



Pipeline Safety Division Investigation Report

Investigation regarding: Miller Pipeline

UPPAC Database Record ID: 4486

Report Date: 4/25/2013

Investigator: Howard Friend

Damage Date: 2/25/2013 4:19:13 PM

Damage Address: S D St, Pipe Creek, Madison

The Parties

Excavator: **Miller Pipeline**

Address: 8850 Crawfordsville Rd, Indianapolis, In 46234

Facility Owner: **Vectren**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Natural Gas

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$306

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1302181633

Original Start Date:

Locate Instructions: Locate alley between d and e streets

Follow-Up Locate Instructions (if applicable):

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

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 4/12/2013. The excavator had a valid locate request and the operator provided accurate locate markings. The excavator failed to maintain two (2) feet of clearance with mechanized equipment.

Conclusion: There was a failure to maintain clearance with mechanized equipment.

Violation: 8-1-26-20(a)(2) Failure to maintain two (2) feet clearance with mechanized equipment.



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

INITIAL DOCUMENTS -
OPERATOR
CASE # 4486

Submitted to IURC-Pipeline Safety on: 04/03/2013

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: Miller Pipeline

Business address (number and street): 8850 Crawfordsville Rd.

City, State, and ZIP code: Indianapolis, IN 46234

Telephone number (area code): 317-295-6417

Fax number (area code): 317-295-6418

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Natural Gas

Date and Location of DamageDate of damage (*month, day, year*): 2-25-2013County: MadisonCity: ElwoodStreet address (*number and street, city, state, and ZIP code*):
1512 South E Street, Elwood, INNearest intersection: UnknownRight of way where damage occurred: Dedicated Public Utility EasementWas there a release of product? YesIf yes, was there an ignition of product? NoWere evacuations necessary as a result of release? NoIf yes, how many evacuated? 0Was there a customer service interruption? YesIf yes, how many affected? 1Time to restore service (*in hours*): 1Enter number of injuries, if applicable and known: 0Enter number of fatalities, if applicable and known: 0Property damage, Estimate \$ 306.16

Affected Facility InformationWhat type of pipeline was damaged? Natural GasWhat was the affected facility? Distribution

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

Notification, Locating, MarkingDid excavator request locates prior to commencing work? YesEnter Indiana 811 ticket number, if known: 1302181633

Was the locate request completed within two working days? Yes

If locates were performed, were they done so by a contractor or pipeline employee? Contract Locator

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

Were facility marks visible in the area of excavation? Yes

Were facilities marked correctly? Yes

Type of markings used: Paint

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

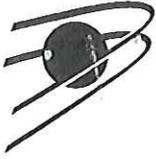
Did the excavator notify 911 in the event of a release of product? Unknown/Other

Description of Cause

Select from the list the most accurate cause for the damage: --Failure to use hand tools where required

Additional Comments

2" plastic main damaged by hoe. Not Hand exposed.



PAID

NOW DUE

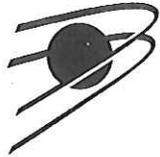
2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH

\$306.16

MILLER PIPELINE
PO BOX 34141,
INDIANAPOLIS, IN 46234

Type: GAS
Invoice: FDS0017511
BillToID: 33049
Billing Date: 3/12/2013
Date of Loss: 2/25/2013
5834 103.0509

Please return this portion with your remittance.



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

NOW DUE

\$306.16

MILLER PIPELINE
PO BOX 34141,
INDIANAPOLIS, IN 46234

Type: GAS
Invoice: FDS0017511
BillToID: 33049
Billing Date: 3/12/2013
Date of Loss: 2/25/2013

Invoice For Costs to Repair and Reconstruct Damaged Property

Address: 1512 SOUTH E STREET, ELWOOD
2" PLASTIC MAIN DAMAGED BY HOE. NOT HAND EXPOSED.

