



## EXCAVATOR RESPONSE

State Form 54909 (R5 / 2-23)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

**Case Number:**

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

Gas Line Damage Address (*number and street*):

City, State and ZIP Code:

### Party Information

Your Business Name (*your name for occupants*):

If the business name, contact person, or address to receive correspondence in this case should be changed from what is shown on your letter from the Pipeline Safety Division, please add it here:

Preferred Telephone Number (*area code*):

E-mail address:

Gas Utility Name:

### Damage Information

Did a leak result from damage?

Yes

No

Type of Equipment:

Type of Work Performed:

If You Were Hired, Hiring Party:

Did you notify these parties of the gas line damage and leak?

811:  Yes  No

911:  Yes  No

Gas utility:  Yes  No

\* Damage Ticket Number (N/A if not applicable):

Property Damage Estimated to be Greater than \$10,000

Depth of Damaged Facility (*inches*):

**Locate Information**

Did you request a locate?  Yes  No

\* Locate Ticket Number (N/A if not applicable):

Was the gas line located within two (2) working days?  Yes  No

If not located within two (2) working days, did the utility notify you to reschedule?

Yes, rescheduled date/time for ticket

No

When (date/time) and how (e-mail/office telephone/mobile/other) did the Utility notify you?

Were the locate marks correct?

Yes

No

Were locates visible?

Yes

No

Did you “White Line” the area before locates were performed?

Yes

No

Did you have special instructions on your ticket?

Yes

No

**Incident Information**

Did the fire department respond?  Yes  No

Did the police respond?  Yes  No

Did an ambulance respond?  Yes  No

**Circumstances that may increase/decrease severity of damage event (*explain*):**

**Additional Information / Comments for consideration**

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.*

Pease return the completed form electronically by selecting the submit button at the top of the form

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**