



## Pipeline Safety Division Investigation Report

### Investigation regarding: QC Communications, Inc.

UPPAC Database Record ID: 4342

Report Date: 9/16/2013

Investigator: Mike Orr

Damage Date: 1/24/2013 12:52:12 PM

Damage Address: 2055 Fairway Lakes Dr, Franklin, Johnson

### The Parties

Excavator: **QC Communications, Inc.**

Address: 7925 West 100 South, Wabash, In 46992

Facility Owner: **Vectren**

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Boring

Type of Work Performed: Telecommunications

### Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known):

\$719.59000000000003

### Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1301150582

Original Start Date:

Locate Instructions: STARTING ON THE SOUTH WEST CORNER OF THE INTERSECTION - LOCATE GOING WEST ALONG THE SOUTH SIDE FAIRWAY LAKES DR FOR 800 FEET ENDING AT THE SOUTH SIDE OF LOT NUMBER 379

Follow-Up Locate Instructions (if applicable):

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

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 3/6/2013. Excavator had a valid locate ticket; however, the gas operator self reported a failure to provide facility locate markings.

**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.



**DAMAGE INFORMATION REPORT – PIPELINE SA**  
State Form 54122 (R2 / 7-11)  
INDIANA UTILITY REGULATORY COMMISSION

INITIAL DOCUMENTS -  
OPERATOR

CASE # 4342

Submitted to IURC-Pipeline Safety on: 2-19-2013

**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: QC Communications

Business address (number and street): 7925 W CR 100 S

City, State, and ZIP code: Wabash, IN 46992

Telephone number (area code): 260-563-4453

Fax number (area code): 260-563-0963

E-mail address: Unknown

**Excavation or Demolition Information**

Excavator type: Contractor

Excavation or demolition equipment: Boring

Type of work performed: Telecommunications

**Date and Location of Damage**

Date of damage (month, day, year): 1-24-2013

County: Johnson

City: Franklin

Street address (number and street, city, state, and ZIP code):  
2055 Fairway Lakes, Franklin, 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): 2

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 719.59

**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: 1301150582

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? 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

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### **Description of Cause**

Select from the list the most accurate cause for the damage: --Facility was not located or marked

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### **Additional Comments**

1" plastic service damaged by bore. Not marked.



2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH

NOW DUE

\$719.59

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

Type: GAS  
Invoice: FDS0017425  
BillToID: 32974  
Billing Date: 2/6/2013  
Date of Loss: 1/24/2013  
5835 103.0510

Please return this portion with your remittance.



Mail Payment To:  
Vectren Utilities Holdings Corporation  
1239 Reliable Parkway  
Chicago, IL 60686-0012  
Inquiries: 1-877-902-2934, Mon.-Fri., 8-5  
Risk Management/Claims Department

NOW DUE

\$719.59

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

Type: GAS  
Invoice: FDS0017425  
BillToID: 32974  
Billing Date: 2/6/2013  
Date of Loss: 1/24/2013

Invoice For Costs to Repair and Reconstruct Damaged Property

Address: 2055 FAIRWAY LAKES, FRANKLIN  
1" PLASTIC SERVICE DAMAGED BY BORE. INCOMPLETE.

Material:	\$84.73
Company Labor:	\$441.05
Contract Labor:	\$0.00
Transportation/Equipment:	\$186.25
Misc:	\$0.00
Gas Loss:	\$7.56
Adjustments:	\$0.00
Payments:	\$0.00
Total:	\$719.59

5835 103.0510

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

MAXIMO # 9377798

Vectren Corporation  
Form 3112 (Rev. 0711) (CIS 10/11)

FDS 0017425

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

Vectren Claim Number: \_\_\_\_\_

Date of Damage 1 / 24 / 13

Police Report / MO #: \_\_\_\_\_

Cost Center # 5835

# FACILITIES DAMAGE REPORT

Vectren Claims Camera:

Time Occurred 12:55 am/pm

Time Found 1:15 am/pm

VE02674  
4

Latitude 39.486970 Longitude -86.019320 GAS

DAMAGE SITE: Address 2055 Fairway Lakes Lot # \_\_\_\_\_

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

County Johnson City Franklin State IN Township Northham

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Meter (Residential)	1.00 inch	<input checked="" 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"/>
	20.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	Other _____			

VISUAL OBSERVATION AT DAMAGE SITE:  
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  
Locate Marking Faded:  Yes  No  N/S  
Wrong Address Requested  Yes  No  N/S

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  
 Incomplete Locate  
 No Locates Performed  
 Qualified Locator Could Have Accurately Located  
 Wrong Address Located  
Marking Off By: \_\_\_\_\_ (Feet / Inches)

Were Facility Marks Visible  Yes  No  
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

TYPE OF MATERIAL:  Cast Iron  Plastic (HDPE)  Plastic (MDPE)  Steel  
DAMAGE TYPE:  Severed  Not Cut  Severed  
Size 1/8 x 1/8

PRESSURE:  25 PSIG  40 PSIG  50 PSIG  55 PSIG  60 PSIG  6 WC (.2163)  7 WC (252)  Other \_\_\_\_\_

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

DURATION OF ESCAPING GAS:  
Minutes: 75 12:55 - 2:10

LEAK REPORT NUMBER: \_\_\_\_\_

EFV Activated  Yes  No  N/S

Observation by (ID#): 2524

FEED TYPE:  
 One-Way Feed  
 Two-Way Feed

Number of Customers Affected: 1  
Total Hours Service Was Off: 2

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

SERVICE ORDER NUMBER: N5496460

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 Fiber optic

NOTIFICATIONS AND OTHER DETAILS OF LOCATE:

Locate Ticket: 1301150582

Date: \_\_\_\_\_ 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

WORKING FOR:  
 City  County  Developer  State  Property Owner  Utility

CONTINUE ON BACK - INCLUDE ANY OBSERVATIONS / DIAGRAMS

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 \_\_\_\_\_

Did Excavator Notify You

- Yes  No

Excavation Required

- Yes  No

Media at Site

- Yes  No

Was There Ignition of Gas?

- Yes  No

INVOICE:

- Yes  No  N/S

**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: N/A

# of Regular Hours; \_\_\_\_\_

# of Overtime Hours; \_\_\_\_\_

# of Regular Hours; \_\_\_\_\_

Crew Type: \_\_\_\_\_

**MATERIALS OR ROAD WORK:**

- Meter was replaced N/A (Stores Code)
- Regulator Was Replaced \_\_\_\_\_ (Stores Code)
- Temporary Asphalt Repair: \_\_\_\_\_ (sq. ft.)
- Permanent Asphalt Repair: \_\_\_\_\_ (sq. ft.)

**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: QCC Communications  
 Address: 7925 W 100S  
 City/ State/ Zip: Wabash, IN 46992  
 Phone: (800)-421-9582  
 Prepared / Investigated By: Kevin VanSlyke Date: 1-24-13

**PARTY TO INVOICE:**  
 Name: U.S.I.C.  
 Address: 9045 N. RIVER RD 5-300  
 City/ State/ Zip: INDIANAPOLIS IN 46240  
 Phone: \_\_\_\_\_  
 Reviewed by Field Supervisor: \_\_\_\_\_ Date: 1-25-13

*locator error*

NORMAL NOTICE JOB EXTENSION SEE REMARKS

Ticket : 1301150582 Date: 01/15/2013 Time: 09:57 Oper: CJODOM Chan:056  
 Old Tkt: 1212281188 Date: 12/28/2012 Time: 15:35 Oper: ASCHLICHTER Rev: 00A

State: IN Cnty: JOHNSON Twp: NEEDHAM  
 Cityname: FRANKLIN Inside: Y Near: N  
 Subdivision: PARIS ESTATES

Address :  
 Street : FAIRWAY LAKES DR  
 Cross 1 : SAINT ANDREWS DR Within 1/4 mile: Y  
 Location: STARTING ON THE SOUTH WEST CORNER OF THE INTERSECTION - LOCATE GOING WEST ALONG THE SOUTH SIDE FAIRWAY LAKES DR FOR 800 FEET ENDING AT THE SOUTH SIDE OF LOT NUMBER 379