Material:	\$0.00
Company Labor:	\$195.53
Contract Labor:	\$0.00
Transportation/Equipment:	\$21.30
Misc:	\$0.00
Gas Loss:	\$89.33
Adjustments:	\$0.00
Payments:	\$0.00
<hr/> Total:	\$306.16

5834 103.0509

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

FACILITIES DAMAGE REPORT GAS

Task No.: 103.0905

Capital / O&M (circle one)

FDS 1030019511

FACILITY TYPE

DISTRIBUTION

PROPANE

SERVICE

STORAGE

TRANSMISSION (include supplemental report)

DAMAGE SITE ADDRESS:

1512 S.E. St.

DATE OF DAMAGE: 2/25/13

TIME OCCURRED: 4:13 AM/PM
TIME FOUND: 4:40 AM/PM

Cost Center No.: 5834

110,27500
85,841950

LOT # _____

COUNTY MADISON

CITY: ELWOOD

STATE: IND. TOWNSHIP _____

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 checked="" type="checkbox"/> MAIN	0.75 INCH	<input 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	10.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> REGULATOR STATION	12.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> RELIEF VALVE	16.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> RISER	2.00 INCH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SERVICE LINE	20.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> VALVE	3.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF 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 OFF-SET PAINT STAKES WHISKERS
- LOCATE MARKINGS 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 MARKING
 - INCOMPLETE LOCATES
 - MARKING OFF
 - NO LOCATES PERFORMED
 - QUALIFIED LOCATOR COULD HAVE ACCURATELY LOCATED
 - WRONG ADDRESS LOCATED
 - MARKINGS 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

TYPE OF MATERIAL	DAMAGE TYPE	PRESSURE
<input type="checkbox"/> CAST IRON	<input type="checkbox"/> SEVERED	<input type="checkbox"/> 25 PSIG
<input checked="" type="checkbox"/> PLASTIC (HDPE)	<input type="checkbox"/> NOT CUT	<input checked="" type="checkbox"/> 40 PSIG
<input type="checkbox"/> PLASTIC (MDPE)	<input checked="" type="checkbox"/> PUNCTURE	<input type="checkbox"/> 50 PSIG
<input type="checkbox"/> STEEL	SIZE <u>1" X 1/2"</u>	<input type="checkbox"/> 55 PSIG
		<input type="checkbox"/> 60 PSIG
		<input type="checkbox"/> 6 WC (.2163)
		<input type="checkbox"/> 7 WC (.232)
		<input type="checkbox"/> OTHER _____

PROTECTION IN PLACE

- BUILDING FENCE NONE
- POST RAIL VAULT N/A

IF OTHER _____

DURATION OF ESCAPING GAS MINUTES: 4.5

LEAK REPORT NUMBER # _____

EFV ACTIVATED YES NO N/S

FEED TYPE

- ONE-WAY FEED
- TWO-WAY FEED

NUMBER OF CUSTOMERS AFFECTED: 1

TOTAL HOURS SERVICE WAS OFF: 1

SERVICE ORDER # _____

DAMAGED BY	TYPE OF CONSTRUCTION
<input type="checkbox"/> COMPANY CREW	<input type="checkbox"/> AGRICULTURE
<input checked="" type="checkbox"/> CONTRACTOR	<input type="checkbox"/> BLDG. CONSTRUCTION
<input type="checkbox"/> COUNTY	<input type="checkbox"/> BLDG. DEMOLITION
<input type="checkbox"/> DEVELOPER	<input type="checkbox"/> CABLE TV
<input type="checkbox"/> FARMER	<input type="checkbox"/> CURBS/SIDEWALKS
<input type="checkbox"/> MUNICIPALITY	<input type="checkbox"/> DRAINAGE
<input type="checkbox"/> PROPERTY OWNER/TENANT	<input type="checkbox"/> DRIVEWAY
<input type="checkbox"/> RAILROAD	<input type="checkbox"/> ELECTRIC
<input type="checkbox"/> STATE	<input type="checkbox"/> ENGINEERING/SURVEYING
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> FENCING
<input type="checkbox"/> UTILITY	<input type="checkbox"/> GRADING
<input type="checkbox"/> VEHICULAR ACCIDENT	<input type="checkbox"/> IRRIGATION
<input type="checkbox"/> IF OTHER _____	<input type="checkbox"/> LANDSCAPE
	<input type="checkbox"/> LIQUID PIPELINE
	<input type="checkbox"/> MILLING
	<input checked="" type="checkbox"/> NATURAL GAS
	<input checked="" type="checkbox"/> POLE
	<input type="checkbox"/> PUBLIC TRANSIT AUTHORITY
	<input type="checkbox"/> RAILROAD MAINTENANCE
	<input type="checkbox"/> IF OTHER _____

