investigation regarding: Asplundh Construction

UPPAC Database Record ID: 3861

Report Date: 9/11/2013

Investigator: Mike Orr

Damage Date: 9/22/2012 9:52:20 AM

Damage Address: 12563 In Rt 23, Granger, St Joseph

The Parties

Excavator: **Asplundh Construction**

Address: 136 Mills Street, Columbus, Oh 43230

Facility Owner: **NIPSCO**

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: False

Number of Customers Affected: 0

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1209050390

Original Start Date:

Locate Instructions: LOCATE THE ENTIRE NORTH AND WEST SIDES OF THE PROPERTY

Follow-Up Locate Instructions (if applicable):

Synopsis: Excavator struck and damaged an underground natural gas service while performing electric work.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 12/12/2012. Excavator had a valid locate ticket; however, the gas operator self reported a failure to provide facility locate markings for a live in-service stub.

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

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

From: [Mike Lewis](#)
To: [IURC PipelineDamageCase](#)
Cc: [Seth Walpole](#)
Subject: case #3861
Date: Wednesday, December 12, 2012 11:36:50 AM
Importance: High

Please see attached documents regarding case# 3861.

**“Hour by Hour & Day by Day”
Zero Harm Can Be Achieved**

Mike Lewis

Safety

Region 108/114

Asplundh Construction Corp

mlewis6@asplundh.com

740.258.2919 (mobile)

Safety First...No One Gets Hurt!



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3861

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: Asplundh Construction Corporation

Responsible Party Personal Name: Mike Lewis

Title (if any): Region Safety

Address (number and street): 136 Mill St. Suite 230

City, State and ZIP Code: Gahanna ,Ohio 43230

Preferred Telephone Number (area code): 614-532-5669

Cellular Telephone Number (area code): 740-258-2919

Email Address: mlewis6@asplundh.com

Facility Information:

Business Name: Northern Indiana Public service Company

Responsible Party Personal Name: _____

Title (if any): _____

Address (number and street): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Locator Service Information:

Business Name: _____

Responsible Party Personal Name: _____

Title (if any): _____

Address (number and street): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Cause of Damage Information

Type of Equipment (select one): Backhoe/Trackhoe

Type of Work Performed (select one): Electric

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

Personal Contact: _____

Business/Organization Name: _____

Title (if any): _____

Address (number and street): 12563 Indiana Route 23

City, State and ZIP Code: Granger, Indiana

Preferred Telephone Number (area code): _____

Cellular Telephone Number (area code): _____

Email Address: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): 12563 Indiana Route 23

City, State and ZIP Code: Granger, Indiana

Nearest Intersection: _____

Product Type (*select one*): Natural Gas

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

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): \$ _____

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: 1209050390

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: N/A

Number of Inpatient Treated: N/A

Number of Fatalities: N/A

Fire Department Response: Yes No

Police Department Response: Yes No

Ambulance Response: Yes No

Additional Information / Comments

Aspen construction crew hit in on located abandon gas service that was not located. The crew was running a trench approximately 7 feet parallel from the main gas line when the unmarked/abandoned gas service was hit. The hit # 1209220046

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3861

Your Full Name: Michael Edward Lewis

Full Name of Business / Entity (if applicable): Asplundh Construction Corporation

Your Business Title (if applicable): Region Safety

Address (number and street): 136 Mill St. Suite 230

City: Gahanna State: Ohio ZIP Code: 43230

Your E-mail Address: mlewis6@asplundh.com

Today's Date (month, day, year): 12/12/20

Your Signature:  Title (if any) RSS

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3861
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov

Contractor/Company Name: Asplundh 108	Employee Name: Dennis Lambert	Foreman Name: Dennis Lambert
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Event Date: 9-22-2012	Time of Event: 10:00 am	Day of the Week: Saturday	City & State: Granger, IN
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Type of Work (Please select one of the options to the right)	OH Line	URD X	Network <input type="checkbox"/>	Pole Inspection <input type="checkbox"/>	Forestry <input type="checkbox"/>	Locating <input type="checkbox"/>	Civil <input type="checkbox"/>	Other <input type="checkbox"/>
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1. Storm:	Employee's Job Classification (i.e., groundman, laborer, journeyman, etc.): Operator Foreman
2. Non-Storm:	

