



Pipeline Safety Division Investigation Report

Investigation regarding: CSU INC

UPPAC Database Record ID: 3185

Investigator: Howard Friend

Telephone: (317) 650-9105

Report Date: 7/30/12

The Parties

Excavator: CSU Inc

Contact: Lori L. Paul

Address (City, State): 3919 Clarks Creek Rd., Plainfield, IN 46168

Telephone: 317-972-0802

Facility Owner Information:

Business Name: Vectren

Contact: Darlene Kulhanek

Address (City, State): 1 N Main Street, Evansville, IN 47702

Telephone: (812) 491-4227

Utility Line Impact:

Damage Date: 6/14/12

Damage Address: 304 S IN RTE 446

City: Bloomington

County: Monroe

Pipeline Facility

Product Type: Natural Gas

Facility Type/Function: Service

Facility size: 1”

Service Interruption: Yes

Number of Customers One

Repair Cost (if known): \$213.64

Excavator Activities/Cause of damage information:

Type of Equipment: Backhoe

Type of work performed: Cable

Product release: TV

Ignition: No

Excavator notify 811: Yes

Locate Information:

Excavator request locates: Yes

Indiana 811 ticket Number: 1206120695

Incident Impact Information:

Injuries: None

Fatalities: None

Synopsis: A 1” natural gas service was damaged during excavation to install a cable TV line.

Findings: The excavator has a valid locate request and the operator accurately located to underground facility.

Conclusion: The excavator failed to maintain two (2) feet of clearance with mechanized equipment.

Violation: IC 8-1-26-20(b): Failure to plan excavation to avoid damage or interference with underground facilities.

NO

LOCATE

TICKET

PROVIDED



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: 6/14/2012

Event Location: 304 S In Rt 446, Bloomington

Facility Owner: Vectren

Excavator: C S U Incorporated

Other Party: N/A

Pipeline Division Case No. 3185

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: 07-18-2012

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: CSU Inc.

Business address (*number and street*): 3919 Clarks Creek Road

City, State, and ZIP code: Plainfield, IN 46168

Telephone number (*area code*): 317-972-0802

Fax number (*area code*): 317-236-7172

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Cable TV

Date and Location of Damage

Date of damage (*month, day, year*): 6-14-2012

County: Monroe

City: Bloomington

Street address (*number and street, city, state, and ZIP code*):
300 S State Rd 446, Unit 1080, Bloomington, 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? 1

Time to restore service (*in hours*): 0.75

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 213.64

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: 1206120695

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: _____

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 damaged by hoe. Not hand exposed.



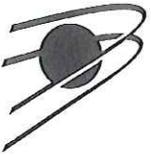
2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH

NOW DUE
\$213.64

CSU INC
PO BOX 42268
INDIANAPOLIS, IN 46242

Type: GAS
Invoice: FDS0016389
BillToID: 32055
Billing Date: 7/13/2012
Date of Loss: 6/14/2012
5924 103.0510

Please return this portion with your remittance.



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

NOW DUE
\$213.64

CSU INC
PO BOX 42268
INDIANAPOLIS, IN 46242

Type: GAS
Invoice: FDS0016389
BillToID: 32055
Billing Date: 7/13/2012
Date of Loss: 6/14/2012

Invoice For Costs to Repair and Reconstruct Damaged Property

Address: 300 S STATE RD 446 UNIT 1080, BLOOMINGTON
1" PLASTIC SERVICE DAMAGED BY HOE. NOT HAND EXPOSED.

| | |
|---------------------------|-----------------|
| Material: | \$33.15 |
| Company Labor: | \$141.89 |
| Contract Labor: | \$0.00 |
| Transportation/Equipment: | \$26.56 |
| Misc: | \$0.00 |
| Gas Loss: | \$12.04 |
| Adjustments: | \$0.00 |
| Payments: | \$0.00 |
| Total: | \$213.64 |

5924 103.0510

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

MAX # 7892683

Vectren Corporation
Form 3112 (Rev.0711) (CIS 10/11)

Vectren Claim Number: _____

FDS 0010389

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

Police Report / MO #: _____

Date of Damage 06 / 14 / 12

Cost Center # 5924

Time Occurred 12:30 am/pm

Time Found 12:14 am/pm

Latitude 39.097630 Longitude: -80.233620

FACILITIES DAMAGE REPORT

GAS

Vectren Claims Camera:

