



Pipeline Safety Division Investigation Report

Investigation regarding: **Brian Pfaehler**

UPPAC Database Record ID: 2697

Investigator: William Boyd

Report Date: 05/29/2012

Damage Date: 01/18/2012

Damage Address: 5127 S 200 W

City: Trafalgar

County: Johnson

The Parties

Excavator: **Brian Pfaehler**

Contact: Brian Pfaehler, Homeowner

Address: 5127 South 200 West, Trafalgar, In 46181

Telephone: 317-443-7013

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: Brian Pfaehler

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Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1112191966

Type of Equipment: Auger

Type of work performed: Bldg. Construction

Synopsis: Homeowner damaged his gas service with an auger.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 04/28/2012. Homeowner was operating the auger on an expired locate request.

Conclusion: Due to the fact that the locate request had expired, there was a failure to provide notice of excavation.

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

Brian Pfaehler currently has no other reports of damages in the record.

Ticket ID: Version: 00 Notice ID: IUPPS2011121902006
Taken Time: 12/19/2011 18:07
NoticeType: Normal Notice

CASE ID 2697

NORMAL NOTICE

Ticket : 1112191966 Date: 12/19/2011 Time: 18:07 Oper: JELEWITZ Chan:001

State: IN Cnty: JOHNSON Twp: NINEVEH
Cityname: TRAFALGAR Inside: N Near: Y
Subdivision:

Address : 5127
Street : S 200 W
Cross 1 : W 550 S Within 1/4 mile: Y
Location: LOCATE THE ENTIRE FRONT OF THE PROPERTY
:
Grids : 3923B8608C 3923A8608C

Work type : INSTALLING A BUILDING
Done for : BRIAN PFAEHLER
Start date: 12/22/2011 Time: 07:00 Hours notice: 60/048 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 2 WEEKS Depth: 4 FEET

Company : CEDAR LAKE BUILDERS Type: CONT
Co addr : 5127 SOUTH 200 WEST
City : TRAFALGAR State: IN Zip: 46181
Caller : BRIAN PFAEHLER Phone: (317)443-7013
Contact : BRIAN PFAEHLER - CELL Phone:
BestTime:
Mobile : (317)443-7013
Fax : (317)878-4175
Email : BPFAEH@HOTMAIL.COM

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

Submitted date: 12/19/2011 Time: 18:07
Members: ID2034 ID2126 ID4378 ID5194 ID7131 ID7288 ID9351 SBCIN ID5857 ID6921
SM

Service Area: ID2034 (CENTURYLINK)
Contact:
Ph: Emerg Ph: Alt Ph:

Service Area: ID2126 (PRINCES LAKES UTILITIES)
Contact: ID2126 Web Account
Ph: Emerg Ph: Alt Ph:

Service Area: ID4378 (JOHNSON COUNTY R.E.M.C.)
Contact: Wendy
Ph: (317)738-7620 Emerg Ph: Alt Ph:

Service Area: ID5194 (TRAFALGAR, TOWN OF)
Contact: WENDY BLACKWELL
Ph: (317)878-4592 Emerg Ph: Alt Ph:

Service Area: ID7131 (VECTREN - FRANKLIN)
Contact: Darlene Jarboe
Ph: Emerg Ph: Alt Ph:

Service Area: ID7288 (COMCAST CENTRAL (GREENWOOD))
Contact: JENNIFER BUCHANON
Ph: (317)535-5685 Emerg Ph: Alt Ph:

Service Area: ID9351 (BROWN COUNTY WATER UTILITY, INC)
Contact: A.J. MILLER
Ph: (812)988-6611 Emerg Ph: Alt Ph:

Service Area: SBCIN (AT&T - DISTRIBUTION)
Contact: HOWARD LAUDERMILK
Ph: (937)409-0269 Emerg Ph: Alt Ph:

Ticket ID: Version: 00 Notice ID: IUPPS2012011800753
Taken Time: 01/18/2012 10:29
NcticeType: Damage

DAMAGE DAMAGE

Ticket : 1201180716 Date: 01/18/2012 Time: 10:29 Oper: RJOHNSON Chan:049

State: IN Cnty: JOHNSON Twp: NINEVEH
Cityname: TRAFALGAR Inside: N Near: Y
Subdivision:

Address : 5127
Street : S 200 W
Cross 1 : W 550 S Within 1/4 mile: Y
Location: LOCATE THE ENTIRE FRONT OF THE PROPERTY
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Grids : 3923B8608C 3923A8608C

