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

Pipeline Safety Division Investigation Report

Investigation regarding: Robert Sheets Plumbing

UPPAC Database Record ID: 4384

Report Date: 8/9/2013 Investigator: Mike Orr

Damage Date: 11/27/2012 Damage Address: 6134 Neighbor Drive, Fort Wayne, Allen

The Parties

Excavator: **Robert Sheets Plumbing**

Address: 1200 Leesburg Road, Fort Wayne, In 46808

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas Facility Function: Service/Drop

Type of Equipment: Trencher Type of Work Performed: Drainage

Damage Impact

Product Release: Yes Ignition: No

Service Interruption: True Number of Customers Affected: 1

Injuries: 0 Fatalities: 0 Repair Cost (if known): $

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: No Indiana 811 Ticket Number: Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

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

Findings: Reported by Carrie Ludwig (NIPSCo); excavator did not respond to initial notice mailed 2/14/2013. The excavator failed to request a locate be performed prior to performing work with the trencher and failed to call the association following the damage.

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

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

150 West Market Street, Suite 600
Indianapolis, IN 46204

March 8, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov
Pipeline Safety Division – Case No. 4384
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4384

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: 11/27/2012

Event Location: 6134 Neighbor Drive

City: Fort Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: Robert Sheets Plumbing

Other Party: N/A

Pipeline Division Case No. 4384

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. 4384	
Date of Event	11/27/2012
Event Location	6134 Neighbor Drive
Event City	Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	Robert Sheets Plumbing
Date of IURC Information Request	2/13/2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Robert Sheets Plumbing
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	1200 Leesburg Rd
CITY/ STATE/ZIP	Fort Wayne, IN 46808
PREFERRED TELEPHONE	260-432-3205
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	1-317-538-7301
EMAIL ADDRESS	morganthompson@usicinc.com
OTHER (WITNESS, POLICE, FIRE, OTHER) INFORMATION	
PERSONAL CONTACT	
BUSINESS/ORGANIZATION NAME	

TITLE (IF ANY)	
ADDRESS	
CITY/ STATE/ZIP	
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
UTILITY LINE IMPACT	
LOCATION OF DAMAGE	
ADDRESS	6134 Neighbor Dr
CITY/STATE/ZIP	Fort Wayne, IN 46385
NEAREST INTERSECTION	Monument Dr
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)	YES
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	NO
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/Scrapper	
Hand Tools	
Milling Equipment	

Probing Device	
Trencher	X
Vacuum Equipment	
Unknown/Other	
TYPE OF WORK PERFORMED (Select One)	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	
Bldg. Demolition	
Drainage	X
Driveway	
Electric	
Engineering/Surveying	
Fencing	
Grading	
Irrigation	
Landscaping	
Liquid Pipeline	
Milling	
Natural Gas	
Pole	
Public Transit Authority	
Railroad Maintenance	
Road Work	
Sewer (Sanitary/Storm)	
Site Development	
Steam	
Storm Drain/Culvert	
Street Light	
Telecommunications	
Traffic Signal	
Traffic Sign	
Water	
Waterway Improvement	
Unknown/Other	
RELEASE OF PRODUCT (YES/NO)	YES
IGNITION AND/OR FIRE (YES/NO)	NO
EXCAVATOR NOTIFY 811 (YES/NO)	NO
LOCATE INFORMATION:	

EXCAVATOR REQUEST LOCATE (YES/NO)	NO
INDIANA 811 LOCATE TICKET NUMBER	N/A
LOCATE MARKS VISIBLE (YES/NO)	NO
LOCATE MARKS CORRECT (YES/NO)	NO
EXCAVATOR "WHITE LINED" (YES/NO)	NO
MAPS USED TO MARK FACILITIES (YES/NO)	NO
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	NO
INCIDENT IMPACT INFORMATION	
NUMBER OF OUTPATIENT TREATED	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FATALITIES	0
FIRE DEPARTMENT RESPONSE (YES/NO)	
POLICE DEPARTMENT RESPONSE (YES/NO	
AMBULANCE RESPONSE (YES/NO)	
ADDITIONAL INFORMATION/COMMENTS	
No notification made to the one-call center. NIPSCO Emergency Repair Ticket# 1211272982	