Event Type:

OSHA Medical	OSHA Lost Time	OSHA Restricted	Vehicle	Flash/Outage	First Aid	Fatality	Utility Strike X
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Near Miss	Spill/Release	Switch/Tag Error	Property Damage	Equipment Damage	OSHA/EPA Visit: <input type="checkbox"/>	Citation Issued: Y <input type="checkbox"/>	N <input type="checkbox"/>
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Work Description/Explain Event:

An ACC URD crew (Dennis Lambert's) hit an un-located abandon gas service on Saturday. The ACC crew was running a trench parallel with the located gas main 7' west of the located gas main when the un-located service was hit .

12563 S R 23 Granger, IN

Locate # 1209050390

Hit # 1209220046

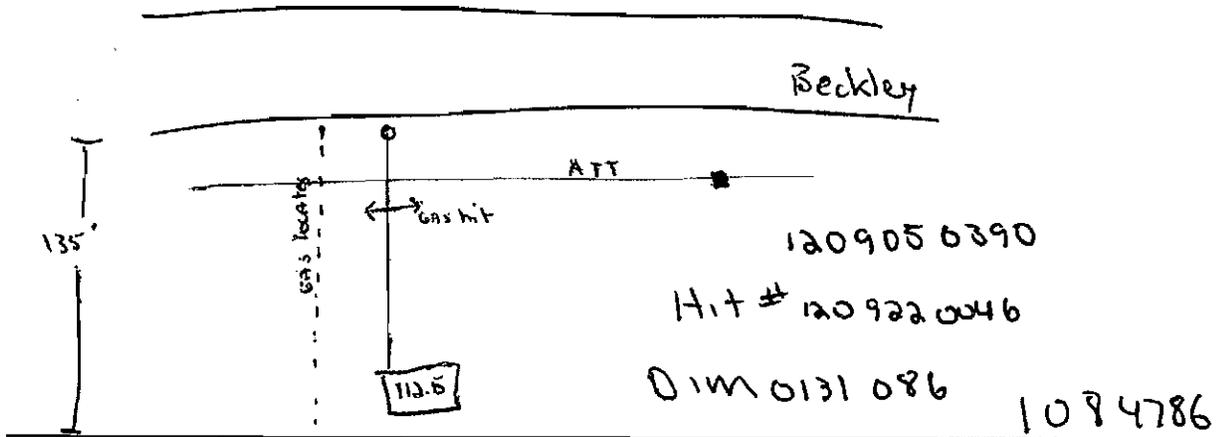
Please Specify Injured Part(s) of the Body: none