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GAS LINE HAS BEEN DAMAGED--GAS LINE IS BLOWING--CAN HEAR IT--HAVE NOT CALLED
911--VECTREN IS THE UTILITY COMPANY INVOLVED--YELLOW LINE--UNKNOWN SIZE AND
MATERIAL--LINE IS DAMAGED IN THE FRONT OF THE PROPERTY--CREW IS ON SITE--HAVE
NOT CALLED VECTREN TO REPORT THE DAMAGED LINE--PREVIOUS TICKET 1112191966
Will you be white-lining the dig site area? NO
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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

April 17, 2012

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

Subject: Investigation Request for Information

Date of Event: 1/18/2012

Event Location: 5127 S 200 W, Trafalgar

Facility Owner: Vectren

Excavator: Cedar Lake Builders

Other Party: N/A

Pipeline Division Case No. 2697

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: 5-4-2012

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: Brian Pfaehler (Cedar Lake Builders)

Business address (*number and street*): 5127 S County Rd 200 W

City, State, and ZIP code: Trafalgar, IN 46181

Telephone number (*area code*): 317-443-7013

Fax number (*area code*): 317-878-4175

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Unknown/Other

Type of work performed: Bldg. Construction

Date and Location of DamageDate of damage (month, day, year): 1-18-2012County: JohnsonCity: TrafalgarStreet address (number and street, city, state, and ZIP code):
5127 S County Rd 200 W., Trafalgar, INNearest intersection: W CR 550 SRight 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): 1Enter number of injuries, if applicable and known: 0Enter number of fatalities, if applicable and known: 0Property damage, Estimate \$ 822.88

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

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

Notification, Locating, MarkingDid excavator request locates prior to commencing work? YesEnter Indiana 811 ticket number, if known: 1112191966

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? No

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? No

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? No

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: Other

Additional Comments

1" plastic service severed by auger. No valid locates and not hand exposed.



NOW DUE

PAID

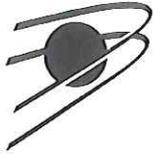
2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH

\$822.88

PFAEHLER, BRIAN
5127 S CR 200 W
TRAFALGAR, IN 46181

Type: GAS
Invoice: FDS0015691
BillToID: 31401
Billing Date: 2/28/2012
Date of Loss: 1/18/2012
5835 103.0510

Please return this portion with your remittance.



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

NOW DUE

\$822.88

PFAEHLER, BRIAN
5127 S CR 200 W
TRAFALGAR, IN 46181

Type: GAS
Invoice: FDS0015691
BillToID: 31401
Billing Date: 2/28/2012
Date of Loss: 1/18/2012

Invoice For Costs to Repair and Reconstruct Damaged Property

Address: 5127 S COUNTY RD 200 W, TRAFALGAR

1" PLASTIC SERVICE SEVERED BY AUGER. NO VALID LOCATE AND NOT HAND EXPOSED.

Material:	\$44.81
Company Labor:	\$468.26
Contract Labor:	\$0.00
Transportation/Equipment:	\$187.50
Misc:	\$0.00
Gas Loss:	\$122.31
Adjustments:	\$0.00
Payments:	\$0.00
<hr/> Total:	\$822.88

5835 103.0510

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

FACILITIES DAMAGE REPORT GAS

Task No.: 1030510

Capital / (O&M) (circle one)

FDS 001569

FACILITY TYPE

- DISTRIBUTION
PROPANE
SERVICE
STORAGE
TRANSMISSION (include supplemental report)

TIME OCCURRED: 10:38 AM/PM
TIME FOUND: 10:58 AM/PM

DATE OF DAMAGE: 1/18/12

LATITUDE 39.39820
LONGITUDE -86.15565

Cost Center No.: 5835-FKLN

DAMAGE SITE ADDRESS: 5127 S. 200 W. LOT #

COUNTY Johnson CITY: TRAFALGAR STATE: IN TOWNSHIP HENSLEY

Table with columns: FACILITIES DAMAGED, ORIFICE SIZE(S), (1), (2), (3), VISUAL OBSERVATION AT DAMAGE SITE. Includes rows for Farm Tap, Heater, Main, etc., and visual observations like 'VISUAL OBSERVATION ABOVE GROUND'.

Table with columns: TYPE OF MATERIAL, DAMAGE TYPE, PRESSURE. Includes rows for Cast Iron, Plastic (HDPE), Steel, etc., and damage types like Severed, Not Cut, Puncture.