WORKING FOR

- CITY COUNTY DEVELOPER
- PROPERTY/OWNER STATE
- UTILITY

IF OTHER Vec. Co.

COMPANY REPRESENTATIVE ON SITE YES NO

OBSERVATION BY: _____

NAME OF LOCATOR: _____

LOCATING ORGANIZATION _____

- CONTRACT LOCATOR
- UNKNOWN/ OTHER
- UTILITY OWNER

COPY OF MARKOUT REQUEST PROVIDED WITHIN 2 WORKING DAYS YES NO N/S

NOTIFICATION AND OTHER DETAILS OF LOCATE

LOCATE TICKET #: _____

DATE: _____ TIME: _____ AM/PM

REGULAR REQUEST EMERGENCY REQUEST

CONTACT NAME: _____

TIME CALLED: _____ AM/PM

TIME LOCATOR ARRIVED AT SITE _____ AM/PM

LOCATE COMPANY NOTIFIED YES NO N/S

COMPANY NOTIFIED OF LOCATE NEAR CRITICAL FACILITIES YES NO N/S

ONE CALL CENTER

- IUPPS
- OUPS
- UNKNOWN

TYPE OF EQUIPMENT

- AUGER
- BACKHOE/TRACKHOE
- BORING
- DRILLING
- EXPLOSIVES
- FARM EQUIPMENT
- GRADER/SCRAPER
- HAND TOOLS
- MILLING EQUIPMENT
- PLOW
- PROBING DEVICE
- TRENCHER
- VACUUM EQUIPMENT
- VEHICLE

IF OTHER _____

DAMAGING CAUSE

- ABANDON 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 REQ
- IMPROPER BACKFILLING
- INCORRECT RECORDS/MAPS
- MARKING OR LOCATIONS NOT SUFFICIENT
- NO NOTIFICATION MADE TO ONE-CALL CENT
- ONE-CALL NOTIFICATION ERROR
- PREVIOUS DAMAGE
- WRONG INFORMATION PROVIDED

IF OTHER Damaged by Installer

DID EXCAVATOR NOTIFY YOU? YES NO

EVACUATION REQUIRED? YES NO

MEDIA AT SITE? YES NO

WAS THERE IGNITION OF GAS? YES NO

INVOICE: YES NO N/S

DAMAGING PARTY NAME: Miller Pipeline

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER _____

Gary McFerran

PREPARED BY

2-25-93

DATE

CONTRACTOR REPAIRS

- CONTRACTOR WORKING FOR VECTREN MADE REPAIRS AT OWNERS 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.)

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

PARTY TO INVOICE NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER _____

[Signature]

REVIEWED BY FIELD SUPERVISOR

2-27-93

DATE

Miller Pipeline cut 2" pl. mains while replacing sewer.

handles were good contractor had line digging in close w/ backhoe, contractor (Miller) made repairs.