\*\*\*Boring Where = UNDER SIDEWALKS AND DRIVEWAYS

:  
 Grids : 3929C8601D 3929D8601C 3929D8601D  
 Boundary: n 39.487558 s 39.485792 w -86.021207 e -86.017262

Work type : INSTALLING FIBER OPTICS  
 Done for : CINERGY  
 Start date: 01/17/2013 Time: 10:15 Hours notice: 48/048 Priority: NORM  
 Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: N  
 Duration : 2 WEEKS Depth: 6 FEET

Company : QC COMMUNICATIONS INC Type: CONT  
 Co addr : 7925 WEST 100 SOUTH  
 City : WABASH State: IN Zip: 46992  
 Caller : TRAVIS CRAGO Phone: (260)563-4453  
 Contact : TRAVIS CRAGO - CELL Phone:  
 BestTime:  
 Mobile : (260)438-8603  
 Fax : (260)563-0963  
 Email : QCCOMM3@YAHOO.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time  
 PER TRAVIS CRAGO -- REMARK AS NEEDED -- THANK YOU  
 Will you be white-lining the dig site area? YES  
 :

Submitted date: 01/15/2013 Time: 09:57  
 Members: ID0002 ID0270 ID2034 ID3640 ID5857 ID7131 ID7288 SM

Member Name	Facility Types
CENTURYLINK	TELEPHONE
COMCAST CENTRAL (GREENWOOD)	CABLE TV
DUKE ENERGY / FORMERLY CINERGY	ELECTRIC
FRANKLIN DPW, CITY OF	
IN AMERICAN WATER JOHNSON COUNTY	WATER
VECTREN - FRANKLIN	GAS

# Service Order Status

Thursday, January 31, 2013

**Enter Service Order Number:**

5496460



**Banner Instance:**  CS03PROD  CS01PROD  CS02PROD

**Order Number:** N5496460

**Order Type:** LEAK

**Order Status:** Completed

**Customer:** 620452165 - SLEIGHTER JOANN

**Prem:** 5529248 - 2055 FAIRWAY LAKES DR

**Technician:** 2524 - VanSlyke, Kevin

**Order Dates and Times**

**Need Date:** 1/24/2013 1:20:00 PM  
**Time Created:** 1/24/2013 12:56:45 PM  
**Time Dispatched:** 1/24/2013 12:56:46 PM  
**Time In Route:** 1/24/2013 12:58:49 PM  
**Time On-Site:** 1/24/2013 1:16:38 PM  
**Tech Complete:** 1/24/2013 2:19:49 PM  
**Time Closed:** 1/24/2013 2:19:49 PM

**Events Performed/Completion Code**

LKOT - CMP

**Meter Information**

**Current Read Status**

**Old Meter:** 0123 Inactive

**New Meter:**

**Completion Notes**

fire dept had mtr s/o when I arrived. contractor had bored into a 1" service line. I requested crew for emergency repair and assisted with monitoring area until made safe. company crew [ d sheperd ] will make repairs.

**Request Notes**

PER AMBER OPERATOR 333 WITH FRANKLIN FIRE AND POLICE/PH 317 736 5111/REPORTING HIT LINE AT THIS ADDRESS/BLOWING//POSS 1"/FIRE DEPT ENROUTE/XST: ST ANDREWS ANPARIS/NO OTHER INFO AVAIL

**MDSI Event Dates and Times**

Event	Date/Time	User
AsnAssignmentManualAck_evt	1/24/2013 12:58:27 PM	VanSlyke, Kevin
AsnAssignmentEnRoute_evt	1/24/2013 12:58:49 PM	VanSlyke, Kevin
AsnAssignmentOnSite_evt	1/24/2013 1:16:38 PM	VanSlyke, Kevin
OrdOrderComplete_evt	1/24/2013 2:19:49 PM	VanSlyke, Kevin