PROTECTION IN PLACE: BUILDING, FENCE, NONE, POST, RAIL, VAULT, N/A
DURATION OF ESCAPING GAS: 45 MINUTES

LEAK REPORT NUMBER # 02978
EFV ACTIVATED: YES, NO, N/S

FEED TYPE: ONE-WAY FEED, TWO-WAY FEED
NUMBER OF CUSTOMERS AFFECTED:
TOTAL HOURS SERVICE WAS OFF: 1

SERVICE ORDER # 5084138

Table with columns: DAMAGED BY, TYPE OF CONSTRUCTION. Lists various construction types like Agriculture, Bldg. Construction, Cable TV, etc.

WORKING FOR: CITY, COUNTY, DEVELOPER, PROPERTY/OWNER, STATE, UTILITY, IF OTHER

MARKING METHODS: CONVENTIONAL, FLAGS, PAINT, STAKES, WHISKERS
LOCATE MARKINGS FADED: YES, NO, N/S
WRONG ADDRESS REQUESTED: YES, NO, N/S
FACILITIES IMPROPERLY LOCATED: QUALIFIED LOCATOR COULD NOT HAVE ACCURATELY LOCATED, etc.

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:
NAME OF LOCATOR:
LOCATING ORGANIZATION: CONTRACT LOCATOR, UNKNOWN/OTHER, UTILITY OWNER

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

NOTIFICATION AND OTHER DETAILS OF LOCATE
LOCATE TICKET #: 1112191966
DATE: TIME: AM/PM
REGULAR REQUEST, EMERGENCY REQUEST

CONTACT NAME:
TIME CALLED: AM/PM
TIME LOCATOR ARRIVED AT SITE: AM/PM

LOCATE COMPANY NOTIFIED: YES, NO, N/S

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

ONE CALL CENTER: IUPPS, OUPS, UNKNOWN

TYPE OF EQUIPMENT	DAMAGING CAUSE
<input checked="" type="checkbox"/> AUGER	<input type="checkbox"/> ABANDON FACILITY
<input type="checkbox"/> BACKHOE/TRACKHOE	<input type="checkbox"/> DETERIORATED FACILITY
<input type="checkbox"/> BORING	<input type="checkbox"/> FACILITY COULD NOT BE FOUND/LOCATED
<input type="checkbox"/> DRILLING	<input type="checkbox"/> FACILITY WAS NOT LOCATED/MARKED
<input type="checkbox"/> EXPLOSIVES	<input type="checkbox"/> FAILURE TO MAINTAIN CLEARANCE
<input type="checkbox"/> FARM EQUIPMENT	<input type="checkbox"/> FAILURE TO MAINTAIN MARKS
<input type="checkbox"/> GRADER/SCRAPER	<input type="checkbox"/> FAILURE TO SUPPORT EXPOSED FACILITY
<input type="checkbox"/> HAND TOOLS	<input type="checkbox"/> FAILURE TO USE HAND TOOLS WHERE REQ
<input type="checkbox"/> MILLING EQUIPMENT	<input type="checkbox"/> IMPROPER BACKFILLING
<input type="checkbox"/> PLOW	<input type="checkbox"/> INCORRECT RECORDS/MAPS
<input type="checkbox"/> PROBING DEVICE	<input type="checkbox"/> MARKING OR LOCATIONS NOT SUFFICIENT
<input type="checkbox"/> TRENCHER	<input type="checkbox"/> NO NOTIFICATION MADE TO ONE-CALL CENT
<input type="checkbox"/> VACUUM EQUIPMENT	<input type="checkbox"/> ONE-CALL NOTIFICATION ERROR
<input type="checkbox"/> VEHICLE	<input type="checkbox"/> PREVIOUS DAMAGE
<input type="checkbox"/> IF OTHER _____	<input type="checkbox"/> WRONG INFORMATION PROVIDED
	<input checked="" type="checkbox"/> IF OTHER <u>Locate expired.</u>

DID EXCAVATOR NOTIFY YOU? YES NO

EVACUATION REQUIRED? YES NO

MEDIA AT SITE? YES NO

WAS THERE IGNITION OF GAS? YES NO

INVOICE: YES NO N/S

DAMAGING PARTY
 NAME: Brian PFAEHLER
 ADDRESS: 5127 S. C. R. 200 W
 CITY/STATE/ZIP: T. RAFAELGAR, IN 46181
 PHONE NUMBER _____
 PREPARED BY J. Morpheu DATE 1-18-12