VE01570
Form 3112

DAMAGE SITE:
Address 300 S. STATE RD 446 UNIT 1080 Lot # _____

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

County MONROE City BLGTON State LA 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 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"/> |
| <input type="checkbox"/> Other _____ | 16.00 inch | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 20.00 inch | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Other | | | |

VISUAL OBSERVATION AT DAMAGE SITE: 6/14

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

DAMAGE TYPE: Severed Not Cut Severed fracture
Size 1/4" x 1/4"

PRESSURE: 25 PSIG 40 PSIG 50 PSIG 55 PSIG 60 PSIG 6 WC (.2163) 7 WC (.252) Other

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)

PROTECTION IN PLACE: Building Fence None Post Rail Vault N/A Other

DURATION OF ESCAPING GAS:
Minutes: 35

Were Facility Marks Visible Yes No Destroyed
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

LEAK REPORT NUMBER: 20727

EFV Activated Yes No N/S

Observation by (ID#): 7074

FEED TYPE: One-Way Feed Two-Way Feed

Number of Customers Affected: 1
Total Hours Service Was Off: 45

Name of Locator: S41C

LOCATING ORGANIZATION:
 Contract Locator
 Unknown / Other
 Utility Owner

SERVICE ORDER NUMBER: N 5278433

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: 1206/20695
Date: _____ Time: _____ am / pm

WORKING FOR: City County Developer State Property Owner Utility

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.)

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: CSU INC.
 Address: P.O. BOX 42268
 City/ State/ Zip: JACKSON, LA 70208
 Phone: (312) 922-0802
 Prepared / Investigated By: Cristina Dural Date: 6-18-12

PARTY TO INVOICE:

Name: CSU INC
 Address: P.O. BOX 42268
 City/ State/ Zip: JACKSON LA 70208
 Phone: (312) 922-0802
 Reviewed by Field Supervisor: Randa Powers Date: 6/18/12

Shipping ADDRESS 3919 CEDARS CREEK Rd
 Philadelphia, MS 38668

NORMAL NOTICE

Ticket : 1206120695 Date: 06/12/2012 Time: 09:08 Oper: KEVIN,MAXWELL Chan:000

State: IN Cnty: MONROE Twp: PERRY
 Cityname: BLOOMINGTON Inside: Y Near: N
 Subdivision:

Address : 304
 Street : S IN RT 446
 Cross 1 : IN RT 46 Within 1/4 mile: Y
 Location: LOCATE FROM BUILDING NORTH TO APARTMENT COMPLEX AND THEN A 100 FOOT
 RADISU AROUND PED AT APARTMENT COMPLEX PLEASE PAINT AND FLAG
 ***Boring Where = EASMENTS AND ROWS
 :
 Grids : 3909B8628D 3909A8628D 3909B8628C 3909A8628C

Work type : CATV DROP
 Done for : COMCAST
 Start date: 06/14/2012 Time: 09:30 Hours notice: 48/48 Priority: NORM
 Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: N
 Duration : 1 DAY Depth: 6 FEET

Company : C S U INCORPORATED Type: CONT
 Co addr : 3919 CLARKS CREEK ROAD
 City : PLAINFIELD State: IN Zip: 46168
 Caller : KEVIN MAXWELL Phone: (317)972-0802
 Contact : KEVIN MAXWELL--CELL Phone:
 BestTime:
 Mobile : (317)972-0802
 Fax : (317)236-7172
 Email : LOCATES@CSUCONTRACTING.COM

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

Submitted date: 06/12/2012 Time: 09:08
 Members: ID0002 ID1443 ID3147 ID5960 ID8060 SBCIN SM

| Member Name | Facility Types |
|-----------------------------------|----------------|
| AT&T - DISTRIBUTION | COMMUNICATIONS |
| BLOOMINGTON UTILITIES, CITY OF | SEWER & WATER |
| COMCAST CENTRAL (BLOOMINGTON) | CABLE TV |
| DUKE ENERGY / FORMERLY CINERGY | ELECTRIC |
| SMITHVILLE TELEPHONE COMPANY, INC | TELEPHONE |
| VECTREN - BLOOMINGTON | GAS |

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

DAMAGE SEE REMARKS

Ticket : 1206142105 Date: 06/14/2012 Time: 11:54 Oper: TSPAINHOWER Chan:049

State: IN Cnty: MONROE Twp: PERRY
 Cityname: BLOOMINGTON Inside: Y Near: N
 Subdivision:

Address : 304
 Street : S IN RT 446
 Cross 1 : IN RT 46 Within 1/4 mile: Y
 Location: LOCATE FROM BUILDING NORTH TO APARTMENT COMPLEX AND THEN A 100 FOOT
 RADISU AROUND PED AT APARTMENT COMPLEX PLEASE PAINT AND FLAG
 ***Boring Where = EASMENTS AND ROWS
 :
 Grids : 3909B8628D 3909A8628D 3909B8628C 3909A8628C

Work type : CATV DROP
 Done for : COMCAST
 Start date: 06/14/2012 Time: 11:54 Hours notice: 0/000 Priority: EMER
 Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: Y
 Duration : 1 DAY Depth: 6 FEET

Company : C S U INCORPORATED Type: CONT
 Co addr : 3919 CLARKS CREEK ROAD
 City : PLAINFIELD State: IN Zip: 46168
 Caller : KEVIN MAXWELL Phone: (317)972-0802
 Contact : KEVIN MAXWELL--CELL Phone:
 BestTime:
 Mobile : (317)972-0802
 Fax : (317)236-7172
 Email : LOCATES@CSUCONTRACTING.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
 PER KEVIN MAXWELL - A VECTREN GAS LINE WAS CUT - GAS LINE IS BLOWING AND YOU CAN
 HEAR AND SMELL IT - LINE WAS CUT ON NORTH SIDE OF PROPERTY - UNKNOWN DESCRIPTION
 OF LINE - 911 HAS NOT BEEN CALLED - 911 WILL BE CONTACTED - CREW IS ON SITE -
 VECTREN HAS BEEN CONTACTED - PREVIOUS TICKET NUMBER 1206120695 - THANK YOU
 Will you be white-lining the dig site area? NO
 :

Submitted date: 06/14/2012 Time: 11:54
 Members: ID0002 ID1443 ID3147 ID5960 ID8060 SBCIN SM

| Member Name | Facility Types |
|-----------------------------------|----------------|
| AT&T - DISTRIBUTION | COMMUNICATIONS |
| BLOOMINGTON UTILITIES, CITY OF | SEWER & WATER |
| COMCAST CENTRAL (BLOOMINGTON) | CABLE TV |
| DUKE ENERGY / FORMERLY CINERGY | ELECTRIC |
| SMITHVILLE TELEPHONE COMPANY, INC | TELEPHONE |
| VECTREN - BLOOMINGTON | GAS |

[View Map](#)

[Close Map](#)

Service Order Status

Monday, July 2, 2012

Enter Service Order Number:

5278433



[Clear Filter](#) [Refresh Data](#)

Banner Instance: CS03PROD CS01PROD CS02PROD
Order Number: N5278433
Order Type: LEAK
Order Status: Completed

Customer: 600259102 - CENTURY VILLAGE SUITES
Prem: 5740074 - 300 S STATE ROAD 446 UNIT 1080

Technician: 7074 - Owen, Geoffrey

Order Dates and Times

Need Date: 6/14/2012 1:03:00 PM
Time Created: 6/14/2012 12:56:02 PM
Time Dispatched: 6/14/2012 12:56:03 PM
Time In Route: 6/14/2012 12:57:29 PM
Time On-Site: 6/14/2012 12:57:30 PM
Tech Complete: 6/14/2012 1:39:21 PM
Time Closed: 6/14/2012 1:39:21 PM

Events Performed/Completion Code

LKOT - CMP

Meter Information

Current ReadStatus

Old Meter: 4440 Active
New Meter:

Completion Notes

SQUEEZED OFF 1 IN SERVICE CREW MADE REPAIRS PROBES SERVICE & RISER & FOUNDATION
 OK NO GAS READS INSIDE ALL VLVS OPEN CLK MTR 5 MIN NO TRVL FIRED ELEC IGN DRYER
 CK DRFT & OPER OK RECK GAS READS OK

Request Notes

06/14/12 HIT LINE PER KEVIN MAXWELL W / CSU...TX 317-972-0802..REPLACES S.O. 5278359...ASSIGN TO GEO
 FF OWEN

MDSI Event Dates and Times

| Event | Date/Time | User |
|----------------------------|-----------------------|----------------|
| AsnAssignmentManualAck_evt | 6/14/2012 12:57:24 PM | Owen, Geoffrey |
| AsnAssignmentEnRoute_evt | 6/14/2012 12:57:29 PM | Owen, Geoffrey |
| AsnAssignmentOnSite_evt | 6/14/2012 12:57:30 PM | Owen, Geoffrey |
| OrdOrderComplete_evt | 6/14/2012 1:39:21 PM | Owen, Geoffrey |

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: 3185

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: CSU, INC.

