## CALIFORNIA PUBLIC UTILITIES COMMISSION

Report of Gas Leak or Interruption\* CPUC File No. 420

## Part E: CPUC CONTACT INFORMATION

Name: Co.	CPUC Contact:		Renorder * FAX *
Contact	_ Name _ Date		 Time: (24hr)
Person	Tarking.		emace (certary
	CPUC Information Requ	est: Written Report *	Sketch/Photo * FD Report *
Phone: ()	DOT Notified - Yes *	No * DOT Report Num	ber:
Partic INCIDENT DETAILS			
Incident Lucation	Incident Time	Reported to the	<u>Utility</u>
Crty/County	Date	Date:	Time: (2.4hr)
Address/Locati	Time:	Reported	
on:	(24hr)	by:	
Reason(s) for Reporting (check all that apply	7)		
Gas leak associated with:		Emergency action	•
Death * Injury * \$\$Damag	,	Rerouted *	locked Off Building Evacuated *
Service Interruption *	Operator Judgement *	Other Emergency actions (describe)	
Transmission Line Test Red Failure *	piired Transmission Line   Shutdown *		
Incident Cause Dig In * Fire-Explosion	n Construction Defect	Material Failure Corro	sion Vehicle Impact Suicide *
UNKNOWN - MORE INFORMATION T FOLLOW			
Escapina Gas Involvement (check all that apply)	Lea	ak Only * Fire * E	xplosion * None *
	2.2 2.2 5		
i <b>Summary</b> i prieny describe me incident an	d the probable cause, i		
Summary (Briefly describe the incident an	d the probable cause.)		
Summary (Extens describe me meidem an	d the probable cause.)		
Summary (Extens describe the incident an	d the probable cause.)		
Gas Equipment Affected (check all that app		ntìon of Faïled Equipment	Injuries and Fatalities
Gas Equipment Affected (check all that applement * Meter *	y) <u>Specifica</u> Valve * Material	Steel * Cast from	None *
Gas Equipment Affected (check all that applement * Meter * Service Line * Controls *	y) <b>Specifica</b>		None * Injuries Fatalities Compan () ()
Gas Equipment Affected (check all that applement * Meter * Service Line * Controls * Customer Facility * Tran	y) <u>Specifics</u> Yalve * Material Service Riser * smission Line *	Steel * Cast fron * Plastic * Copper * Other *	None * Injuries Fatalities Compan () () y:
Gas Equipment Affected (check all that applement * Meter * Service Line * Controls *	ly) <u>Specifica</u> Yalve * Material Service Riser *	Steel * Cast fron * Plastic * Copper * Other *	None * Injuries Fatalities Compan () ()
Gas Equipment Affected (check all that applemain * Regulator * Meter * Service Line * Controls * Cuswimer Facility * Tran Other (describe)	ly) <u>Specifics</u> Yalve * Material Service Riser * smission Line *  Pipe Size _in	Steel * Cast Iron Plastic * Copper Other * Operating Pressure Josig	None * Injuries Fatalities Compan () () y: Other: () ()
Gas Equipment Affected (check all that applement * Meter * Service Line * Cantrols * Customer Facility * Tran	ly) <u>Specifica</u> Yalve * Material Service Riser * smission Line *  Pipe Size _in MACF_psig	Steel * Cast Iron Plastic * Copper Other * Operating Pressure Josig	None * Injuries Faralities Compan () () y: Other: () ()  timated Damage Damage to gas \$()
Gas Equipment Affected (check all that applemain * Regulator * Meter * Service Line * Controls * Customer Facility * Trans Other (describe)  Dig In Information	y) Specifics  Yalve * Material  Service Riser * smission Line *  Pipe Size in MACP psig  Name of Excavator:  Excavator Contac	Steel * Cast Iron  Plastic * Copper  Other *  Operating  Pressure psig  E	None *    Injuries   Faralities
Gas Equipment Affected (check all that applemant * Regulator * Meter * Service Line * Controls * Customer Facility * Transporter (describe)  Dig In Information  USA notification required: Yes * No *	y) Specifics  Yalve * Material  Service Riser * smission Line *  Pipe Size in MACP psig  Name of Excavator:	Steel * Cast Iron Plastic * Copper Other *  Operating Pressure psig  E	None * Injuries Faralities Compan () () y: Other: () ()  timated Damage  Damage to gas \$() facilities:
Gas Equipment Affected (Check all that appled and a Regulator and Meter and Service Line and Controls and Customer Facility and Transport (describe)  Dig In Information  USA notification required: Yes and No and Pacilities properly marked: Yes and No and No.	y) Specifica  Valve * Material  Service Riser * smission Line *  Pipe Size _in MACP_psig  Name of Excavator:  Excavator Contac Person	Steel * Cast Iron Plastic * Copper Other *  Operating Pressure psig  E:  ()	None *  Injuries Faralities  Compan () ()  Y: Other: () ()  Injuries Faralities  Compan ()  Y: Other: () ()  Injuries Faralities  Faralities
Gas Equipment Affected (check all that applemain * Regulator * Meter * Service Line * Controls * Customer Facility * Trans Other (describe)  Dig In Information  USA notification required: Yes * No *  USA notified: Yes * No *  Facilities properly marked: Yes * No *	y) Specifics  Yalve * Material  Service Riser * smission Line *  Pipe Size in MACP psig  Name of Excavator  Excavator Contac Person Phone  Public Agencie  Time	Steel * Cast Iron Plastic * Copper Other *  Operating Pressure psig  E:  ()	None * Injuries Faralities Compan () () Y: Other: () ()  timated Damage  Damage to gas \$() lacilities: ther damage involving \$() gas: Total: \$()
Gas Equipment Affected (check all that applemant * Regulator * Meter * Service Line * Controls * Cuswmer Facility * Trans Other (describe)  Dig In Information USA notification required: Yes * No *  USA notified: Yes * No *  Facilities properly marked: Yes * No *	y) Specifics  Valve * Material  Service Riser * smission Line *  Pipe Size _in MACP_psig  Name of Excavator)  Excavator Contac Person Phone	Steel * Cast Iron Plastic * Copper Other *  Operating Pressure psig	None * Injuries Faralities Compan () () Y: Other: () ()  timated Damage  Damage to gas \$() lacilities: ther damage involving \$() gas: Total: \$()
Gas Equipment Affected (check all that appled and a Regulator and Meter and Service Line and Controls and Customer Facility and Transport (describe)  Dig In Information  USA notification required: Yes and No and Table and Tabl	y) Specifics  Valve * Material  Service Riser * smission Line *  Pipe Size _in MACP_psig  Name of Excavator:  Excavator Contac Person Phone  Public Agencie  Time (24hr)	Steel * Cast from   Plastic * Copper   Other *   Operating   Pressure   psig     Es	None None None None None None None None

PartIII: CPUC INVESTIGATION

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Is further investigation warranted?	Yes * No *	Signature of CPI	JC Engineer			
Date incident investigated:	Field report atta	sched? Yes*	No * CPUC Inspector:			
*The information contained in this report is provided solely for the confidential use of the Commission and its staff and is not open to public inspection (PUC GO 66-C, Public Utilities Code, Sections 315 and 583).						
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For PG&E Use ONLY: Div Rpt Date Gas Ctrl:	e/Time to		as Ctrl Rpt Date/Time to Gas istr:			
Notes (special circumstances)						

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