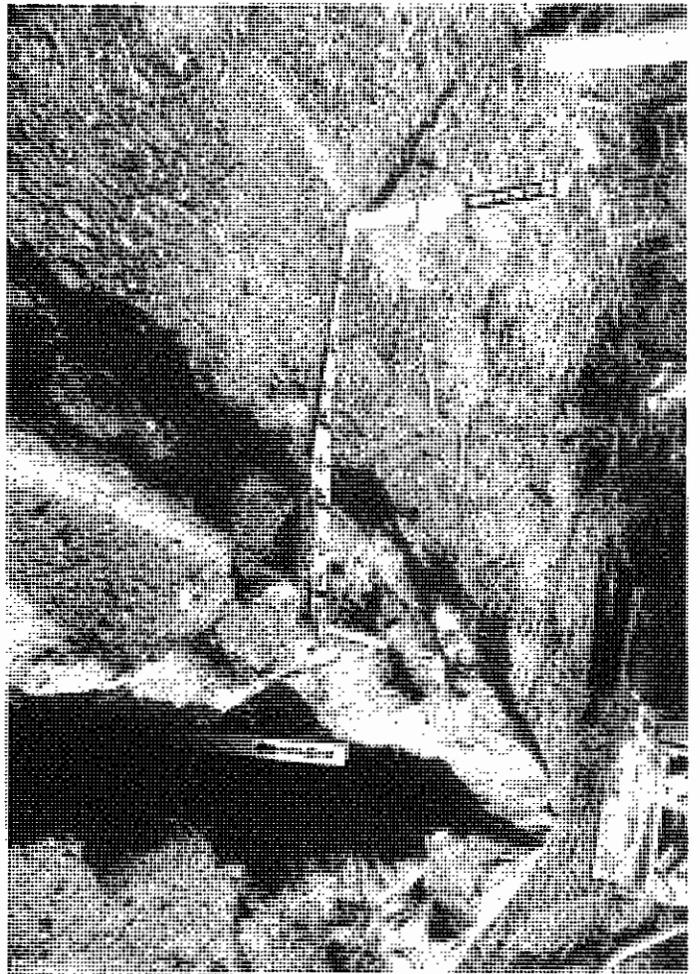
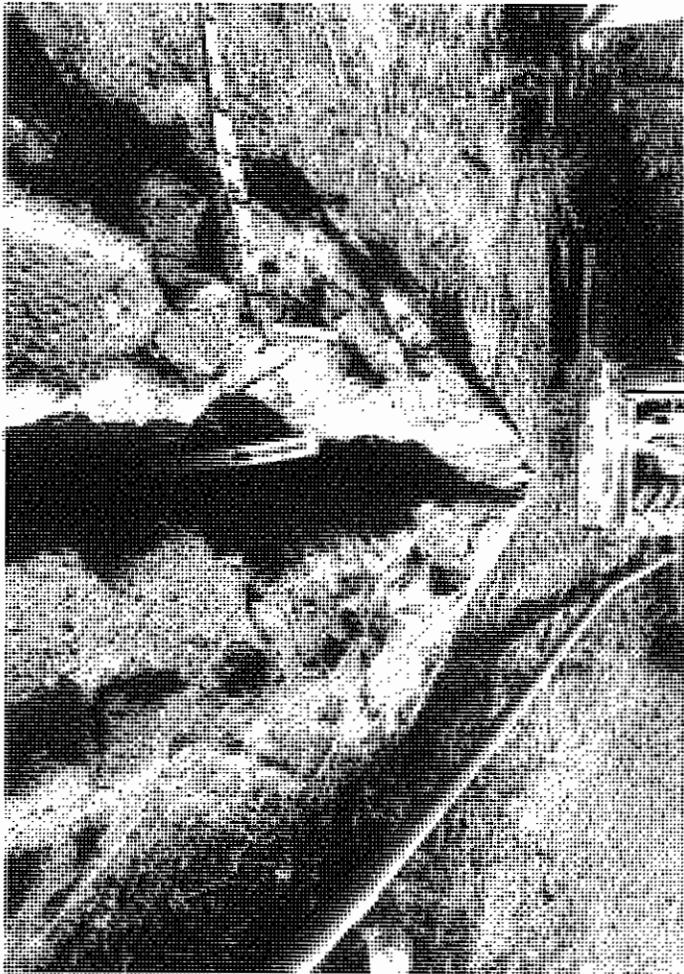
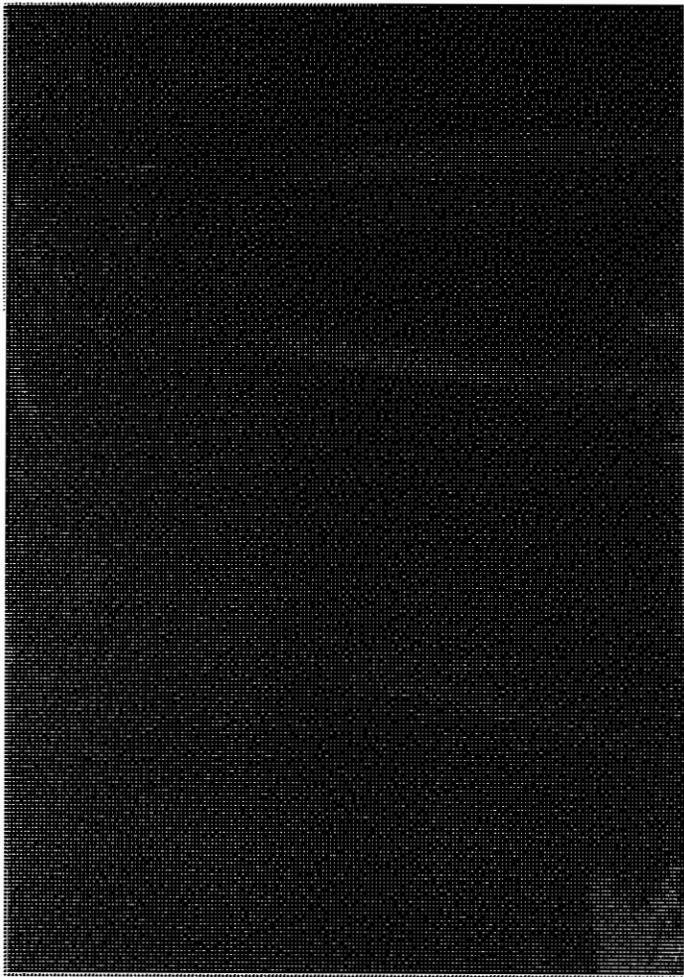
Please Specify Type of Injury (i.e., cut, burn, puncture, fall, etc.): none

