



DAMAGE INFORMATION REQUEST

State Form 54909 (R3 / 2-16)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: _____

Date of Damage (*month, day, year*): _____

Location of Damage:

Address (*number and street*): _____

City, State and ZIP Code: _____

Nearest Intersection: _____

Excavator Information:

Business Name: _____

Responsible Party Personal Name: _____

Title (*if any*): _____

Address (*number and street*): _____

City, State and ZIP Code: _____

Preferred Telephone Number (*area code*): _____

Email Address: _____

Utility Information:

Utility Name: _____

Contact Person: _____

Title (*if any*): _____

Product Type:

Facility Type:

Facility Depth (Inches): _____

Interruption in Service: Yes No

Number of Customers Affected: _____

Evacuation: Yes No

If yes, how many evacuated: _____

Cause of Damage Information

Type of Equipment:

Type of Work Performed:

Repair Cost: \$ _____

Did a leak result from damage: Yes No

Was there ignition: Yes No

Excavator Notify 911 due to leak: Yes No

Excavator Notify 811 upon damage: Yes No

Excavator Notify Utility upon Damage: Yes No

Locate Information

Excavator Request Locate: Yes No

Indiana 811 Locate Ticket Number: _____

Locate Marks Visible: Yes No

Locate Marks Correct: Yes No

Excavator "White Lined": Yes No

Was Locate Provided within Two (2) Working Days: Yes No

Utility Employees On-site during Excavation: Yes No

Incident Information:

Fire Department Response: Yes No

Police Department Response: Yes No

Ambulance Response: Yes No

Circumstances that may increase/decrease severity of damage event:

Additional Information / Comments

Printed Name: _____

Signature: _____ Date (month, day, year): _____

**If submitting this form electronically, typing your name in the signature box will act as an electronic signature.*

Please return completed form to:

PipelineDamageCase@urc.in.gov

Or mail to:

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

**Or fax to:
317-233-2410**