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

PARTY TO INVOICE
 NAME: S Gmel
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 PHONE NUMBER _____
 REVIEWED BY FIELD SUPERVISOR [Signature] DATE 1-19-12

NORMAL NOTICE

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CENTURYLINK	TELEPHONE
COMCAST CENTRAL (GREENWOOD)	CABLE TV
JOHNSON COUNTY R.E.M.C.	ELECTRIC
PRINCES LAKES UTILITIES	SEWER & WATER
TRAFALGAR, TOWN OF	
VECTREN - FRANKLIN	GAS

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

DAMAGE DAMAGE

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CENTURYLINK	TELEPHONE
COMCAST CENTRAL (GREENWOOD)	CABLE TV
JOHNSON COUNTY R.E.M.C.	ELECTRIC
PRINCES LAKES UTILITIES	SEWER & WATER
TRAFALGAR, TOWN OF	
VECTREN - FRANKLIN	GAS

[View Map](#)

[Close Map](#)

Service Order Status

Friday, January 27, 2012

Enter Service Order Number:

5084138 

Banner Instance: CS03PROD CS01PROD CS02PROD
Order Number: N5084138
Order Type: LEAK
Order Status: Completed

Customer: 620165661 - PFAEHLER BRIAN A
Prem: 5308254 - 5127 S COUNTY RD 200 W

Technician: 2115 - Morphew, Joe

Order Dates and Times

Need Date: 1/18/2012 10:58:00 AM
Time Created: 1/18/2012 10:39:55 AM
Time Dispatched: 1/18/2012 10:39:55 AM
Time In Route: 1/18/2012 10:41:01 AM
Time On-Site: 1/18/2012 10:58:42 AM
Tech Complete: 1/18/2012 12:03:23 PM
Time Closed: 1/18/2012 12:03:23 PM

Events Performed/Completion Code

LKOT - CMP

Meter Information

Current Read Status
Old Meter: 6754 Inactive
New Meter:

Completion Notes

found 1" plastic service damaged/blowing. dug up away from damage and squeezed off, called crew, left after crew arrived

Request Notes

01/18/12 HIT LINE BLOWING PER KRISTIN W 811...XST 550 S...HIT BY CEDAR LAKE BLDRS...CONTACT IS BRIAN PFAEHLER @ 317-443-7013....LOCATE # 1112191966...CREW ON SITE....UNKNOWN WHERE ON PROPERTY..ONLY STATED IN FRONT OF BLDG

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	1/18/2012 10:40:41 AM	Morphew, Joe
AsnAssignmentEnRoute_evt	1/18/2012 10:41:01 AM	Morphew, Joe
AsnAssignmentOnSite_evt	1/18/2012 10:58:42 AM	Morphew, Joe
OrdOrderComplete_evt	1/18/2012 12:03:23 PM	Morphew, Joe

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

MISCELLANEOUS CASH RECEIPT

(PLEASE ATTACH A COPY OF ALL CHECKS TO THIS FORM AND
USE PAPER CLIPS/DO NOT STAPLE CHECKS TO FORM)

PROCESS ROUTING FOR ALL VECTREN COMPANIES INCLUDING UTILITIES
AND NON REGULATED SUBSIDIARIES: SEND COMPLETED FORM,
ORIGINAL CHECK AND COPY OF CHECK TO REBECCA MINEAR IN
FINANCIAL ACCOUNTING, BRAUN BUILDING, EVANSVILLE. RETAIN COPY
OF CHECK AND FORM FOR YOUR RECORDS. PLEASE INCLUDE PROPER
ACCOUNTING SO RECEIPT MAY BE CREDITED ACCURATELY. PLEASE
INCLUDE YOUR PHONE NUMBER SO THE RECEIPT MAY BE EASILY
RESEARCHED BY THE FINANCIAL ACCOUNTING GROUP.

