



## Pipeline Safety Division Investigation Report

### Investigation regarding: Dk Concrete - Daniel Padilla Perez

UPPAC Database Record ID: 4965

Report Date: 9/20/2013

Investigator: Mike Orr

Damage Date: 5/31/2013

Damage Address: 5919 Solomon Harmon Way, Whitestown, Boone

### The Parties

Excavator: **Dk Concrete - Daniel Padilla Perez**

Address: 580 English Village Drive #201, Indianapolis, In 46239-2177

Facility Owner: **Vectren**

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Data Not Collected

Type of Work Performed: Curb / Sidewalk

### Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: Yes

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$663

### 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 curb/sidewalk work.

**Findings:** Reported by John Burke (Vectren); excavator did not respond to nor claim initial notice mailed 7/25/2013. Excavator failed to provide notice of excavation to the association (N811).

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

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



**DAMAGE INFORMATION REPORT – PIPELINE SAF**

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

INITIAL DOCUMENTS -  
OPERATOR

CAGE # 4965

Submitted to IURC-Pipeline Safety on: 8/16/2013

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**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

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**Excavator Information, if known**

Full name: DK Concrete

Business address (number and street): 1548 N German Church Rd

City, State, and ZIP code: Indianapolis, IN 46229

Telephone number (area code): Unknown

Fax number (area code): Unknown

E-mail address: Unknown

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**Excavation or Demolition Information**

Excavator type: Contractor

Excavation or demolition equipment: Data Not Collected

Type of work performed: Curb/Sidewalk

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**Date and Location of Damage**Date of damage (*month, day, year*): 5-31-2013County: BooneCity: WhitestownStreet address (*number and street, city, state, and ZIP code*):  
5919 Solomon Harmon Way, Whitestown, INNearest intersection: UnknownRight of way where damage occurred: Private - Land OwnerWas 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*): 2Enter number of injuries, if applicable and known: 0Enter number of fatalities, if applicable and known: 0Property damage, Estimate \$ 663.29

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**Affected Facility Information**What type of pipeline was damaged? Natural GasWhat was the affected facility? Service/Drop

What was the depth of the facility, in inches? \_\_\_\_\_

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**Notification, Locating, Marking**Did excavator request locates prior to commencing work? NoEnter Indiana 811 ticket number, if known: None

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? Data Not Collected

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: 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? Unknown/Other

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

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### Additional Comments

1" plastic service damaged by form stake. Did not request locates.



2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH

**NOW DUE**  
  
**FINAL**  
**\$663.29**

DK CONCRETE  
1548 N GERMAN CHURCH ROAD  
INDIANAPOLIS, IN 46229

Type: GAS  
Invoice: FDS0017855  
BillToID: 33355  
Billing Date: 7/19/2013  
Date of Loss: 5/31/2013  
5954 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

DK CONCRETE  
1548 N GERMAN CHURCH ROAD  
INDIANAPOLIS, IN 46229

Type: GAS  
Invoice: FDS0017855  
BillToID: 33355  
Billing Date: 7/19/2013  
Date of Loss: 5/31/2013

**NOW DUE**  
  
**FINAL**  
**\$663.29**

**Invoice For Costs to Repair and Reconstruct Damaged Property**

Address: 5919 SOLOMON HARMON WAY, WHITESTOWN

1" PLASTIC SERVICE DAMAGED BY FORM STAKE. DID NOT REQUEST LOCATES & FAILURE TO MAINTAIN CLEARANCE.

Material:	\$19.80
Company Labor:	\$547.03
Contract Labor:	\$0.00
Transportation/Equipment:	\$84.87
Misc:	\$0.00
Gas Loss:	\$11.59
Adjustments:	\$0.00
Payments:	\$0.00
<b>Total:</b>	<b>\$663.29</b>

5954 103.0510

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

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

FDS 0017855

Task No: 103-0510 Capital / O & M (circle one)

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

Date of Damage 5 / 31 / 2013

Cost Center # Danville

Time Occurred 8:45 am / pm

Time Found 9:14 am / pm

Latitude 39.573180 Longitude: -86.211650

# FACILITIES DAMAGE REPORT

Vectren Claims Camera:

VE02500  
4

DAMAGE SITE: Address 5919 Solomon Harmon Way Lot # 108

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

County BOONE City Whitestown State IN Township EAGLE

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: 5/31/13

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: \_\_\_\_\_ (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~~ Punctured  
Size 3/8 x 3/8

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: 1 / Min

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

EFV Activated  Yes  No  N/S

Number of Customers Affected: 1

Total Hours Service Was Off: 2

Observation by (ID#): \_\_\_\_\_

FEED TYPE:  One-Way Feed  Two-Way Feed

Name of Locator: \_\_\_\_\_

LOCATING ORGANIZATION:  
 Contract Locator  
 Unknown / Other  
 Utility Owner

SERVICE ORDER NUMBER: \_\_\_\_\_

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

NOTIFICATIONS AND OTHER DETAILS OF LOCATE:  
 Locate Ticket: NONE 5/1/13 to 5/31/13

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

**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.)

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

**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: PK Concrete  
 Address: 1548 N German Church Rd  
 City/ State/ Zip: Indianapolis IN 46229  
 Phone: ( 317 ) 332-2054  
SteeleSmith - 317-997-3996 5-31-13  
 Prepared / Investigated By: \_\_\_\_\_ Date: \_\_\_\_\_

**PARTY TO INVOICE:**

Name: Same  
 Address: \_\_\_\_\_  
 City/ State/ Zip: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
S Alexander 6/4/13  
 Reviewed by Field Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor Installing stakes for front porch  
 Drove 2x4 into 1" PL Service Loates  
 were Perfect And Good - Please Bill Them

**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:**

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- 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: DK Concrete  
 Address: 1548 N German Church Rd  
 City/ State/ Zip: Indianapolis IN 46229  
 Phone: ( 317 ) 332-2054  
Steelsmith - 317-997-3996 5-31-13  
 Prepared / Investigated By: \_\_\_\_\_ Date: \_\_\_\_\_

**PARTY TO INVOICE:**

Name: Same  
 Address: \_\_\_\_\_  
 City/ State/ Zip: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
S Alexander 6/4/13  
 Reviewed by Field Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor Installing Stakes for Front Porch  
 Drove 2x4 into 1" PL Service Loates  
 were Perfect and Good - Please Bill Them

Friday, August 16, 2013

# Service Order Status

Enter Service Order Number:

5669186



**Banner Instance:**  CS03PROD  CS01PROD  CS02PROD

**Order Number:** N5669186

**Order Type:** LEAK

**Order Status:** Completed

**Customer:** 620992722 - BILTRITE HOMES LLC

**Prem:** 5738697 - 5919 SOLOMON HARMON WAY

**Technician:** 2822 - Steelsmith, Greg

**Order Dates and Times**

**Need Date:** 5/31/2013 9:01:00 AM

**Time Created:** 5/31/2013 8:48:14 AM

**Time Dispatched:** 5/31/2013 8:48:15 AM

**Time In Route:** 5/31/2013 8:48:40 AM

**Time On-Site:** 5/31/2013 9:14:30 AM

**Tech Complete:** 5/31/2013 10:26:09 AM

**Time Closed:** 5/31/2013 10:26:09 AM

**Events Performed/Completion Code**

LKOT - CMP

**Meter Information**

**Current ReadStatus**

**Old Meter:** 0000 Active

**New Meter:**

**Completion Notes**

concrete co drove stake thru well located service/fds 0017855//henderson crew re paired service

**Request Notes**

ODOR AT MTR PER BOB FERSCH... SOMEONE ONSITE....ADV SAFETY.... XST ?????...NO PETS....PH 317-714-152 0....THANKS

**MDSI Event Dates and Times**

**Event**

**Date/Time**

**User**

AsnAssignmentEnRoute\_evt

5/31/2013 8:48:40 AM

Steelsmith, Greg

AsnAssignmentManualAck\_evt

5/31/2013 8:48:42 AM

Steelsmith, Greg

AsnAssignmentOnSite\_evt

5/31/2013 9:14:30 AM

Steelsmith, Greg

OrdOrderComplete\_evt

5/31/2013 10:26:09 AM

Steelsmith, Greg

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

Friday, August 16, 2013

# Service Order Status

Enter Service Order Number:

5669192



**Banner Instance:**  CS03PROD  CS01PROD  CS02PROD

**Order Number:** N5669192

**Order Type:** LEAK

**Order Status:** Completed

**Customer:** 620992722 - BILTRITE HOMES LLC

**Prem:** 5738697 - 5919 SOLOMON HARMON WAY

**Technician:** 2822 - Steelsmith, Greg

**Order Dates and Times**

**Need Date:** 5/31/2013 9:09:00 AM  
**Time Created:** 5/31/2013 8:56:24 AM  
**Time Dispatched:** 5/31/2013 8:56:25 AM  
**Time In Route:** 5/31/2013 10:26:39 AM  
**Time On-Site:** 5/31/2013 10:26:51 AM  
**Tech Complete:** 5/31/2013 10:28:32 AM  
**Time Closed:** 5/31/2013 10:28:32 AM

**Events Performed/Completion Code**

LKOT - CMP

**Meter Information**

**Current ReadStatus**

**Old Meter:** 0000 Active

**New Meter:**

**Completion Notes**

completed on other order

**Request Notes**

5/31/13-PER ANDY W/ BILTRITE HOMES- HIT/ BLOW LINE/ LAY CEMENT FOR FT PORCH/ PUNCTURE LINE W/ STAKE/ NO GAS ENTER INSIDE/ X-RD- SR 334/ CR 600/ NO PETS/ NEW CONSTRUC/ POC DANIEL-PH 317-332-2054/ NO L OC CALLED/ ADV PREC/ ON SITE

**MDSI Event Dates and Times**

Event	Date/Time	User
AsnAssignmentEnRoute_evt	5/31/2013 10:26:39 AM	Steelsmith, Greg
AsnAssignmentManualAck_evt	5/31/2013 10:26:42 AM	Steelsmith, Greg
AsnAssignmentOnSite_evt	5/31/2013 10:26:51 AM	Steelsmith, Greg
OrdOrderComplete_evt	5/31/2013 10:28:32 AM	Steelsmith, Greg

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



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jun 7, 2013

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### Who is submitting this information?

Name of person providing this information: John Burke (Vectren)

Business address (*number and street*): 1995 E. Main St

City, State, and ZIP code: Danville, IN 46122

Telephone number (*area code*): (317) 776-5566

Fax number (*area code*): (317) 718-3677

E-mail address: jburke@vectren.com

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### Excavator Information, if known

Full name: DK Concrete - Daniel Padilla Perez

Business address (*number and street*): 580 English Village Drive #201

City, State, and ZIP code: Indianapolis, IN 46239-2177

Telephone number (*area code*): (317) 332-2054

Fax number (*area code*): \_\_\_\_\_

E-mail address: dkconcrete21@yahoo.com

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### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Hand Tools

Type of work performed: Curb/Sidewalk

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**Date and Location of Damage**

Date of damage (*month, day, year*): May 31, 2013

County: Boone

City: Whitestown

Street address (*number and street, city, state, and ZIP code*):  
5919 Solomon Harmon Way

Nearest intersection: Bliss Point West

Right of way where damage occurred: Public - City Street

Was there a release of product? Yes

If yes, was there an ignition of product? No

Were evacuations necessary as a result of release? Yes

If yes, how many evacuated? 1

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 \$ 800

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**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? 24

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**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? 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 and Flags

If other, please specify: \_\_\_\_\_

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? No

Did the excavator notify 911 in the event of a release of product? No

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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

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### **Additional Comments**

Contractor was driving stake in ground for concrete form support.

Damaging contractor did not call for locates. Locates were called in by 3 other entities. MAO 6/14/2013.