NORMAL NOTICE

Ticket : 1302181633 Date: 02/18/2013 Time: 14:52 Oper: SARAH.HEMINGER Chan:000

State: IN Cnty: MADISON Twp: PIPE CREEK
 Cityname: ELWOOD Inside: Y Near: N
 Subdivision:

Address :
 Street : S E ST
 Cross 1 : S 16TH ST Within 1/4 mile: Y
 Location: PAINT AND FLAG ENTIRE PROPERTY 1512 1522 S E ST AND ENTIE ALLEY BEHIND
 1512 AND 1522
 :
 Grids : 4016C8550B 4016C8550C
 Boundary: n 40.273328 s 40.272217 w -85.842458 e -85.839528

Work type : REPLACE GAS SERVICE
 Done for : VECTREN
 Start date: 02/21/2013 Time: 07:00 Hours notice: 64/048 Priority: NORM
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
 Duration : 2 DAY Depth: 5FT

Company : MILLER PIPE LINE Type: CONT
 Co addr : 8850 CRAWFORDSVILLE RD
 City : INDIANAPOLIS State: IN Zip: 46234
 Caller : SARAH HEMINGER Phone: (317)295-6417
 Contact : JR OCHOA--CELL Phone:
 BestTime:
 Mobile : (317)431-9838
 Fax : (317)295-6418
 Email : SARAH.HEMINGER@MILLERPIPELINE.COM

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

Submitted date: 02/18/2013 Time: 14:52
 Members: AEPIN ID8051 ID9108 ID9844 SBCIN SM

Member Name	Facility Types
AMERICAN ELECTRIC POWER	ELECTRIC
AT&T - DISTRIBUTION	COMMUNICATIONS
COMCAST NORTHEAST (ANDERSON)	CABLE TV
ELWOOD UTILITIES	
VECTREN - ANDERSON	GAS

Service Order Status

Enter Service Order Number:

5537271



[Clear Form](#)

[Refresh Data](#)

Banner Instance: CS03PROD CS01PROD CS02PROD

Order Number: N5537271

Order Type: LEAK

Order Status: Completed

Customer: 621276264 - BALL LISA

Prem: 5048541 - 1512 S E ST

Technician: 3398 - McFerran, Greg

Order Dates and Times

Need Date: 2/25/2013 4:41:00 PM
Time Created: 2/25/2013 4:13:44 PM
Time Dispatched: 2/25/2013 4:13:44 PM
Time In Route: 2/25/2013 4:18:55 PM
Time On-Site: 2/25/2013 4:39:13 PM
Tech Complete: 2/25/2013 5:57:11 PM
Time Closed: 2/25/2013 5:57:11 PM

Events Performed/Completion Code

LKIN - CMP

Meter Information

Current ReadStatus

Old Meter: 0000 Active
New Meter:

Completion Notes

miller pipeline cut 2" main. they will repair.

Request Notes

2-25-13 CHRIS RINHAM W/MILLER PIPELINE HIT 2" GAS MAIN HIT WITH BACK HOE-RENEWING SVC-PH# 317-266-93
 02-GAS BLOWING-150' AWAY-COULD BE ENTERING:BLG-XST ANDERSON-

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	2/25/2013 4:18:15 PM	McFerran, Greg
AsnAssignmentEnRoute_evt	2/25/2013 4:18:55 PM	McFerran, Greg
AsnAssignmentOnSite_evt	2/25/2013 4:39:13 PM	McFerran, Greg
OrdOrderComplete_evt	2/25/2013 5:57:11 PM	McFerran, Greg

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

NORMAL NOTICE JOB EXTENSION

Ticket : 1302050444 Date: 02/05/2013 Time: 09:03 Oper: SARAH.HEMINGER Chan:000
 Old Tkt: 1301210154 Date: 01/21/2013 Time: 08:21 Oper: SARAH.HEMINGER Rev: 00A

State: IN Cnty: MADISON Twp: PIPE CREEK
 Cityname: ELWOOD Inside: Y Near: N
 Subdivision:

Address :
 Street : S E ST
 Cross 1 : S 18TH ST Within 1/4 mile: Y
 Location: PAINT AND FLAG ENTIRE RIGHT OF WAY ON THE NORTH SIDE OF S E ST FROM
 THE EAST SIDE OF S 18TH ST HEADING WEST TO THE WEST PROPERTY LINE OF 1700 S E ST
 ***Boring Where = S 18TH ST
 :
 Grids : 4016C8550C 4016C8550D
 Boundary: n 40.273069 s 40.271945 w -85.840264 e -85.837488