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

DAMAGE SEE REMARKS

Ticket : 1301241022 Date: 01/24/2013 Time: 12:48 Oper: DHIGHBAUGH Chan:091

State: IN Cnty: JOHNSON Twp: NEEDHAM  
 Cityname: FRANKLIN Inside: Y Near: N  
 Subdivision: PARIS ESTATES

Address :

Street : FAIRWAY LAKES DR  
 Cross 1 : SAINT ANDREWS DR Within 1/4 mile: Y  
 Location: STARTING ON THE SOUTH WEST CORNER OF THE INTERSECTION - LOCATE GOING WEST ALONG THE SOUTH SIDE FAIRWAY LAKES DR FOR 800 FEET ENDING AT THE SOUTH SIDE OF LOT NUMBER 379

\*\*\*Boring Where = UNDER SIDEWALKS AND DRIVEWAYS

:

Grids : 3929C8601D 3929D8601C 3929D8601D  
 Boundary: n 39.487558 s 39.485792 w -86.021207 e -86.017262

Work type : INSTALLING FIBER OPTICS

Done for : CINERGY

Start date: 01/24/2013 Time: 12:48 Hours notice: 0/000 Priority: EMER

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

Duration : 2 WEEKS Depth: 6 FEET

Company : QC COMMUNICATIONS INC Type: CONT

Co addr : 7925 WEST 100 SOUTH

City : WABASH State: IN Zip: 46992

Caller : TRAVIS CRAGO Phone: (260)563-4453

Contact : TRAVIS CRAGO - CELL Phone:

BestTime:

Mobile : (260)438-8603

Fax : (260)563-0963

Email : QCCOMM3@YAHOO.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time  
 VECTREN GAS LINE HAS BEEN HIT AND IT IS BLOWING AND CAN BE HEARD---LINE HIT BETWEEN THE SIDEWALK AND THE HOUSE AT THE ADDRESS OF 2055 FAIRWAY LAKES DRIVE---CREW IS STILL ON SITE---TRAVIS IS THE JOB SITE CONTACT PERSON AT 2604388603---911 HAS BEEN CALLED---VECTREN HAS NOT BEEN CONTACTED---ADVISED---LINE IS 1 INCH ORANGE GAS LINE PLASTIC MATERIAL---PREVIOUS TICKET 1301150582---THANK YOU

Will you be white-lining the dig site area? YES

:

Submitted date: 01/24/2013 Time: 12:48

Members: ID0002 ID0270 ID2034 ID3640 ID5857 ID7131 ID7288 SM

Member Name	Facility Types
CENTURYLINK	TELEPHONE
COMCAST CENTRAL (GREENWOOD)	CABLE TV
DUKE ENERGY / FORMERLY CINERGY	ELECTRIC
FRANKLIN DPW, CITY OF	
IN AMERICAN WATER JOHNSON COUNTY	WATER
VECTREN - FRANKLIN	GAS



Property of United States Infrastructure Corporation  
Photo taken on 1/24/2013 1:22:22 PM



Property of United States Infrastructure Corporation  
Photo taken on 1/24/2013 1:22:32 PM



Property of United States Infrastructure Corporation  
Photo taken on 1/24/2013 1:22:34 PM



Property of United States Infrastructure Corporation  
Photo taken on 1/24/2013 1:22:52 PM



Property of United States Infrastructure Corporation  
Photo taken on 1/24/2013 1:22:58 PM



Property of United States Infrastructure Corporation  
Photo taken on 1/24/2013 1:31:30 PM



Property of United States Infrastructure Corporation  
Photo taken on 1/24/2013 1:31:34 PM



Property of United States Infrastructure Corporation  
Photo taken on 1/24/2013 1:31:48 PM



Property of United States Infrastructure Corporation  
Photo taken on 1/24/2013 1:31:52 PM



**INFORMATION REQUEST**

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION - PIPELINE SAFETY DIVISION

RECEIVED

MAR 06 2013

INDIANA UTILITY  
REGULATORY COMMISSION

Case Number: 4342

*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: QC Communications

Responsible Party Personal Name: Louis Crago

Title (if any): Underground Foreman

Address (number and street): 7925 W. 100 S.