Facility: Transmission Lines; Folder: N/A; Assigned To: N/A

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NIPSCO 00910 IUPPSa 11/27/2012 18:00:43 1211272982-00A EMER NEW  STRT

EMERGENCY SEE REMARKS

Ticket : 1211272982 Date: 11/27/2012 Time: 17:57 Oper: MPLUMMER Chan:040

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

Address : 6134
Street  : NEIGHBOR DR
Cross 1 : MONUMENT DR   Within 1/4 mile: Y
Location: LOCATE ENTIRE PROPERTY
:
Grids   : 4108D8505C   4108C8505C   4108D8505B
Boundary: n 41.138092    s 41.134380    w -85.092133    e -85.089050

Work type : REPAIR GAS LINE
Done for  : NIPSCO
Start date: 11/27/2012  Time: 17:58  Hours notice: 0/0  Priority: EMER
Ug/Oh/Both: U  Blasting: N  Boring: N  Railroad: N  Emergency: Y
Duration  : 1 DAY         Depth: 6 FEET

Company : NIPSCO  Type: MEMB
Co addr : 801 EAST 86TH AVENUE
City    : MERRILLVILLE State: IN Zip: 46410
Caller  : JAMILA MARTIN Phone: (800)762-0592
Contact : JASON OTIS--CELL Phone:
BestTime:
Mobile  : (260)241-3246

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

Submitted date: 11/27/2012 Time: 17:57
Members: AEPIN  CC     FW     ID7150 ID8000 NIPSCO SM
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NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT
**** COMPLETE FORM FOR ALL DAMAGES TO NIPSCO FACILITIES ****

REPORTING OPERATING AREA Fort Wayne **MAXIMO WO #** _____

OPERATING AREA CONTACT _____ **JOB ORDER #** 564461

TRACKING NUMBER 0182012112700 **LOCATE REF #** N/A

Locate Performed By: _____

DATE AND TIME OF ACCIDENT 11-27 2012 17:30 PM DATE OF REPORT 11-27-12

PLACE OF DAMAGE (INCLUDE CITY) 6134 NEIGHBOR DR. FT. WAYNE IN.

DAMAGE WAS TO:

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

OTHER (DESCRIBE) _____

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

OTHER (DESCRIBE) _____

DEPTH OF FACILITY (inches) 22" PRESSURE (PSI) 45 Lbs.

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

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

DURATION OF INTERRUPTION: TIME REPORTED 17:30 TIME SHUT OFF 18:53 TIME RESTORED 19:30

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/2" CUT IN TWO

LOCATE MARKS ON SITE: YES ( ) DISTANCE BETWEEN FACILITY AND LOCATE MARKS _____ NO (✓)

HOW LOCATED: PAINT ( ) FLAGS ( ) BOTH ( ) WHITE LINED ( )

PARTY THAT CAUSED DAMAGES (NAME) ROBERT SHEETS PLUMING

ADDRESS OF PARTY (INCLUDE CITY) 9400 ARDMORE AVENUE Fort Wayne, IN 46809

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE PHIL DOAK -747-6390

WITNESS NAME AND ADRESS JOE PRUIT - STEVE BUTTS - STEVE WEACHOCK

WITNESS REMARKS WHILE TRENCHING IN DRAIN TILE, CONTRACTOR CUT SERVICE

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY _____ REPORT # _____

FIRE ( ) AGENCY _____ REPORT # _____

OTHER ( ) _____ Any Injuries? ( ) YES # _____ ( ) NO

PHOTOS TAKEN: YES ( ) NO ( ) TAKEN BY: _____ (ATTACH PHOTOS TO REPORT)

MEDIA ON SITE YES ( ) NO ( )

WORK IN PROGRESS WHEN FACILITY DAMAGED – CHECK APPROPRIATE CHOICE BELOW

( ) AGRIGULTURE/FARMING	( ) CABLE TV	( ) CURB/SIDEWALK	( ) TELECOMMUNICATIONS
( ) BLDG CONSTRUCTION	( ) DEMOLITION	(✓) DRAINAGE	( ) WATER
( ) DRIVEWAY	( ) ELECTRIC	( ) SURVEYING	( ) DRAINS/CULVERTS
( ) FENCING	( ) GRADING	( ) IRRIGATION	( ) MOWING
( ) LANDSCAPING	( ) PIPELINE	( ) MILLING	( ) OTHER _____
( ) POLE/SIGN POST	( ) ROAD WORK	( ) SEWER	

