



Pipeline Safety Division Investigation Report

Investigation regarding: **Masterscape**

UPPAC Database Record ID: 3272

Investigator: Howard Friend

Report Date: 8/10/2012

Damage Date: 6/25/2012 2:53:01 PM

Damage Address: 2501 Lafayette Rd

City: Crawfordsville

County: Montgomery

The Parties

Excavator: **Masterscape**

Contact: Clint Knoy, Owner

Address: 4011 Old In Rt 55 North, Crawfordsville, In 47933

Telephone:

Facility Owner: Vectren

Contact: Darlene Kulhanek

Address: 1 N Main Street, Evansville, IN 47702

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Investigation regarding: Masterscape

UPPAC Database Record ID: 3272

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 2

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$954.02999999999997

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1206074019

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Site Development

Synopsis: A natural gas service was damaged during excavation for site development.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 8/9/2012. Excavator had a valid locate request and the operator provided accurate locate markings. Excavator admits to a failure to maintain clearance>

Conclusion: Excavator failed to maintain the required clearance with mechanized equipment.

Violation: IC 8-1-26-20(b): Failure to plan excavation to avoid damage or interference with underground facilities; Failure to maintain two (2) feet clearance with mechanized equipment.

Masterscape currently has no other reports of damages in the record.



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

July 13, 2012

Ms. Darlene Kulhanek
Vectren
1 N Main Street
Evansville, IN 47702

Subject: Investigation Request for Information

Date of Event: 6/25/2012

Event Location: 2501 Lafayette Rd, Crawfordsville

Facility Owner: Vectren

Excavator: Masterscape

Other Party: N/A

Pipeline Division Case No. 3272

Dear Ms. Kulhanek:

Pursuant to Indiana Code 8-1-26, the *Indiana Damage to Underground Facilities Act*, the Pipeline Safety Division of the Indiana Utility Regulatory Commission ("Pipeline Division") is required to investigate reported incidents of alleged statutory violations involving underground pipeline safety. The purpose of this statute is to promote excavation and pipeline safety and to reduce the imminent danger to life, health, property, or loss of service associated with unsafe digging practices. Please note that the investigation does not entail determining criminal liability or a civil determination of fault or damages; however, it does determine whether any statutory violations were committed regarding public safety.

The Pipeline Division received information regarding potential statutory violations regarding the date and location referenced above. You were identified as a person or entity that might have information that would assist the Pipeline Division in its investigation. Therefore, we have contacted you in order to receive the full account of information in order to make a fair determination related to the circumstances of this incident.

We have asked all involved parties, entities and witnesses to provide *written* information within *30 days* in order to meet legal deadlines to conclude our investigation. **Please consider this letter as a formal request to receive any and all information and evidence (including a narrative, documentation, maps, photographs or any other written information) you can access regarding anything you may know about the incident referenced above.**



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: 07-19-2012

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: Masterscape

Business address (*number and street*): 4011 Old In RT 55 North

City, State, and ZIP code: Crawfordsville, IN 47933

Telephone number (*area code*): 765-366-5458

Fax number (*area code*): Unknown

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Data Not Collected

Date and Location of Damage

Date of damage (*month, day, year*): 6-25-2012

County: Montgomery

City: Crawfordsville

Street address (*number and street, city, state, and ZIP code*):
2501 Lafayette Rd., Crawfordsville, IN

Nearest intersection: Unknown

Right of way where damage occurred: Private - Business

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? 2

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 \$ 954.03

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: 1206074019

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 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? 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

1" plastic service severed by hoe. Not hand exposed.



2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH

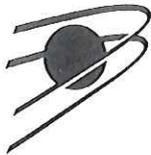
NOW DUE

\$954.03

MASTERSCAPE
4011 N OLD STATE ROAD 55
CRAWFORDSVILLE, IN 47933

Type: GAS
Invoice: FDS0016455
BillToID: 32181
Billing Date: 7/13/2012
Date of Loss: 6/25/2012
5958 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

MASTERSCAPE
4011 N OLD STATE ROAD 55
CRAWFORDSVILLE, IN 47933

Type: GAS
Invoice: FDS0016455
BillToID: 32181
Billing Date: 7/13/2012
Date of Loss: 6/25/2012

NOW DUE

\$954.03

Invoice For Costs to Repair and Reconstruct Damaged Property

Address: 2501 LAFAYETTE RD, CRAWFORDSVILLE

1" PLASTIC SERVICE SEVERED BY HOE. NOT HAND EXPOSED.