Work type : REPLACE GAS MAIN
 Done for : VECTREN
 Start date: 02/07/2013 Time: 09:15 Hours notice: 48/048 Priority: NORM
 Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: N
 Duration : 4 WEEK Depth: 4FT

Company : MILLER PIPE LINE Type: CONT
 Co addr : 8850 CRAWFORDSVILLE RD
 City : INDIANAPOLIS State: IN Zip: 46234
 Caller : SARAH HEMINGER Phone: (317)295-6417
 Contact : JR OCHOA--CELL Phone:
 BestTime:
 Mobile : (317)431-9838
 Fax : (317)295-6418
 Email : SARAH.HEMINGER@MILLERPIPELINE.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
 NEED ALL UTILITIES TO RETURN AND REMARK PREVIOUS TICKET 1301210154
 Will you be white-lining the dig site area? NO
 :

Submitted date: 02/05/2013 Time: 09:03
 Members: AEPIN ID8051 ID9108 ID9844 SBCIN SM

Member Name	Facility Types
AMERICAN ELECTRIC POWER	ELECTRIC
AT&T - DISTRIBUTION	COMMUNICATIONS
COMCAST NORTHEAST (ANDERSON)	CABLE TV
ELWOOD UTILITIES	
VECTREN - ANDERSON	GAS



Property of United States Infrastructure Corporation
Photo taken on 2/20/2013 9:54:01 AM



Property of United States Infrastructure Corporation
Photo taken on 2/20/2013 9:54:04 AM



Property of United States Infrastructure Corporation
Photo taken on 2/20/2013 9:54:16 AM



INFORMATION REQUEST

State Form 54909 (R / 3-13)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 4486 _____

Date of Damage (*month, day, year*): February 26, 2013 _____

Location of Damage:

Address (*number and street*): 1522 S. E Str. (Alley between D and E Streets) _____

City, State and ZIP Code: Elwood IN _____

Nearest Intersection: S. E. Street and S. 16th Street _____

Excavator Information:

Business Name: Miller Pipeline _____

Responsible Party Personal Name: Kris Ringham _____

Title (*if any*): Foreman _____

Address (*number and street*): 8850 Crawfordsville Rd. _____

City, State and ZIP Code: Indianapolis, IN 46234 _____

Preferred Telephone Number (area code): 317 293 0278 _____

Email Address: info@millerpipeline.com _____

Utility Information:

Utility Name: Vectren _____

Contact Person: _____

Title (*if any*): _____

Cause of Damage Information

Type of Equipment (*select one*):

Backhoe/Trackhoe

Type of Work Performed (*select one*):

Natural Gas

Repair Cost: \$ _____

Did a leak result from damage: Yes No

Was there ignition: Yes No

Excavator Notify 911 due to leak: Yes No

Excavator Notify 811 upon damage: Yes No

Excavator Notify Utility upon Damage: Yes No

Locate Information

Excavator Request Locate: Yes No

Indiana 811 Locate Ticket Number: 1302181633

Locate Marks Visible: Yes No

Locate Marks Correct: Yes No

Excavator "White Lined": Yes No

Was Locate Provided within Two (2) Working Days: Yes No

Utility Employees On-site during Excavation: Yes No

Incident Information:

Fire Department Response: Yes No

Police Department Response: Yes No

Ambulance Response: Yes No

Additional Information / Comments

Doing a gas service replacement job and while digging near main for new service the back-hoe tooth caught the side of 2" plastic main. Operator had dug same main 15' to the east and locate marks were spot on, so he dug without verifying as our policy says. We issued discipline to this employee for failure to follow company policy.

Printed Name: Ralph Miller

Signature: Ralph Miller Date (month, day, year): April 12, 2013

**If submitting this form electronically, typing your name in the signature box will act as an electronic signature.*

Please return completed form to:

PipelineDamageCase@urc.in.gov

Or mail to:

**Indiana Utility Regulatory Commission
Pipeline Safety Division - Case Number 4486
101 West Washington Street, 1500E
Indianapolis, IN 46204**

**Or fax to:
317-233-2410**