Responsible Party Personal Name: LORI L. PAUL

Title (if any): PRESIDENT

Address (number and street): 3919 CLARKS CREEK ROAD

City, State and ZIP Code: PLAINFIELD, IN 46168

Preferred Telephone Number (area code): (317) 972-0802

Cellular Telephone Number (area code): _____

Email Address: LORI@CSUCONTRACTING.COM

Facility Information:

Business Name: _____

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: _____

Locator Service Information:

Business Name: _____

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*): Cable TV

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

Personal Contact: Jason Setles, Lee Smit and Kevin Heedink _____

Business/Organization Name: CSU, Inc. _____

Title (*if any*): _____

Address (*number and street*): same as above _____

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*): 304 S. In. Rt 446

City, State and ZIP Code: Bloomington, In

Nearest Intersection: In. Rt. 45

Product Type (*select one*): Natural Gas

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

Size (Diameter/etc.): 2"

Pressure (PSIG/Inches): Unknown

Interruption in Service: Yes No **Number of Customers Affected:** 1

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

Repair Cost (if known): \$ 213.64

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: 1206120695 damage 1206142105

- 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

Crew was spotting gas line depth for crossing and in the process of exposing it knicked the line. No Gas leaked from the line - the gas company was called and a crew shut the gas off and repaired the line. At no time was gas released from the line.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: _____

Your Full Name: Lori L. Paul

Full Name of Business / Entity (if applicable): CSU, Inc.

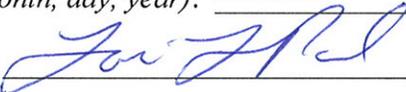
Your Business Title (if applicable): President

Address (number and street): 3919 Clarks Creek Road

City: Plainfield State: In ZIP Code: 46168

Your E-mail Address: Lori@csucontracting.com

Today's Date (month, day, year): 07/26/2012

Your Signature:  Title (if any) President

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3185
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

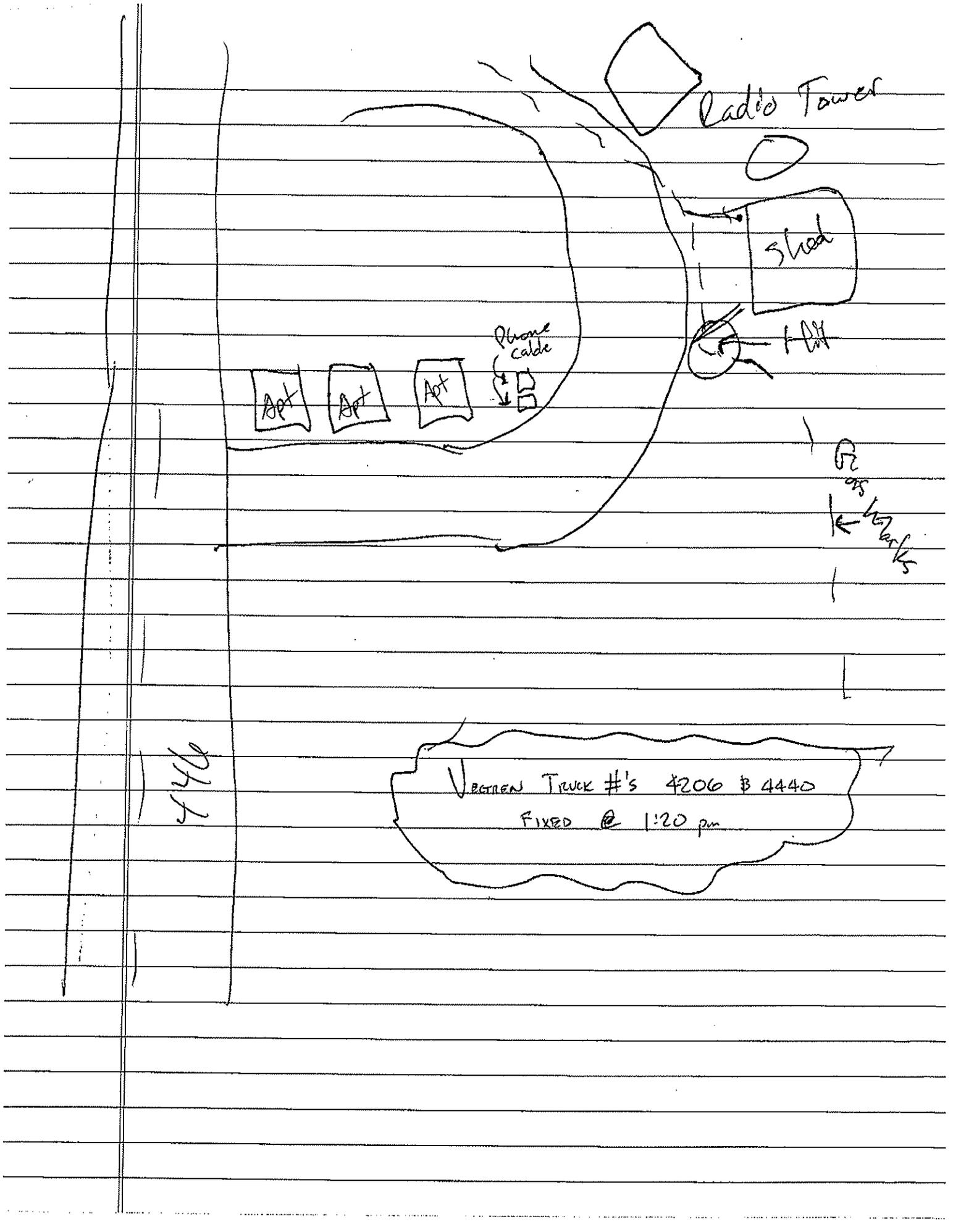
PipelineDamageCase@urc.in.gov

UNDERGROUND UTILITY ACCIDENT REPORT

| | |
|---|--|
| Company Name Address (Main Office) | Job Name Address |
| CSU _____ _____ | 304 S. SR 446 _____ _____ |
| Crew Members Names Supervisor: JASON SETTLES Workers LEE SMITH KEVIN HEERDINK | Name of Other Witnesses (include phone #, address or employer's name, if possible) |
| Description of Job | |
| Were Utility Lines marked? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Name/Phone # of Locator Service: _____ Locator Log # (Confirmation #) <u>1206120645</u> Date Marked: _____ By Whom: _____ | |
| Date of Accident <u>6/14/2012</u> Time of Accident <u>11:45 am</u> | |
| Accident Description (Describe How the Accident Occurred) GUYS WERE SPOTING THE GAS LINE DEPTH & JUST BARELY KNICKED THE YELLOW GAS LINE. THERE WAS NO GAS LEAK. LINE WAS CRIMPED AND SHUT OFF BY VECTREN. 2 VECTREN EMPLOYEES IN TRUCK # 4206 & 4440. FIXED & TESTED & THEY LEFT BY 1:20 pm. | |
| Describe Damaged Property N/A | |
| List Owner of Damaged Property Name: <u>N/A</u> Address: _____ Phone # _____ | |
| 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 <div style="text-align: center; margin-top: 20px;"> <u>SEE ATTACHED</u> </div> | |
| List Names of Emergency Response Personnel (Police, Fire, EMTs, etc.) Names: <u>N/A</u> Badge # _____ | |
| Name of Person Completing This Report: (Print Name) <u>JAKE MOSSON</u> (Signature) _____ | Name of Photographer (If Video or Photo(s) were taken) (Print Name) <u>JASON SETTLES</u> |
| When was Report Completed (Date) _____ (Time) _____ | |

Original: Bituminous Claims Office

cc: Customer Records



Radio Tower

Shed

Apt

Phone cabinet

Apt

Apt

Apt

446

VICTREAN TRUCK #'s 4206 & 4440
FIXED @ 1:20 pm

Garage
←

NORMAL NOTICE

Ticket : 1206120695 Date: 06/12/2012 Time: 09:08 Oper: KEVIN.MAXWELL Chan:000

State: IN Cnty: MONROE Twp: PERRY
 Cityname: BLOOMINGTON Inside: Y Near: N
 Subdivision:

Address : 304
 Street : S IN RT 446
 Cross 1 : IN RT 46 Within 1/4 mile: Y
 Location: LOCATE FROM BUILDING NORTH TO APARTMENT COMPLEX AND THEN A 100 FOOT
 RADISU AROUND PED AT APARTMENT COMPLEX PLEASE PAINT AND FLAG
 ***Boring Where = EASMENTS AND ROWS
 :
 Grids : 3909B8628D 3909A8628D 3909B8628C 3909A8628C

Work type : CATV DROP
 Done for : COMCAST
 Start date: 06/14/2012 Time: 09:30 Hours notice: 48/48 Priority: NORM
 Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: N
 Duration : 1 DAY Depth: 6 FEET

Company : C S U INCORPORATED Type: CONT
 Co addr : 3919 CLARKS CREEK ROAD
 City : PLAINFIELD State: IN Zip: 46168
 Caller : KEVIN MAXWELL Phone: (317)972-0802
 Contact : KEVIN MAXWELL--CELL Phone:
 BestTime:
 Mobile : (317)972-0802
 Fax : (317)236-7172
 Email : LOCATES@CSUCONTRACTING.COM

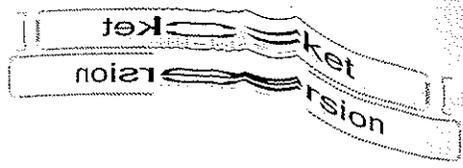
Remarks : All tickets are taken and processed on Eastern Daylight Time
 Will you be white-lining the dig site area? NO
 :

Submitted date: 06/12/2012 Time: 09:08
 Members: ID0002 ID1443 ID3147 ID5960 ID8060 SBCIN SM

| Member Name | Facility Types |
|-----------------------------------|----------------|
| AT&T - DISTRIBUTION | COMMUNICATIONS |
| BLOOMINGTON UTILITIES, CITY OF | SEWER & WATER |
| COMCAST CENTRAL (BLOOMINGTON) | CABLE TV |
| DUKE ENERGY / FORMERLY CINERGY | ELECTRIC |
| SMITHVILLE TELEPHONE COMPANY, INC | TELEPHONE |
| VECTREN - BLOOMINGTON | GAS |

[View Map] [Close Map]

B:



Back to Irth Internet

[Send Email]

handy, I have a ticket number to provide to you. If you need to call us your ticket number will assist us in locating this ticket. Are you ready

TICKET NUMBER IS 1206120695.

Date: 06/12/2012 Time: 09:08 Oper: KEVIN.MAXWELL Chan:000
Twp: PERRY
Inside: Y Near: N

Within 1/4 mile: Y
BUILDING NORTH TO APARTMENT COMPLEX AND THEN A 100 FOOT
APARTMENT COMPLEX PLEASE PAINT AND FLAG
APARTMENTS AND ROWS

3909A8628D 3909B8628C 3909A8628C

Time: 09:30 Hours notice: 48/48 Priority: NORM
N Boring: Y Railroad: N Emergency: N
Depth: 6 FEET

gas HIT
11:45 6/14/12
812-464-4760

INCORPORATED Type: CONT
CREEK ROAD
State: IN Zip: 46168
Phone: (317)972-0802
CELL Phone:

Damage ticket
1206142105

CONTRACTING.COM

are taken and processed on Eastern Daylight Time
the dig site area? NO

2012 Time: 09:08
ID3147 ID5960 ID8060 SBCIN SM



2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH

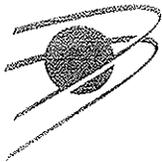
NOW DUE

\$213.64

CSU INC
PO BOX 42268
INDIANAPOLIS, IN 46242

Type: GAS
Invoice: FDS0016389
BillToID: 32055
Billing Date: 7/13/2012
Date of Loss: 6/14/2012
5924 103.0510

Please return this portion with your remittance.



Mail Payment To:
Vectren Energy Delivery of Indiana - North
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

\$213.64

CSU INC
PO BOX 42268
INDIANAPOLIS, IN 46242

Type: GAS
Invoice: FDS0016389
BillToID: 32055
Billing Date: 7/13/2012
Date of Loss: 6/14/2012

Invoice For Costs to Repair and Reconstruct Damaged Property

Address: 300 S STATE RD 446 UNIT 1080, BLOOMINGTON
1" PLASTIC SERVICE DAMAGED BY HOE. NOT HAND EXPOSED.

| | |
|---------------------------|----------|
| Material: | \$33.15 |
| Company Labor: | \$141.89 |
| Contract Labor: | \$0.00 |
| Transportation/Equipment: | \$26.56 |
| Misc: | \$0.00 |
| Gas Loss: | \$12.04 |
| Adjustments: | \$0.00 |
| Payments: | \$0.00 |
| <hr/> | |
| Total: | \$213.64 |

5924 103.0510

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