



Pipeline Safety Division Investigation Report

Investigation regarding: Qc Communications

UPPAC Database Record ID: 4843

Report Date: 7/31/2013

Investigator: Mike Orr

Damage Date: 5/21/2013 2:21:46 PM

Damage Address: 1357 S Liberty Dr, Van Buren, Monroe

The Parties

Excavator: Qc Communications

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): \$1647

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes
5/2/2013

Indiana 811 Ticket Number: 1304302985

Original Start Date:

Locate Instructions: LOCATE THE SW CORNER OF BLDG

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 7/24/2013. The excavator had allowed the locate ticket to expire creating the condition of never having had a locate ticket.

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

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



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

INITIAL DOCUMENTS -
OPERATOR

CASE #4843

Submitted to IURC-Pipeline Safety on: 07/31/2013

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 County Rd 100 S

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

Telephone number (area code): 800-421-0582

Fax number (area code): Unknown

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Boring

Type of work performed: Cable TV

Date and Location of Damage

Date of damage (*month, day, year*): 5-21-2013

County: Monroe

City: Bloomington

Street address (*number and street, city, state, and ZIP code*):
1399 Liberty Drive, Bloomington, 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*): 1

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 1,646.51

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? 30

Notification, Locating, Marking

Did excavator request locates prior to commencing work? No

Enter Indiana 811 ticket number, if known: working on expired ticket # 1304302985

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"? Yes

Were special instructions part of the locate request? Unknown/Other

Were maps used to complete the locate request? No

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 maintain clearance

Additional Comments

1" plastic service severed by bore. Expired Locates and failure to maintain clearance.



2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH

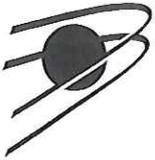
NOW DUE

\$1,646.51

Q C COMMUNICATIONS
7925 W COUNTY RD 100 S
WABASH, IN 46992

Type: GAS
Invoice: FDS0017812
BillToID: 33296
Billing Date: 6/19/2013
Date of Loss: 5/21/2013
5924 103.0510

Please return this portion with your remittance.



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

Q C COMMUNICATIONS
7925 W COUNTY RD 100 S
WABASH, IN 46992

Type: GAS
Invoice: FDS0017812
BillToID: 33296
Billing Date: 6/19/2013
Date of Loss: 5/21/2013

NOW DUE

\$1,646.51

Invoice For Costs to Repair and Reconstruct Damaged Property

Address: 1399 LIBERTY DR, BLOOMINGTON
1" PLASTIC SERVICE SEVERED BY BORE.

Material:	\$96.30
Company Labor:	\$1,222.55
Contract Labor:	\$0.00
Transportation/Equipment:	\$171.59
Misc:	\$0.00
Gas Loss:	\$156.07
Adjustments:	\$0.00
Payments:	\$0.00
Total:	\$1,646.51

5924 103.0510

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

Vectren Claim Number: _____

FDS 0017812

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

Police Report / MO #: _____

Date of Damage 5/21/13

Cost Center # 5924

Time Occurred 2:12 pm am / pm

Time Found 2:30 pm am / pm

Latitude N 39° 155' 46" Longitude W 86° 57' 49"

FACILITIES DAMAGE REPORT

Vectren Claims Camera:

VE02181
4

DAMAGE SITE:
Address 1399 Liberty DR Lot # _____
County Monroe City Bloomington State IN Township Van Buren

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

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 Offset Paint Stakes Whiskers

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: 0 ft / 0 inches (Feet / Inches) *Was right on!*

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

DAMAGE TYPE: Severed Not Cut Severed

Size 1" x 1"

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: 70 min

EFV Activated Yes No N/S

Number of Customers Affected: 1

Total Hours Service Was Off: 1

LEAK REPORT NUMBER: 10538

FEED TYPE: One-Way Feed Two-Way Feed

SERVICE ORDER NUMBER: 5653646

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 _____

WORKING FOR: City County Developer State Property Owner Utility

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

Observation by (ID#): A. BURTON 5065

Name of Locator: WTC

LOCATING ORGANIZATION:

Contract Locator

Unknown / Other

Utility Owner

NOTIFICATIONS AND OTHER DETAILS OF LOCATE:

Locate Ticket: _____

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

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.)

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

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

DAMAGING PARTY:

Name: Q.C. Communications
 Address: 7925 W 100 South Wabash IN
 City/ State/ Zip: Wabash IN 46992
 Phone: (1-800-421-0582)
 Prepared / Investigated By: M. H. Burton Date: 5-21-13

PARTY TO INVOICE:

Name: _____
 Address: _____
 City/ State/ Zip: same
 Phone: (_____)
 Reviewed by Field Supervisor: Kanda Powers Date: 6/3/13

Ticket Portal Production

Ticket Text Photos

Ticket Text

ATTIN Seq: 1638 Transmitted: Tue Apr 30 13:25:07 CDT 2013
 SBCIN 01637 IUPPSa 04/30/2013 14:21:16 1304302985-00A NORM NEW STRT
 NORMAL NOTICE
 Ticket : 1304302985 Date: 04/30/2013 Time: 14:17 Oper: SPOPE Chan:044
 State: IN Cnty: MONROE Twp: VAN BUREN
 Cityname: BLOOMINGTON Inside: Y Near: N
 Subdivision:
 Address : 1357
 Street : S LIBERTY DR
 Cross 1 : W 3RD ST Within 1/4 mile: N
 Location: LOCATE THE SW CORNER OF BLDG
 ***Boring Where = UNDER ROAD
 :
 Grids : 3909C8634B 3909C8634C 3909D8634B 3909D8634C
 Boundary: n 39.155370 s 39.150802 w -86.577584 e -86.574556
 Work type : INSTALL CATV
 Done for : COMCAST
 Start date: 05/02/2013 Time: 14:30 Hours notice: 48/048 Priority: NORM
 Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: N
 Duration : 2 WEEKS Depth: 10 FEET
 Company : QC COMMUNICATIONS Type: CONT
 Co addr : 7925 WEST 100 SOUTH
 City : WABASH State: IN Zip: 46992
 Caller : ANDY DAVID Phone: (800)421-0582
 Contact : ANDY DAVID - CELL Phone:
 BestTime:
 Mobile : (812)327-6055
 Remarks : All tickets are taken and processed on Eastern Daylight Time
 Will you be white-lining the dig site area? YES
 :
 Submitted date: 04/30/2013 Time: 14:17
 Members: ID0002 ID1443 ID2067 ID3147 ID5960 ID8060 ID9411 SBCIN SM

 Email_From: att-tickets@tickets.translore.com
 Email_Subject: ATT Translore - 1304302985
 Email_Sent_Date: 2013-04-30 13:25:07 CDT
 Email_MessageID: <1367346307442.321115576.TransLore.att-tickets@tickets.translore.com>
 Email_host: tickets5.811tickets.com
 Email_user: 811.in.att
 Email_To: 811.in.att@tickets.811tickets.com
 Email_Contenttype: text/plain; charset=ISO-8859-1

Ticket Portal Production

Ticket Text **Photos**

Ticket Text

ATTIN Seq: 1662 Transmitted: Tue May 21 13:23:28 CDT 2013
 SBCIN 01658 IUPPSa 05/21/2013 14:21:50 1305212802-00A EMER DAMG STRT
 DAMAGE SEE REMARKS
 Ticket : 1305212802 Date: 05/21/2013 Time: 14:18 Oper: SPOPE Chan:044
 State: IN Cnty: MONROE Twp: VAN BUREN
 Cityname: BLOOMINGTON Inside: Y Near: N
 Subdivision:
 Address : 1357
 Street : S LIBERTY DR
 Cross 1 : W 3RD ST Within 1/4 mile: N
 Location: LOCATE THE SW CORNER OF BLDG
 ***Boring Where = UNDER ROAD
 :
 Grids : 3909C8634B 3909C8634C 3909D8634B 3909D8634C
 Boundary: n 39.155370 s 39.150802 w -86.577584 e -86.574556
 Work type : INSTALL CATV
 Done for : COMCAST
 Start date: 05/21/2013 Time: 14:19 Hours notice: 0/000 Priority: EMER
 Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: Y
 Duration : 2 WEEKS Depth: 10 FEET
 Company : QC COMMUNICATIONS Type: CONT
 Co addr : 7925 WEST 100 SOUTH
 City : WABASH State: IN Zip: 46992
 Caller : DANIEL HOPPER Phone: (800)421-0582
 Contact : ANDY DAVID - CELL Phone:
 BestTime:
 Mobile : (812)327-6055
 Remarks : All tickets are taken and processed on Eastern Daylight Time
 VECTREN GAS LINE HAS BEEN CUT--LINE IS BLOWING--ADVISED TO CALL 911--LINE WAS
 CUT ON THE WESTSIDE OF PROPERTY APPROX 50FT EAST OF ROAD--APPROX 1/2 INCH--COLOR
 UNKNOWN--CREW ON SITE--PREV TICKET 1304302985--THANK YOU
 Will you be white-lining the dig site area? YES
 :
 Submitted date: 05/21/2013 Time: 14:18
 Members: ID0002 ID1443 ID2067 ID3147 ID5960 ID8060 ID9411 SBCIN SM

 Email_From: att-tickets@tickets.translore.com
 Email_Subject: ATT Translore - 1305212802
 Email_Sent_Date: 2013-05-21 13:23:28 CDT
 Email_MessageID: <1369160608971.1690597260.TransLore.att-tickets@tickets.translore.com>
 Email_host: tickets5.811tickets.com
 Email_user: 811.in.att
 Email_To: 811.in.att@tickets.811tickets.com
 Email_ContentType: text/plain; charset=ISO-8859-1

Wednesday, June 12, 2013

Service Order Status

Enter Service Order Number:

5653646



Stop Order

Return Order

Banner Instance: CS03PROD CS01PROD CS02PROD
Order Number: N5653646
Order Type: LEAK
Order Status: Completed

Customer: 620469965 - 80 BLUM , LLC
Prem: 5787131 - 1399 LIBERTY DR

Technician: 5065 - Burton, Matt

Order Dates and Times

Need Date: 5/21/2013 2:37:00 PM
Time Created: 5/21/2013 2:25:05 PM
Time Dispatched: 5/21/2013 2:25:05 PM
Time In Route: 5/21/2013 2:26:29 PM
Time On-Site: 5/21/2013 2:31:23 PM
Tech Complete: 5/21/2013 4:25:30 PM
Time Closed: 5/21/2013 4:25:30 PM

Events Performed/Completion Code

LKOT - CMP

Meter Information

Current ReadStatus

Old Meter: 21799 Active
New Meter:

Completion Notes

contractor hit 1" pl serv dist made repairs , i tog to cust did relites all app
 l elect ign clk draft,oper ok advised

Request Notes

5-21-13 CHERYL W/BLOOMINGTON 911 DISPATCH REPORTED SOMEONE BORING HIT A:GAS LINE/FD ONSITE-XST CONST
 ITUTION-GAS BLOWING-HOMEWOOD SUITES HOTEL..

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	5/21/2013 2:25:19 PM	Burton, Matt
AsnAssignmentEnRoute_evt	5/21/2013 2:26:29 PM	Burton, Matt
AsnAssignmentOnSite_evt	5/21/2013 2:31:23 PM	Burton, Matt
OrdOrderComplete_evt	5/21/2013 4:25:30 PM	Burton, Matt

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



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION - PIPELINE SAFETY DIVISION

RECEIVED

JUL 24 2013

INDIANA UTILITY
REGULATORY COMMISSION

Case Number: 4843

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: Daniel Hopper

Title (if any): Directional boring foreman

Address (number and street): 7925 W 100 SOUTH WABASH 46992

City, State and ZIP Code: Wabash Indiana 46992

Preferred Telephone Number (area code): 1800-421-0582

Cellular Telephone Number (area code): 765 475 3213

Email Address: _____

Facility Information:

Business Name: Vectron

Responsible Party Personal Name: Randa Powers

Title (if any): Supervisor

Address (number and street): 205 South Madison

City, State and ZIP Code: Bloomington

Preferred Telephone Number (area code): 317 997 3939

Cellular Telephone Number (area code): _____

Email Address: _____

Locator Service Information:

Business Name: USIC

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): Directional bore

Type of Work Performed (select one): Install conduit

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

Personal Contact: 765 475 3213

Business/Organization Name: QC Communications

Title (if any): Foreman

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

City, State and ZIP Code: Wabash, In. 46992

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

Cellular Telephone Number (area code): _____

Email Address: _____

Utility Line Impact

Location of Damage:

Address (number and street): 1357 S. Liberty Dr.

City, State and ZIP Code: Bloomington Indiana

Nearest Intersection: West 3rd St.

Product Type (select one): Plastic

Facility Type (select one): GAS

Size (Diameter/etc.): 1" service line

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: 1304302985

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

Joshua Masters

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

Gas line was hand-dug and spotted at 34" on Friday May 17, 2013. A trench was dug across power line (4 feet away) and gas together at 2" (feet) deep. On first attempt I bored into a large buried rock 5' from gas line and broke my bore rod (May 20, 2013). We came back Tuesday May 21 to finish job (unaware of expired ticket, May 20) bored out and around rock, struck gasline as we entered the hole from a different angle,

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 1305212802

Your Full Name: Daniel Howard Hopper

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

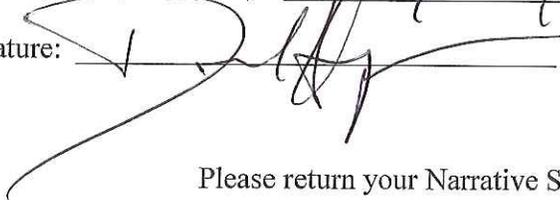
Your Business Title (if applicable): Foreman (Underground/directional bore)

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

City: Wabash State: IN ZIP Code: 46992

Your E-mail Address: _____

Today's Date (month, day, year): May 21, 2013

Your Signature:  Title (if any) Foreman

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 4843
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