TYPE OF EQUPMENT USED – CHECK APPROPRIATE CHOICE BELOW

( ) AUGER	( ) HAND TOOLS	( ) BACKHOE/TRACKHOE
( ) MILLING EQUIPMENT	( ) PROBING DEVICE	( ) BORING / DRILLING
( ) EXPLOSIVES	(✓) 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 ( ) OTHER _____

- **SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM**

COMMENTS : _____

_____

_____

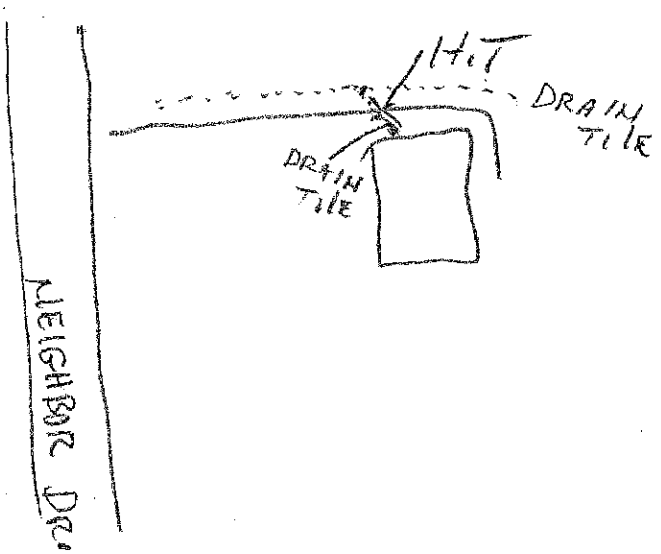
PERSON PREPARING REPORT STEVE WEACHOCK

FIELD SUPERVISOR [illegible] #100707

FIELD MANAGER _____

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

SKETCH: - Show position of all pertinent information



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: _____

Fact Based Investigation Report

NOTIFICATION ID: 01820121127009 DISTRICT: Northern IN
DAMAGE DATE: 11/27/2012 12:00:00 AM NOTIFICATION DATE: 11/27/2012 5:46:43 PM
NOTIFIED BY: ANGELA SCHUFFERT Facility Owner
DAMAGE ADDRESS: 5134 NEIGHBOR DR. X MONUMENT DR.
CITY: FORT WAYNE ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 11/28/2012
FROM: 18:50:00 TO: 19:30:00

EXCAVATOR INVOLVED: Robert Sheet Plumbing
TYPE OF EXCAVATION: DRAIN TILE

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

DIG UP/DAMAGE REQ.: 1211272982 START DATE/TIME: 11/28/2012 5:55:00 PM

PICTURES TAKEN BY: CLINT SLUSS DATE/TIME: 11/28/2012 7:20:00 PM
PHOTOGRAPHY TYPE: Digital FRAME #:

INVESTIGATOR EMP#: 117331 INVESTIGATOR NAME: CLINT SLUSS
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820121127009
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF FACILITY ID: Gas Service
LOCATOR NAME & EMP #:
LOCATOR NOT KNOWN: Yes

CHECK ALL THAT APPLY TO INVESTIGATION:
No Locate Req. By Contractor

Other:

CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):
Visual, Facility Exposed At Time Of Investigation,
Investigator Verified Existing Marks By Hooking Up,
Investigation Results Verified By Utility Representative

INVESTIGATOR STATEMENT/CAUSAL FACTORS:
CONTRACTOR HIT THE GAS SERVICE IN FRONT CORNER OF THE HOUSE. I DIDNT SEE ANY MARKS IN THE