Activity Date: **3/8/2012
12:00:00 AM**

Your Name, not your initials (employee): **Pam Barber**

Your Phone Number (employee): **812-491-4734**

Party Check Received From (Check Payor):

Address of Check Writer (Check Payor):
BATCH2-BRIAN A PFAEHLER

Check Number **575**

Amount of Check **\$822.88**

Utility/Company Name **VECTREN ENERGY DELIVERY OF INDIANA - NORTH**

Task Number **103.0510**

Job Number **FDS0015691**

Date Printed: 3/9/2012

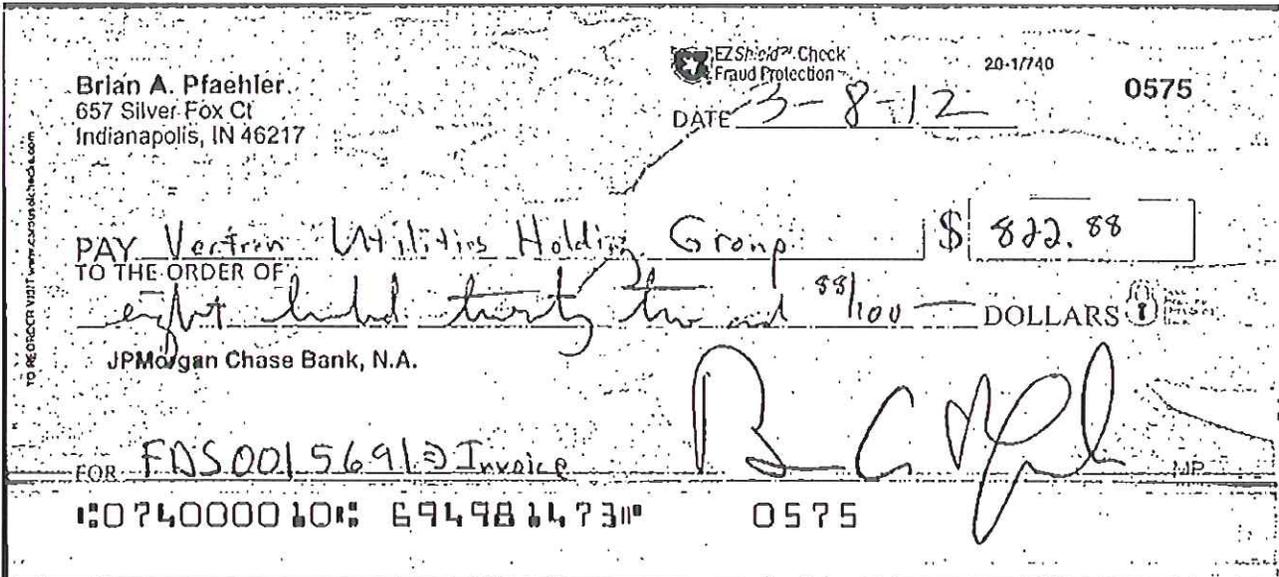
Transaction Information G-6975458 CHI-861239 2012/03/08

[Back to Table of Contents](#)

Transaction Level Details

Env Num	3	Envelope	G-6975458
Transaction	G-6975458	Lockbox	CHI-861239
Date	2012/03/08	Time	17:00
Batch	2	Batch Item	2
Check	3	Amount	\$822.88
ABA/RT	074000010	Account Num	694981473
Check Num	0575		

Envelope and Check Image



YOUR ADDRESS

INDIANAPOLIS IN 46201
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



Vectren Utilities Holding Group, Inc.
1239 Reliable Parkway
Chicago, IL 60686-0012

60686+0012



Transaction Level Keyed Data

Remitter Name : BRIAN A PFAEHLER Check Date : 2012/03/08

Invoice Level Keyed Data

Invoice Number	Reference Number
FDS0015691	31401

		NOW DUE
2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH		\$822.88
PFAEHLER, BRIAN 5127 S CR 200 W TRAFALGAR, IN 46181	Type: GAS Invoice: FDS0015691 BillToID: 31401 Billing Date: 2/28/2012 Date of Loss: 1/18/2012 5835 103.0510	
Please return this portion with your remittance.		



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 2697

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: _____

Responsible Party Personal Name: Brian Pfaehler

Title (if any): _____

Address (number and street): 5127 S 200 W

City, State and ZIP Code: Trafalgar, IN 46181

Preferred Telephone Number (area code): 3174437013

Cellular Telephone Number (area code): 3174437013

Email Address: bpfaeh@hotmail.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*): Auger

Type of Work Performed (*select one*): Bldg. Construction

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): 5127 S 200 W

City, State and ZIP Code: Trafalgar, IN 46181

Nearest Intersection: SR 252 and CR 200 W

Product Type (select one): Natural Gas

Facility Type (select one): Service/Drop

Size (Diameter/etc.): ¹ _____

Pressure (PSIG/Inches): _____

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

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

Repair Cost (if known): \$ 822.88

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: 1112191966

- 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 damage was done at my personal residence by me. Cedar Lake Builders, Inc., is my fathers company and was not paid to do any work at the site. The confusion there must be in that my phone number has been associated with Cedar Lake Builders in past projects and 811 probably associated it there. The locate was called in on 12/19/2011 by me and was expired at the time of digging. There have been several locates at this property in the past couple years and the locate flags for this locate were slightly different than in the past. I personally hand dug the gas line in a different location from the damage and found it directly below the mark. I do have a picture of this. The spot where the gas line was hit was ~4' from the newest locate flag (which was different from past locates), however I realize the locate was expired by a ~10 days at the time of damage. The building location was staked and hole locations painted prior to any digging. Stakes were removed but the paint for all the hole locations was present at the time of damage. I regret any damage and have fully reimbursed Vectren for what they claimed as damage/labor/gas loss/etc.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 2697

Your Full Name: Brian Anthony Pfaehler

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

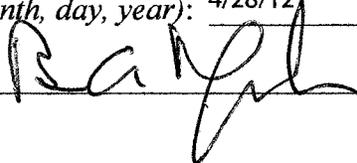
Your Business Title (if applicable): _____

Address (number and street): 5127 S 200 W

City: Trafalgar State: IN ZIP Code: 46181

Your E-mail Address: bpfaeh@hotmail.com

Today's Date (month, day, year): 4/28/12

Your Signature:  Title (if any) _____

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 2697
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 2697

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: _____

Responsible Party Personal Name: Brian Pfaehler

Title (if any): _____

Address (number and street): 5127 S 200 W

City, State and ZIP Code: Trafalgar, IN 46181

Preferred Telephone Number (area code): 3174437013

Cellular Telephone Number (area code): 3174437013

Email Address: bpfaeh@hotmail.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*): Auger

Type of Work Performed (*select one*): Bldg. Construction

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*): 5127 S 200 W _____

City, State and ZIP Code: Trafalgar, IN 46181 _____

Nearest Intersection: SR 252 and CR 200 W _____

Product Type (*select one*): Natural Gas

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

Size (Diameter/etc.): 1" _____

Pressure (PSIG/Inches): _____

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

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

Repair Cost (if known): \$ 822.88 _____

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: 1112191966 _____

- 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 damage was done at my personal residence by me. Cedar Lake Builders, Inc., is my fathers company and was not paid to do any work at the site. The confusion there must be in that my phone number has been associated with Cedar Lake Builders in past projects and 811 probably associated it there. The locate was called in on 12/19/2011 by me and was expired at the time of digging. There have been several locates at this property in the past couple years and the locate flags for this locate were slightly different than in the past. I personally hand dug the gas line in a different location from the damage and found it directly below the mark. I do have a picture of this. The spot where the gas line was hit was ~4' from the newest locate flag (which was different from past locates), however I realize the locate was expired by a ~10 days at the time of damage. The building location was staked and hole locations painted prior to any digging. Stakes were removed but the paint for all the hole locations was present at the time of damage. I regret any damage and have fully reimbursed Vectren for what they claimed as damage/labor/gas loss/etc.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: ²⁶⁹⁷ _____

Your Full Name: Brian Anthony Pfaehler

Full Name of Business / Entity (*if applicable*): _____

Your Business Title (*if applicable*): _____

Address (*number and street*): 5127 S 200 W

City: Trafalgar State: IN ZIP Code: 46181

Your E-mail Address: bpfaeh@hotmail.com

Today's Date (*month, day, year*): 4/28/12

Your Signature: _____ Title (*if any*) _____

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number ²⁶⁹⁷ _____
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov





INFORMATION REQUEST

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Title (if any): _____

Address (number and street): 5127 S 200 W

City, State and ZIP Code: Trafalgar, IN 46181

Preferred Telephone Number (area code): 3174437013

Cellular Telephone Number (area code): 3174437013

Email Address: bpfaeh@hotmail.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*): Auger

Type of Work Performed (*select one*): Bldg. Construction

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: _____

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Location of Damage:

Address (number and street): 5127 S 200 W

City, State and ZIP Code: Trafalgar, IN 46181

Nearest Intersection: SR 252 and CR 200 W

Product Type (select one): Natural Gas

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Size (Diameter/etc.): 1"

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- Excavator "White Lined": Yes No
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Your Full Name: Brian Anthony Pfaehler

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

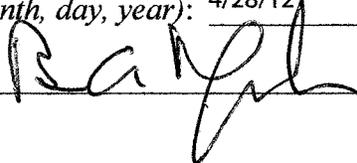
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