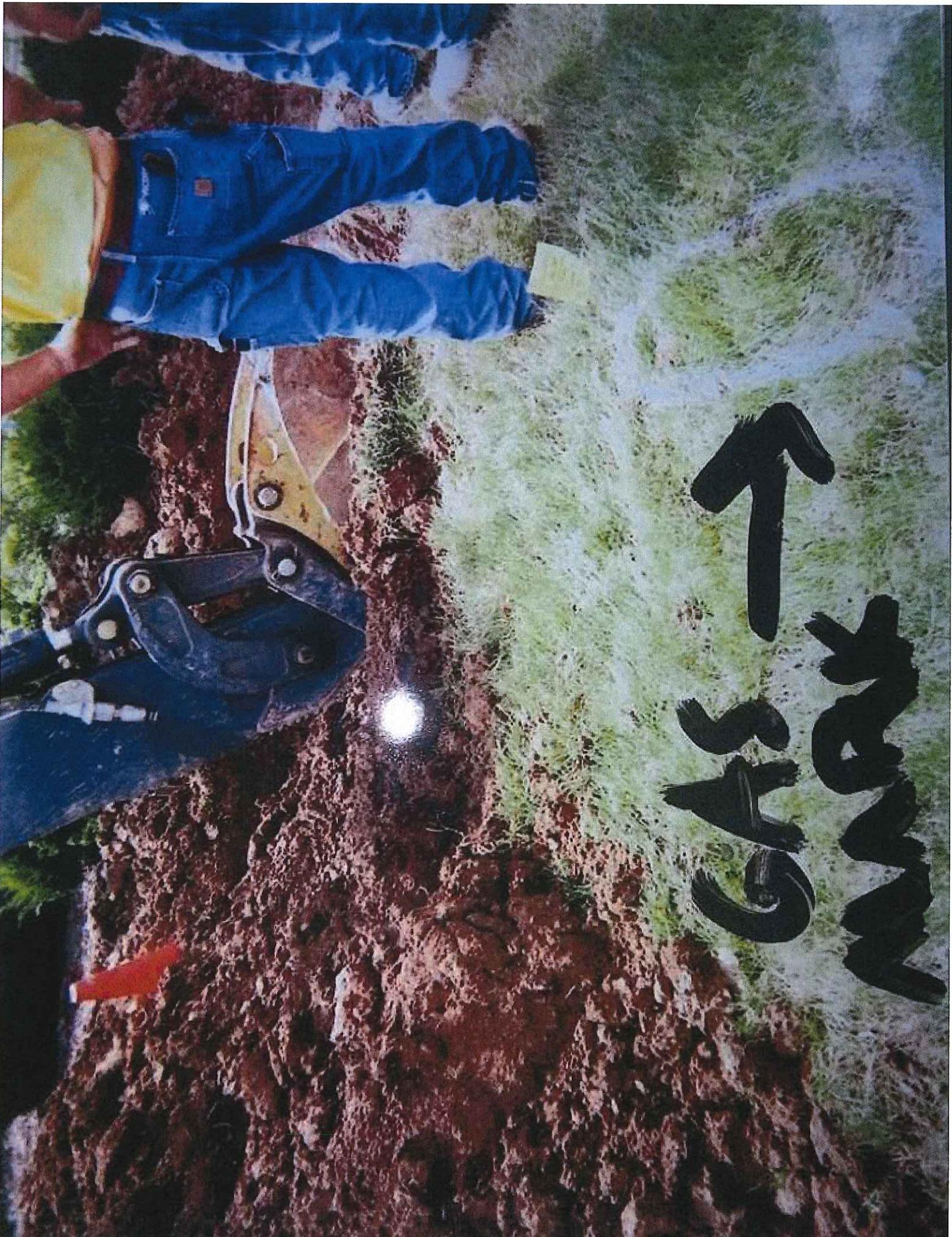
PipelineDamageCase@urc.in.gov

Underground Utility Accident Report

Company Name: <u>Q Communications</u> Address: <u>7925 W 100 South</u> (main Office) <u>WARSAH IN, 46992</u>	Job Name: <u>Victory Lane Quick Oil</u> Address: <u>1357 S. Liberty Dr.</u> <u>Bloomington IN</u>
Crew Members Names Supervisor: <u>Daniel Hopper</u> Workers: <u>Josh Masters</u>	Name of Other Witnesses (include phone #, Address or employer's name, if possible) _____ _____
Description of Job: <u>bore new 2" conduit</u>	
Were Utility Lines marked? Yes <input checked="" type="checkbox"/> No _____ Name/Phone# Locator Service: <u>OSIC</u>	
Locator Log # (Confirmation #) _____ Date Marked: _____ By Whom: _____	
Date of Accident <u>5-21-13</u> Time of Accident <u>app 1:15 pm</u>	
Accident Description (Describe How the Accident Occurred) <u>bored up to gas line, went out and around big rock buried in the ground</u> <u>came into the hole too low, locator couldnt see the head coming in.</u> <u>pushed too far / struck 1" gas service line.</u>	
Describe Damaged Property <u>1" gas service line</u>	
List Owner of damaged Property Name: <u>Hilton Hotel</u> Address: <u>1399 Liberty Dr</u> Phone: <u>855-277-4942</u>	
Sketch of Job Where Accident Occurred (Sketch) Show Trench Point of Damage (Approx.) Location & Depth of Utility Line Where were Marked & Unmarked Identify Location Of Photos Show Direction Of North	
List Names of Emergency Response Personnel (Police, Fire, EMTs, ect.) Names: <u>Fire / EMS</u> Badge# _____	
Name of Person Completing This Report: (Print Name) <u>Daniel Hopper</u> (Signature) _____	
Name of Photographer (If Video or Photos(s) were taken) (Print Name) <u>Daniel Hopper</u>	
When was Report Completed (Date) <u>5-21-13</u> (Time) <u>7:00 pm</u>	







GAS



BORE

PATH

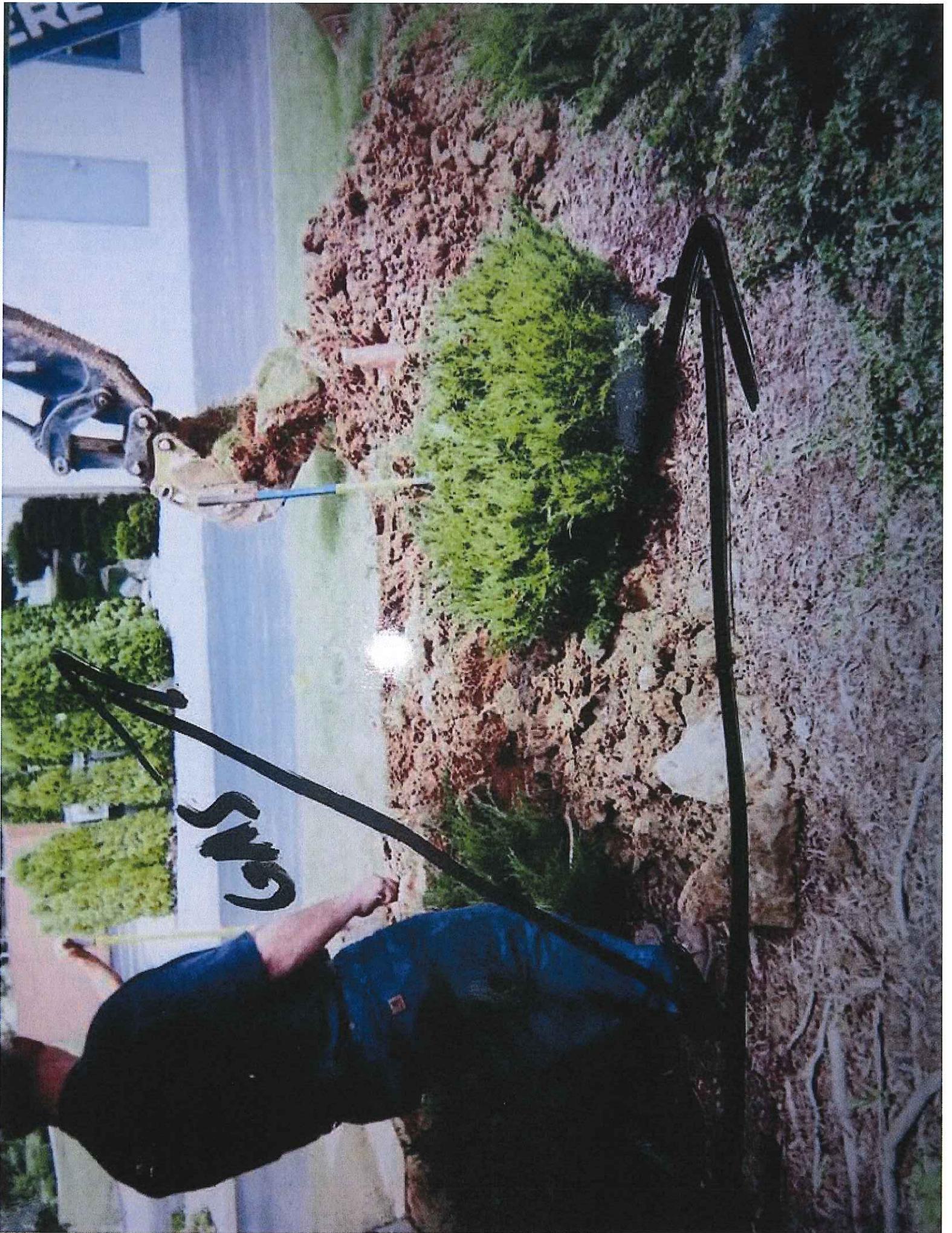


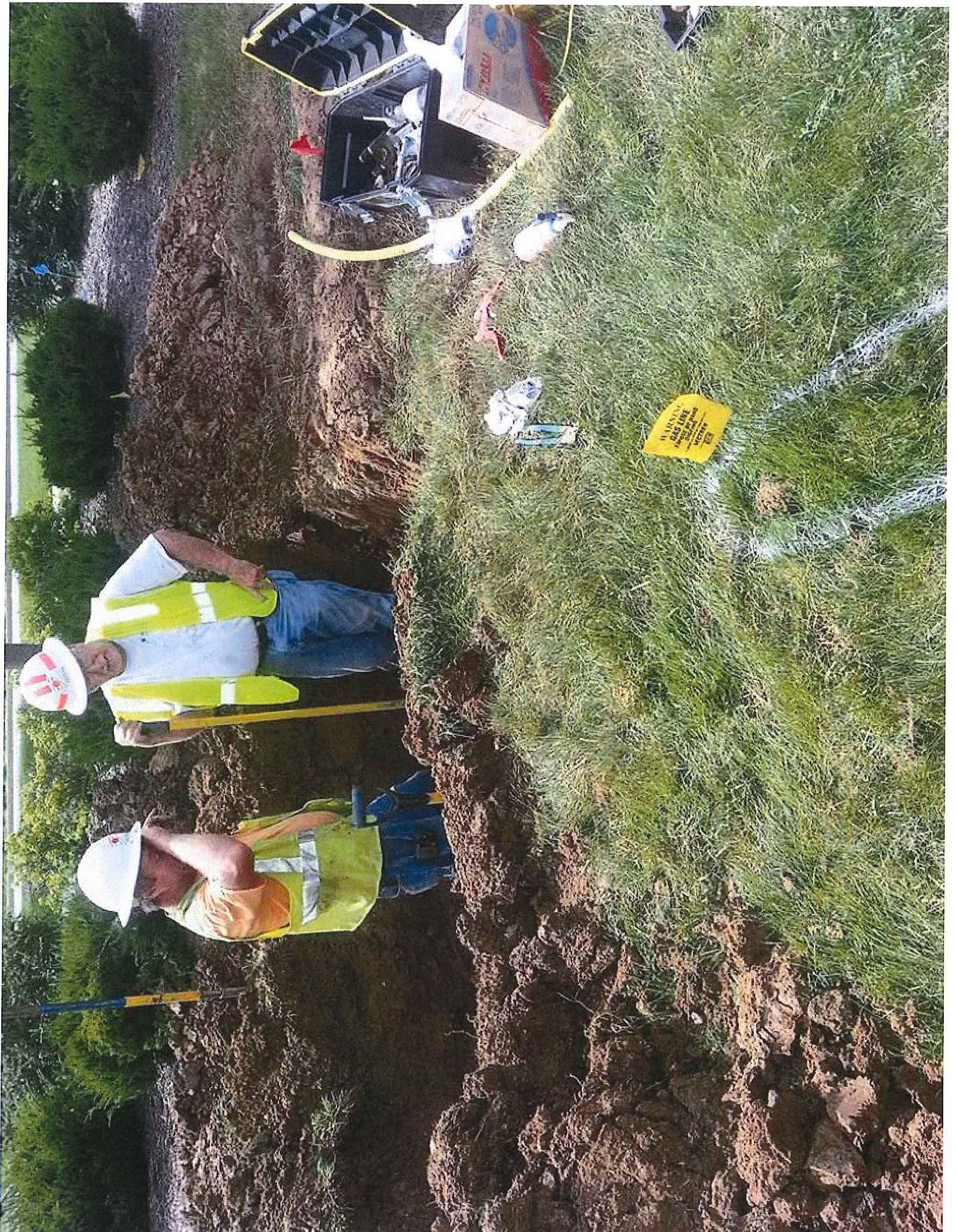
OR
BIRTH
DATE

SEX



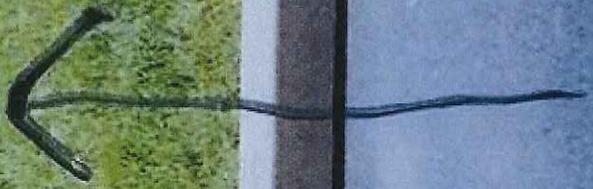








PIPE PATH



GAS LINE