FRONT(NO FLAGS OR PAINT) CONTRACTOR SAID HIS BOSSED CALLED IT IN AND IT WAS GOOD. THE ONLY MARKS I COULD FINE WAS IN THE BACK OF THE PROP WHERE I FOUND SOME OLD POWER AND TV MARKS. THE HOMEOWNER JUST HAD A NEW CEMENT PATIO MADE IN THE BACK YARD SO IM GUESSING THEM MARKS WAS FOR THAT. CONTRACTOR COULDNT PRODUCE A TICKET NUMBER AND I DID A SEARCH ALL THE WAY BACK TO OCT FOR THE CONTRACTOR DIGGING AND COULDNT FINE ONE

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:
NIPSCO- WE DONT SEE ANY MARKS SO WE ARE CALLING IT DIGGIN WITH OUT A TICKET

NAMES OF EXCAVATOR'S REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:
CONTRACTOR- BOSS CALLED A TICKET IN BUT I DONT HAVE IT WITH ME AT THIS TIME

LIST ANY OTHER INDIVIDUALS ON SITE:
FT WAYNE FIRE DEPT

WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL?	No
WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA?	No
WAS THE EXCAVATION WITHIN THE TOLERENCE ZONE OF MARKS?	No
EXTENT OF FACILITY DAMAGE	CUT IN HALF
REPLACEMENT FOOTAGE	APX 1FOOT
WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?	No
WHAT CONTRACTOR EQUIPMENT WAS USED?	NO
IS THE FACILITY SHOWN ON THE UTILITY RECORDS?	No
IF YES, PLEASE LIST RECORD #(S)	FT WAYNE

DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Jan 16, 2013

Who is submitting this information?

Name of person providing this information: Carrie Ludwig

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

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

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

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

E-mail address: cludwig@nisource.com

Excavator Information, if known

Full name: Robert Sheets Plumbing

Business address *(number and street)*: 1200 Leesburg Road

City, State, and ZIP code: Fort Wayne, IN 46808

Telephone number *(area code)*: (260) 432-3205

Fax number *(area code)*:

E-mail address:

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Trencher

Type of work performed: Drainage

Date and Location of Damage

Date of damage (*month, day, year*): Nov 27, 2012

County: Allen

City: Fort Wayne

Street address (*number and street, city, state, and ZIP code*):
6134 Neighbor Drive, Fort Wayne, IN 46835

Nearest intersection: _____

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? _____

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: _____

Enter number of fatalities, if applicable and known: _____

Property damage, Estimate $_____

Affected Facility Information

What type of pipeline was damaged? Natural Gas

What was the affected facility? Service/Drop

What was the depth of the facility, in inches? 22

Notification, Locating, Marking

Did excavator request locates prior to commencing work? No

Enter Indiana 811 ticket number, if known: _____

Was the locate request completed within two working days? Unknown/Other

If locates were performed, were they done so by a contractor or pipeline employee? Unknown/Other

If a contractor locator, enter the company name, if known: _____

Were facility marks visible in the area of excavation? No

Were facilities marked correctly? Unknown/Other

Type of markings used:

If other, please specify: _____

Was site marked by "White Lining"?

Were special instructions part of the locate request?

Were maps used to complete the locate request?

Were pipeline company representatives on site during excavation? No

Did the excavator notify the operator in the event of this damage? Yes

Did the excavator notify Indiana 811 in the event of this damage? No

Did the excavator notify 911 in the event of a release of product? Unknown/Other

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Description of Cause

Select from the list the most accurate cause for the damage: --No notification made to the one-call center

---

Additional Comments

Emergency Ticket # 1211272982

DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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Submitted to IURC-Pipeline Safety on: Jan 16, 2013

Who is submitting this information?

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Excavator Information, if known

Full name: Robert Sheets Plumbing

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Telephone number *(area code)*: (260) 432-3205

Fax number *(area code)*: _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Trencher

Type of work performed: Drainage

Date and Location of Damage

Date of damage (*month, day, year*): Nov 27, 2012

County: Allen

City: Fort Wayne

Street address (*number and street, city, state, and ZIP code*):
6134 Neighbor Drive

Nearest intersection: _____

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? _____

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: _____

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Property damage, Estimate $_____

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Description of Cause

Select from the list the most accurate cause for the damage: --No notification made to the one-call center

Additional Comments

Emergency Ticket # 1211272982