Name of Person Completing This Form: Pat Denney GF South Bend

Date: 9-24-2012
Reviewed by: Mike Lewis Safety 108/114

we were trenching parallel to located gas service
(7-10' away) and at unlocated gas service that was
running perpendicular to our trench.







150 West Market Street, Suite 600
Indianapolis, IN 46204

January 29, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3861
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3861

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: 9/22/2012

Event Location: 12563 In Rt 23

Facility Owner: Northern Indiana Public Service Company

Excavator: Asplundh Construction

Other Party: N/A

Pipeline Division Case No. 3861

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,

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. 3861	
Date of Event	9/22/2012
Event Location	12563 In Rt 23
Event City	Granger
Facility Owner	Northern Indiana Public Service Company
Excavator	Asplundh Construction
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Asplundh Construction
RESPONSIBLE PARTY PERSONAL NAME	Pat Denny
TITLE (IF ANY)	
ADDRESS	136 Mills Street
CITY/ STATE/ZIP	Columbus, OH 43230
PREFERRED TELEPHONE	614-905-9370
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	
EMAIL ADDRESS	morganthompson@usinc.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	12563 IN RT 23
CITY/STATE/ZIP	Granger, IN 46530
NEAREST INTERSECTION	
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)	
INTERRUPTION IN SERVICE (YES/NO)	N
NUMBER OF CUSTOMERS AFFECTED	N
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	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	
Probing Device	

Trancher	X
Vacuum Equipment	
Unknown/Other	
TYPE OF WORK PERFORMED (Select One)	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	
Bldg. Demolition	
Drainage	
Driveway	
Electric	X
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)	Y 1209220046
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1209050390
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)	N
POLICE DEPARTMENT RESPONSE (YES/NO)	N
AMBULANCE RESPONSE (YES/NO)	N
ADDITIONAL INFORMATION/COMMENTS	
<p>Facility was not located or marked, In service Gas Stub NIPSCO Emergency Ticket 1209220055</p>	

Fact Based Investigation Report

NOTIFICATION ID: 01820120922001 DISTRICT: Northern IN
DAMAGE DATE: 9/22/2012 9:52:35 AM NOTIFICATION DATE: 9/22/2012 9:55:10 AM
NOTIFIED BY: DENNIS LAMBERT
DAMAGE ADDRESS: 12563 IN RT 23
CITY: GRANGER ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 09/22/2012
FROM: 11:10:00 TO: 12:15:00

EXCAVATOR INVOLVED: ASPLUNDH
TYPE OF EXCAVATION: Excavation

ORIG. LOCATE REQ.: 1209050390 START DATE/TIME:
TYPE OF TICKET: LOCATE REQ. INFO N/A:

DIG UP/DAMAGE REQ.: 1209220046 START DATE/TIME:

PICTURES TAKEN BY: Brian Arens DATE/TIME: 9/22/2012 11:30:00 AM
PHOTOGRAPHY TYPE: Digital FRAME #:

INVESTIGATOR EMP#: 116375 INVESTIGATOR NAME: Joe Hendrickson
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120922001
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF FACILITY ID: Gas Service
LOCATOR NAME & EMP #: Veach Eric - 113212
LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:

Relocate Needed,
Other

Other: Hidden stub

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:

CONTR STRUCK AND CUT AN UNMARKED 5/8" PL GAS LINE, I HOOKED UP AT DAMAGE SITE AND TONE TOOK ME TO THE EAST WHERE IT DIED BY A TRASH DUMPSTER (DOTTED IN BLUE IN PHOTOS) THEN I HOOKED UP TO A

STUB ON 12555 SR RD23 THIS GAVE ME TONE TO THE NORTH AND THEN WEST SIGNAL DYING WHERE THE OTHER SIGNAL DIED FROM PREVIOUS HOOK UP. THEREFORE THIS STUB WAS NOT LOCATED (THE CURRENT FEED FOR BUILDING IS ON THE NS OF BUILDING AND IS MARKED.)

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

TRUCK# 31106-6 AFTER SEEING MY MARKS SAID HE THINKS THIS STUB WILL BE RETIRED AT THE DAMAGE SITE NEAR THE MAIN (MAIN IS SEVERAL FEET FROM DAMAGE TO THE WEST AND IS MARKED)

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? Yes

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

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? Trencher

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S) N/A

NIPSCO 00762 IUPPSa 09/19/2012 14:59:25 1209050390-01A NORM 2NDR GRID

SECOND NOTICE 2ND NOTICE

Ticket : 1209050390 Date: 09/19/2012 Time: 14:58 Oper: SPOPE Chan:044
Old Tkt: 1209050390 Date: 09/05/2012 Time: 07:51 Oper: DMEYER Rev: 00A

State: IN Cnty: ST JOSEPH Twp: HARRIS
Cityname: GRANGER Inside: Y Near: N
Subdivision:

CASE 13861

Address : 12563
Street : IN RT 23
Cross 1 : HERBERT ST Within 1/4 mile: Y
Location: LOCATE THE ENTIRE NORTH AND WEST SIDES OF THE PROPERTY
:
Grids : 4145D8606B 4145C8606B 4145D8606A
Boundary: n 41.754253 s 41.752995 w -86.115364 e -86.108421

Work type : INSTALL UG ELECTRIC
Done for : INDIANA MICHIGAN POWER
Start date: 09/07/2012 Time: 08:00 Hours notice: 0/0 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 2 DAYS Depth: 5 FEET

Company : ASPLUNDH CONSTRUCTION Type: CONT
Co addr : 136 MILLS STREET
City : COLUMBUS State: OH Zip: 43230
Caller : PAT DENNEY Phone: (614)905-9370
Contact : PAT DENNEY---CELL Phone:
BestTime:
Mobile : (614)905-9370
Fax : (574)234-7819

Remarks : All tickets are taken and processed on Eastern Daylight Time
PER DENNIS--STILL NEED ALL UTILITIES TO RESPOND TO REQUEST ASAP--CREW EN
ROUTE--THANK YOU
Will you be white-lining the dig site area? NO
:

Submitted date: 09/19/2012 Time: 14:58
Members: AEPIN COMCN ID0918 ID1639 ID2601 ID5845 ID7053 ID8240 NIPSCO SBCIN
SM ID0106 ID2600

NIPSCO 00019 IUPPSa 09/22/2012 09:52:35 1209220046-00A EMER DAMG GRID

DAMAGE DAMAGE

Ticket : 1209220046 Date: 09/22/2012 Time: 09:50 Oper: DBROOKING Chan:008

State: IN Cnty: ST JOSEPH Twp: HARRIS
Cityname: GRANGER Inside: Y Near: N
Subdivision:

CASE: 3861

Address : 12563
Street : IN RT 23
Cross 1 : HERBERT ST Within 1/4 mile: Y
Location: LOCATE THE ENTIRE NORTH AND WEST SIDES OF THE PROPERTY
:
Grids : 4145D8606B 4145C8606B 4145D8606A
Boundary: n 41.754253 s 41.752995 w -86.115364 e -86.108421

Work type : INSTALL UG ELECTRIC
Done for : INDIANA MICHIGAN POWER
Start date: 09/22/2012 Time: 09:50 Hours notice: 0/0 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 2 DAYS Depth: 5 FEET

Company : ASPLUNDH CONSTRUCTION Type: CONT
Co addr : 136 MILLS STREET
City : COLUMBUS State: OH Zip: 43230
Caller : DENNIS LAMBERT Phone: (614)905-9370
Contact : PAT DENNEY---CELL Phone:
BestTime:
Mobile : (614)905-9370
Fax : (574)234-7819

Remarks : All tickets are taken and processed on Eastern Daylight Time
THEY HAVE CUT A NIPSCO GAS SERVICE LINE ON THE NORTH SIDE OF THE PROPERTY--THE
LINE IS BLOWING--THE LINE IS 3/4 INCH PINK PLASTIC LINE--NIPSCO HAS BEEN CALLED
AND ARE EN ROUTE--CREW IS ON SITE--PREVIOUS TICKET 1209050390--THANK YOU
Will you be white-lining the dig site area? NO
:

Submitted date: 09/22/2012 Time: 09:50
Members: AEPIN COMCN ID0918 ID1639 ID2601 ID5845 ID7053 ID8240 NIPSCO SBCIN
SM ID0106 ID2600

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA S. Bend MAXIMO WO #
OPERATING AREA CONTACT Armstrong JOB ORDER #
TRACKING NUMBER 018 2012 0922 001 LOCATE REF #
Locate Performed By:

DATE AND TIME OF ACCIDENT 9-22 2012 1045 M DATE OF REPORT 9-22-12
PLACE OF DAMAGE (INCLUDE CITY) 12563 St. Rd 23 Granger

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

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

DEPTH OF FACILITY (inches) 20" PRESSURE (PSI) Med. Lbs. 35#
RELEASE OF GAS: YES (X) NO () IGNITION OF GAS: YES () NO (X) EVACUATION REQUIRED: YES () # NO (X)
INTERRUPTION OF SERVICE: YES () NO (X) NUMBER OF CUSTOMERS LOST:
DURATION OF INTERRUPTION: TIME REPORTED 10:00 TIME RESTORED Retired at main
DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: Cut 1/2"

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

PARTY THAT CAUSED DAMAGES (NAME) Asplundh Const
ADDRESS OF PARTY (INCLUDE CITY) 23700 U.S. 20. S. Bend, Ind.

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Lambert
WITNESS NAME AND ADDRESS Same as above

WITNESS REMARKS Marks off - not located properly

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY REPORT #
FIRE () AGENCY REPORT #
OTHER () Any Injuries? () YES # (X) NO

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

- WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW
() AGRICULTURE/FARMING () CABLE TV. () CURB/SIDEWALK () TELECOMMUNICATIONS
() BLDG CONSTRUCTION () DEMOLITION () DRAINAGE () WATER
() DRIVEWAY (X) ELECTRIC () SURVEYING () DRAINS/CULVERTS
() FENCING () GRADING () IRRIGATION () MOWING
() LANDSCAPING () PIPELINE () MILLING () OTHER
() POLE/SIGN POST () ROAD WORK () SEWER

- TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW
() AUGER () HAND TOOLS () BACKHOE/TRACKHOE
() MILLING EQUIPMENT () PROBING DEVICE () BORING / DRILLING
() EXPLOSIVES (X) TRENCHER () FARM EQUIPMENT
() VACCUUM EQUIPMENT () GRADER () OTHER

- REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW
() AUTOMOTIVE ACCIDENT () EXCAVATING BEFORE LOCATES DUE () CARELESS MACHINE OPERATOR
() NO NOTIFICATION () MARKS DISTURBED () STUB (X) OTHER not located properly