Material:	\$32.88
Company Labor:	\$379.00
Contract Labor:	\$446.89
Transportation/Equipment:	\$55.78
Misc:	\$0.00
Gas Loss:	\$39.48
Adjustments:	\$0.00
Payments:	\$0.00
<hr/> Total:	\$954.03

5958 103.0510

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

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

Vectren Claim Number: _____

Date of Damage 6/25/12

Police Report / MO #: _____

Cost Center # 5953

FACILITIES DAMAGE REPORT

GAS

Vectren Claims Camera:

Time Occurred 3:03 am/pm

VE00349
Form 3000

Time Found 3:03 am/pm

Latitude 40.07391 Longitude: 86.90682

DAMAGE SITE:

Address 2501 Lafayette Rd Lot # _____

FACILITY TYPE:

- Distribution Propane
- Service Storage
- Transmission: (include supplemental report)

County Montgomery City Crawfordsville State _____ Township Union

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
- Offset Paint Stakes Whiskers
- Locate Marking Faded: Yes No N/S
- Wrong Address Requested Yes No N/S

TYPE OF MATERIAL:

- Cast Iron
- Plastic (HDPE)
- Plastic (MDPE)
- Steel
- Other _____

DAMAGE TYPE:

- Severed
- Not Cut
- Severed
- Size _____ x _____

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: 17

LEAK REPORT NUMBER:

09005

EFV Activated Yes No N/S

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

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

Observation by (ID#): 1976 - Locates good

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: SEE NOTES
 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

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 *Miller*
- Name of Contractor: Miller
- # of Regular Hours: 5 hrs
- # of Overtime Hours: 1.0 hrs
- # of Regular Hours: _____
- Crew Type: Hourly

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

MATERIALS OR ROAD WORK:

- Meter was replaced NA (Stores Code)
- Regulator Was Replaced NA (Stores Code)
- Temporary Asphalt Repair: NA (sq. ft.)
- Permanent Asphalt Repair: NA (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: Master scope
 Address: 4011 N Old State Rd 55
 City/ State/ Zip: Crawfordsville 47933
 Phone: (765) 366-5458
 Prepared / Investigated By: Daryl Harmon Date: _____

PARTY TO INVOICE:

Name: Same
 Address: _____
 City/ State/ Zip: _____
 Phone: () _____
 Reviewed by Field Supervisor: _____ Date: _____

NOTE. CONTRACTOR DID NOT HAVE LOCATE # ON SITE AND DID NOT WRITE DOWN THE DAMAGE #. AMT MAX # 8004265

NORMAL NOTICE

Ticket : 1206074019 Date: 06/07/2012 Time: 19:12 Oper: AHUNTER Chan:016

State: IN Cnty: MONTGOMERY Twp: UNION
 Cityname: CRAWFORDSVILLE Inside: Y Near: N
 Subdivision:

Address : 2501
 Street : LAFAYETTE RD
 Cross 1 : INDUSTRIAL BLVD Within 1/4 mile: Y
 Location: LOCATE-- THE REAR OF THE PROPERTY--- THIS SUNOCO GAS STATION
 :
 Grids : 4004C8654C 4004B8654C

Work type : INSTALL CONDUIT AND FOUNDATION
 Done for : CARL SCHWABE
 Start date: 06/12/2012 Time: 07:00 Hours notice: 107/048 Priority: NORM
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
 Duration : 1 DAY Depth: 3 FEET

Company : MASTERSCAPE Type: HOME
 Co addr : 4011 OLD IN RT 55 NORTH
 City : CRAWFORDSVILLE State: IN Zip: 47933
 Caller : CARL SCHWABE Phone: (765)366-5458
 Contact : CARL SCHWABE--CELL Phone:
 BestTime:
 Mobile : (765)366-1158
 Email : CARLSCHWABE@MIDWESTCLEANFUEL.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
 Will you be white-lining the dig site area? YES
 :

Submitted date: 06/07/2012 Time: 19:12
 Members: ID0059 ID1900 ID5170 ID5693 ID5958 ID6161 ID7211 ID9411 SBCIN SM

Member Name	Facility Types
AT&T - DISTRIBUTION	COMMUNICATIONS
COMCAST / CRAWFORDSVILLE	CABLE TV
CRAWFORDSVILLE ELECTRIC LIGHT & POWER	ELECTRIC
CRAWFORDSVILLE WASTEWATER DEPT	
IN AMERICAN WATER CRAWFORDSVILLE	WATER
QWEST COMMUNICATIONS	FIBER OPTIC
TIPMONT R.E.M.C.	ELECTRIC
VECTREN-CRAWFORDSVILLE	GAS
VECTRENS-HCJMR	

[View Map](#)

[Close Map](#)

DAMAGE SEE REMARKS

Ticket : 1206252992 Date: 06/25/2012 Time: 14:48 Oper: SHARRIS Chan:089

State: IN Cnty: MONTGOMERY Twp: UNION
 Cityname: CRAWFORDSVILLE Inside: Y Near: N
 Subdivision:

Address : 2501
 Street : LAFAYETTE RD
 Cross 1 : INDUSTRIAL BLVD Within 1/4 mile: Y
 Location: LOCATE-- THE REAR OF THE PROPERTY--- THIS SUNOCO GAS STATION
 :
 Grids : 4004C8654C 4004B8654C

Work type : INSTALL CONDUIT AND FOUNDATION
 Done for : CARL SCHWABE
 Start date: 06/25/2012 Time: 14:48 Hours notice: 0/000 Priority: EMER
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
 Duration : 1 DAY Depth: 3 FEET