City, State and ZIP Code: Wabash, IN

Preferred Telephone Number (area code): 1-800-421-0582

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: lprather@qccommunications.com

**Facility Information:**

Business Name: Vectren

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: USIC \_\_\_\_\_

Responsible Party Personal Name: Duane \_\_\_\_\_

Title (if any): Locator \_\_\_\_\_

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): Bore Machine

Type of Work Performed (select one): Installing Fiber optics

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

Personal Contact: \_\_\_\_\_

Business/Organization 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: \_\_\_\_\_

**Utility Line Impact**

**Location of Damage:**

Address (number and street): 2055 Fairway Lakes Dr.

City, State and ZIP Code: Franklin, TN

Nearest Intersection: Saint Andrews and Fairway Lakes Dr.

Product Type (select one): Plastic

Facility Type (select one): House

Size (Diameter/etc.): 3/4 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: 1301150582

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

Travis Craig, Brian Stinson

**Incident Impact Information**

Number of Outpatient Treated: None

Number of Inpatient Treated: None

Number of Fatalities: None

Fire Department Response:  Yes  No

Police Department Response:  Yes  No

Ambulance Response:  Yes  No

**Additional Information / Comments**

Gas service was not located at all. No paint.

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 4342

Your Full Name: Travis Crogo

Full Name of Business / Entity (if applicable): QC Communications

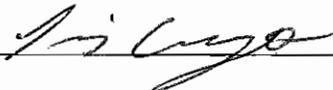
Your Business Title (if applicable): Foreman

Address (number and street): 7925W 1005

City: Wabash State: IN ZIP Code: \_\_\_\_\_

Your E-mail Address: lprather@qccommunications.com

Today's Date (month, day, year): 2-25-13

Your Signature:  Title (if any) Foreman

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 4342**  
**Indiana Utility Regulatory Commission**  
**101 West Washington Street, 1500E**  
**Indianapolis, IN 46204**

Or scan the statement and Email to:

[PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)

# Underground Utility Accident Report

Company Name: <u>QC Communications</u>	Job Name: <u>Metronet</u>
Address: <u>7925W 1009</u> (main Office)	Address: _____
Crew Members Names Supervisor: <u>Travis Crago</u>	Name of Other Witnesses (include phone #, Address or employer's name, if possible)
Workers: <u>Brian Stinson</u>	_____
Description of Job: <u>Installing Fiber Optics</u>	
Were Utility Lines marked? Yes _____ No <input checked="" type="checkbox"/> Name/Phone# Locator Service: <u>Duane / USIC</u>	
Locator Log # (Confirmation #) _____ Date Marked: <u>1-15-13</u> By Whom: <u>Duane</u>	
Date of Accident <u>1-24-13</u> Time of Accident <u>12:00 PM</u>	
Accident Description (Describe How the Accident Occurred) <u>Was boring and smelled gas. Found gas service that was not marked <del>at</del> at all. NO PAINT!</u>	
Describe Damaged Property <u>Rubbed a hole in gas line with bore rods.</u>	
List Owner of damaged Property Name: _____ Address: <u>2055 Fairway Lakes Dr</u> Phone: _____	
Sketch of Job Where Accident Occurred Show Trench Point of Damage (Approx.) Location & Depth of Utility Line Where were Marked & Unmarked Identify Location Of Photos Show Direction Of North	(Sketch)  <u>Damage Tick #</u> <u>1301241022</u>
List Names of Emergency Response Personnel (Police, Fire, EMTs, ect.) Names: _____ Badge# _____	
Name of Person Completing This Report: (Print Name) <u>Travis Crago</u> (Signature) <u>[Signature]</u>	
Name of Photographer (If Video or Photos(s) were taken) (Print Name) <u>Travis Crago</u>	
When was Report Completed (Date) <u>1-24-13</u> (Time) <u>2 pm</u>	



2055

Fairway Lakes Drive