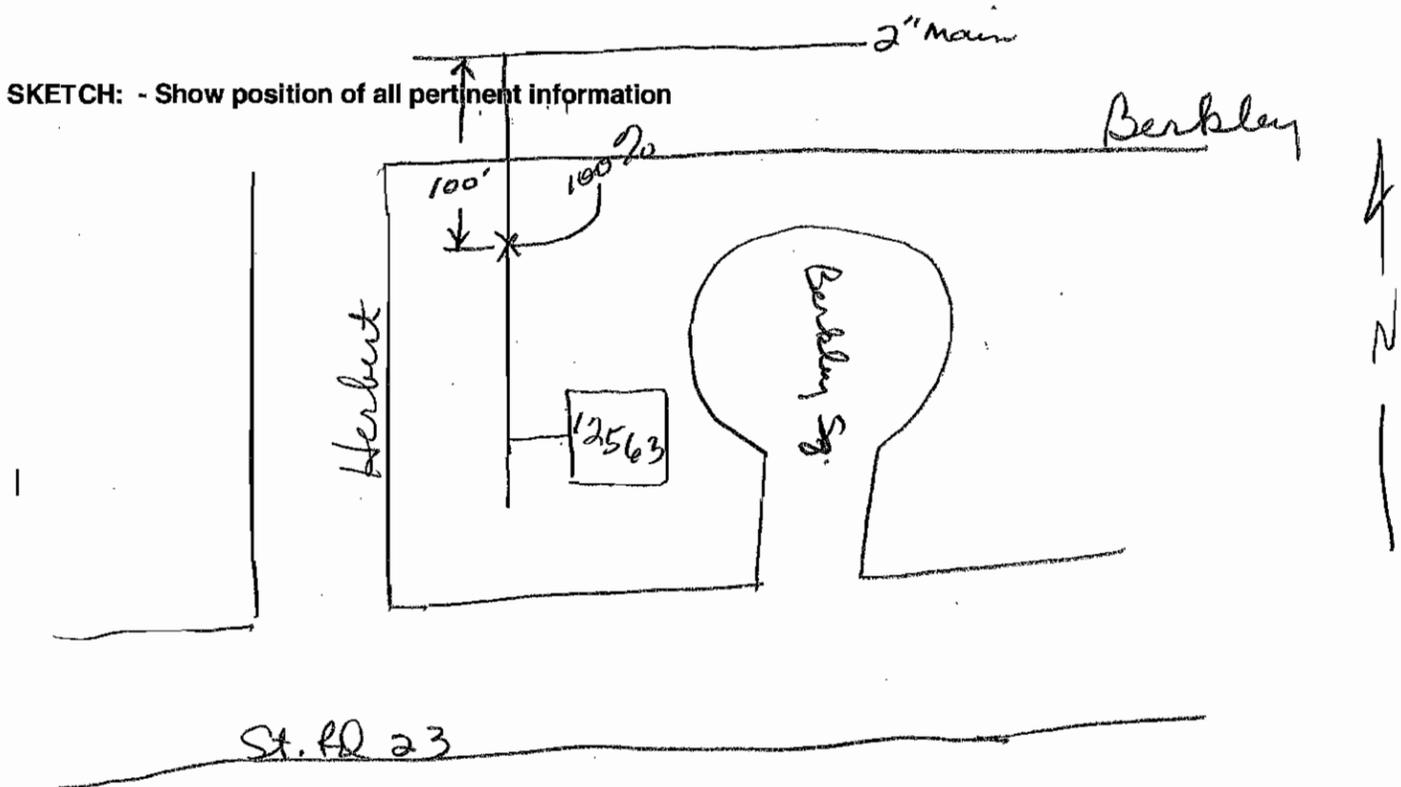
COMMENTS: The service to 12549 St Rd #23 should have been retired
when the Bldg address was changed to 12555 St Rd
#23 & A new service was installed on north side of
Bldg. Rob J.

PERSON PREPARING REPORT AM

FIELD SUPERVISOR Barry O'Neil

FIELD MANAGER R. King

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



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: _____