Company : MASTERSCAPE Type: HOME
 Co addr : 4011 OLD IN RT 55 NORTH
 City : CRAWFORDSVILLE State: IN Zip: 47933
 Caller : CLINT KNOY Phone: (765)366-5458
 Contact : CARL SCHWABE--CELL Phone:
 BestTime:
 Mobile : (765)366-1158
 Email : CARLSCHWABE@MIDWESTCLEANFUEL.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
 A VECTREN GAS LINE HAS BEEN DAMAGED AND BLOWING ON THE WEST SIDE OF PARKING LOT
 - SIZE 3/4 INCH IN DIAMETER - COLOR ORANGE - MATERIAL PLASTIC - HAS ADVISE TO
 CALL 911 - HAVE ADVISED TO CALL VECTREN - CREW ON SITE - PREVIOUS TICKET NUMBER
 1206074019

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

:

Submitted date: 06/25/2012 Time: 14:48
 Members: ID0059 ID1900 ID5170 ID5693 ID5958 ID6161 ID7211 ID9411 SBCIN SM

Member Name	Facility Types
AT&T - DISTRIBUTION	COMMUNICATIONS
COMCAST / CRAWFORDSVILLE	CABLE TV
CRAWFORDSVILLE ELECTRIC LIGHT & POWER	ELECTRIC
CRAWFORDSVILLE WASTEWATER DEPT	
IN AMERICAN WATER CRAWFORDSVILLE	WATER
QWEST COMMUNICATIONS	FIBER OPTIC
TIPMONT R.E.M.C.	ELECTRIC
VECTREN-CRAWFORDSVILLE	GAS
VECTRENS-HCJMR	

[View Map](#) | [Close Map](#)

Service Order Status

Friday, July 6, 2012

Enter Service Order Number:

5288937



Go Back Action List

Banner Instance: CS03PROD CS01PROD CS02PROD

Order Number: N5288937

Order Type: LEAK

Order Status: Completed

Customer: 600503725 - STAR AMBULANCE SRVC

Prem: 5284230 - 2501 LAFAYETTE RD

Technician: 1976 - Harmon, Daryl

Order Dates and Times

Need Date: 6/25/2012 3:10:00 PM
Time Created: 6/25/2012 3:04:06 PM
Time Dispatched: 6/25/2012 3:04:05 PM
Time In Route: 6/25/2012 3:04:54 PM
Time On-Site: 6/25/2012 3:11:38 PM
Tech Complete: 6/25/2012 4:17:46 PM
Time Closed: 6/25/2012 4:17:46 PM

Events Performed/Completion Code

LKOT - CMP

Meter Information

Current ReadStatus

Old Meter: 0000 Active

New Meter:

Completion Notes

found 1 inch cut service--shut off at curb valve--miller crew to repair

Request Notes

BACK HOLE HAS TORN GAS LINE IN TWO AND GAS IS BLOWING PER CLINT KNOY(MASTER SCAPE) 765-366-5458 CE.. LINES WERE LOCATED..NO PETS..50 FT FROM BUILDINGS NOT GET I.S..THERE IF NEEDED..IN BACK YARD ...XST INDUSTRIAL BLVD..

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	6/25/2012 3:04:53 PM	Harmon, Daryl
AsnAssignmentEnRoute_evt	6/25/2012 3:04:54 PM	Harmon, Daryl
AsnAssignmentOnSite_evt	6/25/2012 3:11:38 PM	Harmon, Daryl
OrdOrderComplete_evt	6/25/2012 4:17:46 PM	Harmon, Daryl

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

Case Number: 3272

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: Masterscape

Responsible Party Personal Name: Clint Knoy

Title (if any): Owner

Address (number and street): 4011 N Old State Road 55

City, State and ZIP Code: Crawfordsville, IN 47933

Preferred Telephone Number (area code): 765-359-1906

Cellular Telephone Number (area code): 765-366-5458

Email Address: masterscape@hughes.net

Facility Information:

Business Name: Vectren Gas

Responsible Party Personal Name: _____

Title (if any): _____

Address (number and street): 1239 Reliable Parkway

City, State and ZIP Code: Chicago, IL 60686

Preferred Telephone Number (area code): 877-902-2934

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*): Backhoe/Trackhoe

Type of Work Performed (*select one*): Site Development

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*): 2501 Lafayette Road

City, State and ZIP Code: Crawfordsville, IN 47933

Nearest Intersection: Industrial Boulevard

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Service/Drop

Size (Diameter/etc.): 3/4" plastic

Pressure (PSIG/Inches): _____

Interruption in Service: Yes No **Number of Customers Affected:** _____

Evacuation: Yes No **If yes, How Many Evacuated?** _____

Repair Cost (if known): \$ 954.03

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: 1206074019

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

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

This is the first pipeline incident this company has had.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3272

Your Full Name: Clint Knoy

Full Name of Business / Entity (if applicable): Masterscape

Your Business Title (if applicable): Owner

Address (number and street): 4011 N Old State Road 55

City: Crawfordsville State: IN ZIP Code: 47933

Your E-mail Address: masterscape@hughes.net

Today's Date (month, day, year): 08/09/2012

Your Signature: _____ Title (if any) Owner

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3272
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov