**PART A - KEY REPORT INFORMATION**

<table>
<thead>
<tr>
<th>Report Type: (select all that apply)</th>
<th>Original:</th>
<th>Supplemental:</th>
<th>Final:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

1. Name of Operator: PACIFIC GAS & ELECTRIC CO
2. Address of Operator:
   - Street Address: PG&E - GAS OPERATIONS, REGULATORY COMPLIANCE 6111 BOLLINGER CANYON RD.,
   - City: SAN RAMON
   - State: California
   - Zip Code: 94583
3. Local time (24-hr clock) and date of the Incident: 10/23/2013 14:35
4. Location of Incident:
   - Latitude: 39.0098951
   - Longitude: -121.423013
5. National Response Center Report Number (if applicable): 106386
6. Incident resulted from: Unintentional release of gas
7. Gas released: Natural Gas
8. Estimated volume of commodity released unintentionally - Thousand Cubic Feet (MCF): 13,798.00
9. Estimated volume of intentional and controlled release/blowdown - Thousand Cubic Feet (MCF): 13,798.00
10. Estimated volume of accompanying liquid release (Barrels): No
11. Were there fatalities? No
   - If Yes, specify the number in each category:
     - Operator employees
     - Contractor employees working for the Operator
     - Non-Operator emergency responders
     - Workers working on the right-of-way, but NOT associated with this Operator
     - General public
12. Were there injuries requiring inpatient hospitalization? No
   - If Yes, specify the number in each category:
     - Operator employees
     - Contractor employees working for the Operator
     - Non-Operator emergency responders
     - Workers working on the right-of-way, but NOT associated with this Operator
     - General public
13. Was the pipeline/facility shut down due to the incident? No
- If No, Explain: isolated the damaged section of pipe by closing mainline valves

- If Yes, complete Questions 15a and 15b: (use local time, 24-hr clock)

15a. Local time and date of shutdown

15b. Local time pipeline/facility restarted

- Still shut down? (* Supplemental Report Required)

16. Did the gas ignite? No

17. Did the gas explode? No

18. Number of general public evacuated:

19. Time sequence (use local time, 24-hour clock):

19a. Local time operator identified incident – effective 10-2014, changed from “incident” to “failure” 10/23/2013 14:35

19b. Local time operator resources arrived on site 10/23/2013 15:20

PART B - ADDITIONAL LOCATION INFORMATION

1. Was the origin of the incident onshore? Yes

   - Yes (Complete Questions 2-12)
   - No (Complete Questions 13-15)

If Onshore:

2. State:
   - California

3. Zip Code:
   - 95692

4. City:
   - Wheatland

5. County or Parish:
   - Yuba

6. Operator designated location:
   - Milepost/Valve Station
   Specify: 14.49

7. Pipeline/Facility name:
   - L 124A

8. Segment name/ID:

9. Was Incident on Federal land, other than the Outer Continental Shelf (OCS)?
   - No

10. Location of Incident:
   - Pipeline Right-of-way

11. Area of Incident (as found):
   - Underground
   Specify: Under soil

   Other – Describe:

   Depth-of-Cover (in):
   - 56

12. Did Incident occur in a crossing?
   - No

   - If Yes, specify type below:
     - If Bridge crossing –
       - Cased/ Uncased
     - If Railroad crossing –
       - Cased/ Uncased/ Bored/drilled
     - If Road crossing –
       - Cased/ Uncased/ Bored/drilled
     - If Water crossing –
       - Cased/ Uncased

   Name of body of water (If commonly known):

   Approx. water depth (ft) at the point of the Incident:
   Select:

If Offshore:

13. Approx. water depth (ft) at the point of the Incident:

14. Origin of Incident:

   - If "In State waters":
     - State:
     - Area:
     - Block/Tract #:
     - Nearest County/Parish:

   - If "On the Outer Continental Shelf (OCS)"
     - Area:
     - Block #:

15. Area of Incident:

PART C - ADDITIONAL FACILITY INFORMATION

1. Is the pipeline or facility: - Interstate - Intrastate
   - Intrastate

2. Part of system involved in incident:
   - Onshore Pipeline, Including Valve Sites

3. Item involved in incident:
   - Pipe

   - If Pipe – Specify:
     - Pipe Seam

3a. Nominal diameter of pipe (in):
   - 16
3b. Wall thickness (in): .280
3c. SMYS (Specified Minimum Yield Strength) of pipe (psi): 42,000
3d. Pipe specification: X42
3e. Pipe Seam – Specify: Seamless
3f. Pipe manufacturer: unknown
3g. Year of manufacture: 1955
3h. Pipeline coating type at point of Incident – Specify: Asphalt
- If Other, Describe:
4. Year item involved in Incident was installed: 1955
5. Material involved in Incident: Carbon Steel
- If Material other than Carbon Steel or Plastic – Specify:
6. Type of Incident involved:
- If Mechanical Puncture – Specify Approx. size:
- in. (axial) by
- in. (circumferential)
- If Leak - Select Type:
- If Other – Describe:
- If Rupture - Select Orientation:
- If Other – Describe:
- Approx. size: in. (widest opening):
- by in. (length circumferentially or axially):
- If Other – Describe:
7. Estimated Property Damage:
7a. Estimated cost of public and non-Operator private property damage paid/reimbursed by the Operator – effective 6-2011, "paid/reimbursed by the Operator" removed $ 0
7b. Estimated cost of gas released unintentionally – effective 6-2011, moved to item 7f $ 40,000
7c. Estimated cost of Operator's emergency response $ 10,000
7d. Estimated other costs $ 0
7e. Property damage subtotal (sum of above) $ 110,000
8. Cost of Gas Released:
8a. Estimated cost of gas released unintentionally $ 40,000
8b. Estimated cost of gas released during intentional and controlled blowdown $ 0
8h. Total estimated cost of gas released (sum of 7.1 & 7.g above) $ 40,000
### PART E - ADDITIONAL OPERATING INFORMATION

1. Estimated pressure at the point and time of the Incident (psig): 
   585.00

2. Maximum Allowable Operating Pressure (MAOP) at the point and time of the Incident (psig): 
   600.00

3. Describe the pressure on the system or facility relating to the Incident: 
   Pressure did not exceed MAOP

4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Incident operating under an established pressure restriction with pressure limits below those normally allowed by the MAOP? 
   No

5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? 
   Yes

6. Was a Supervisory Control and Data Acquisition (SCADA)-based system in place on the pipeline or facility involved in the Incident? 
   Yes

7. How was the Incident initially identified for the Operator? 
   Notification from Emergency Responder

8. Was an investigation initiated into whether or not the controller(s) or control room issues were the cause of or a contributing factor to the Incident? 
   No, the Operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to: (provide an explanation for why the Operator did not
The cause of the incident was due to a third party contractor that struck PG&E’s gas transmission line with a field ripper.

- If No, the operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to:
  (provide an explanation for why the operator did not investigate)

- If Yes, Describe investigation result(s) (select all that apply):
  - Investigation reviewed work schedule rotations, continuous hours of service (while working for the operator), and other factors associated with fatigue
  - Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator) and other factors associated with fatigue
  - Provide an explanation for why not:
    - Investigation identified no control room issues
    - Investigation identified no controller issues
    - Investigation identified incorrect controller action or controller error
    - Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response
    - Investigation identified incorrect control room equipment operation
    - Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response
    - Investigation identified areas other than those above –
      Describe:

PART F - DRUG & ALCOHOL TESTING INFORMATION

1. As a result of this Incident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT’s Drug & Alcohol Testing regulations?
   No
   - If Yes:
     1a. How many were tested:
     1b. How many failed:

2. As a result of this Incident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT’s Drug & Alcohol Testing regulations?
   No
   - If Yes:
     2a. How many were tested:
     2b. How many failed:

PART G - APPARENT CAUSE

Select only one box from PART G in the shaded column on the left representing the APPARENT Cause of the Incident, and answer the questions on the right. Describe secondary, contributing, or root causes of the Incident in the narrative (PART H).

Apparent Cause: G3 - Excavation Damage

G1 - Corrosion Failure - only one sub-cause can be picked from shaded left-hand column

Corrosion Failure – Sub-cause:

- If External Corrosion:
  - Results of visual examination:
    - If Other, Describe:
  - Type of corrosion: (select all that apply)
    - Galvanic
    - Atmospheric
    - Stray Current
    - Microbiological
    - Selective Seam
    - Other
    - If Other – Describe:

3. The type(s) of corrosion selected in Question 2 is based on the following: (select all that apply)
   - Field examination
   - Determined by metallurgical analysis
   - Other
   - If Other – Describe:
4. Was the failed item buried under the ground?
   - If Yes:
     4a. Was failed item considered to be under cathodic protection at the time of the incident?
     - If Yes, Year protection started:
     4b. Was shielding, tenting, or disbonding of coating evident at the point of the incident?
     4c. Has one or more Cathodic Protection Survey been conducted at the point of the incident?
       - If “Yes, CP Annual Survey” – Most recent year conducted:
       - If “Yes, Close Interval Survey” – Most recent year conducted:
       - If “Yes, Other CP Survey” – Most recent year conducted:
   - If No:
     4d. Was the failed item externally coated or painted?

5. Was there observable damage to the coating or paint in the vicinity of the corrosion?
   - If Internal Corrosion:

6. Results of visual examination:
   - If Other, Describe:

7. Cause of corrosion (select all that apply):
   - Corrosive Commodity
   - Water drop-out/Acid
   - Microbiological
   - Erosion
   - Other
     - If Other, Describe:

8. The cause(s) of corrosion selected in Question 7 is based on the following (select all that apply):
   - Field examination
   - Determined by metallurgical analysis
   - Other
     - If Other, Describe:

9. Location of corrosion (select all that apply):
   - Low point in pipe
   - Elbow
   - Drop-out
   - Other
     - If Other, Describe:

10. Was the gas/fluid treated with corrosion inhibitors or biocides?
11. Was the interior coated or lined with protective coating?
12. Were cleaning/dewatering pigs (or other operations) routinely utilized?
13. Were corrosion coupons routinely utilized?

**Complete the following if any Corrosion Failure sub-cause is selected AND the “Item Involved in Incident” (from PART C, Question 3) is Pipe or Weld.**

14. Has one or more internal inspection tool collected data at the point of the Incident?
   14a. If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run:
       - Magnetic Flux Leakage Tool
         Most recent year run:
       - Ultrasonic
         Most recent year run:
       - Geometry
         Most recent year run:
       - Caliper
         Most recent year run:
       - Crack
         Most recent year run:
       - Hard Spot
         Most recent year run:
       - Combination Tool
         Most recent year run:
       - Transverse Field/Triaxial
         Most recent year run:
       - Other
         Most recent year run:
         If Other, Describe:

15. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Incident?
<table>
<thead>
<tr>
<th>Question</th>
<th>Most recent year tested:</th>
<th>Test pressure (psig):</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Has one or more Direct Assessment been conducted on this segment?</td>
<td></td>
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<tr>
<td>- If Yes, and an investigative dig was conducted at the point of the</td>
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<tr>
<td>Incident:</td>
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<tr>
<td>Most recent year conducted:</td>
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<tr>
<td>- If Yes, but the point of the Incident was not identified as a dig</td>
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<tr>
<td>site:</td>
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<tr>
<td>Most recent year conducted:</td>
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<tr>
<td>17. Has one or more non-destructive examination been conducted at</td>
<td></td>
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<tr>
<td>the point of the Incident since January 1, 2002?</td>
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<tr>
<td>17a. If Yes, for each examination conducted since January 1, 2002,</td>
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<tr>
<td>select type of non-destructive examination and indicate most</td>
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<td></td>
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<tr>
<td>recent year the examination was conducted:</td>
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<td></td>
</tr>
<tr>
<td>- Radiography</td>
<td></td>
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<tr>
<td>Most recent year examined:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Guided Wave Ultrasonic</td>
<td></td>
<td></td>
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<tr>
<td>Most recent year examined:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Handheld Ultrasonic Tool</td>
<td></td>
<td></td>
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<tr>
<td>Most recent year examined:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Wet Magnetic Particle Test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Most recent year examined:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Dry Magnetic Particle Test</td>
<td></td>
<td></td>
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<tr>
<td>Most recent year examined:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Most recent year examined:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Other, Describe:</td>
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</tbody>
</table>

**G2 - Natural Force Damage** - only one sub-cause can be picked from shaded left-hand column

**Natural Force Damage – Sub-Cause:**

- If Earth Movement, NOT due to Heavy Rains/Floods:
  1. Specify:
     - If Other, Describe:

- If Heavy Rains/Floods:
  2. Specify:
     - If Other, Describe:

- If Lightning:
  3. Specify:
  4. Specify:

- If Other Natural Force Damage:
  5. Describe:

**Complete the following if any Natural Force Damage sub-cause is selected.**

- If yes, specify: (select all that apply):
  - Hurricane
  - Tropical Storm
  - Tornado
  - Other

  - If Other, Describe:

**G3 - Excavation Damage** only one sub-cause can be picked from shaded left-hand column

**Excavation Damage – Sub-Cause:**

- If Previous Damage Due to Excavation Activity: Complete Questions 1-5 ONLY IF the "Item Involved in Incident" (From Part C, Question 3) is Pipe or Weld.

1. Has one or more internal inspection tool collected data at the point of the Incident?

  1a. If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run:

     - Magnetic Flux Leakage
     Year:

     - Ultrasonic
     Year:

     - Geometry
     Year:
2. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained?

3. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Incident?
   - If Yes:
     Most recent year tested:
     Test pressure (psig):

4. Has one or more Direct Assessment been conducted on the pipeline segment?
   - If Yes, and an investigative dig was conducted at the point of the Incident:
     Most recent year conducted:
   - If Yes, but the point of the Incident was not identified as a dig site:
     Most recent year conducted:

5. Has one or more non-destructive examination been conducted at the point of the Incident since January 1, 2002?
   5a. If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted:
     - Radiography Year:
     - Guided Wave Ultrasonic Year:
     - Handheld Ultrasonic Tool Year:
     - Wet Magnetic Particle Test Year:
     - Dry Magnetic Particle Test Year:
     - Other Year:
     Describe:

Complete the following if Excavation Damage by Third Party is selected as the sub-cause.

6. Did the operator get prior notification of the excavation activity? No
   6a. If Yes, Notification received from (select all that apply):
     - One-Call System
     - Excavator
     - Contractor
     - Landowner

Complete the following mandatory CGA-DIRT Program questions if any Excavation Damage sub-cause is selected.

7. Do you want PHMSA to upload the following information to CGA-DIRT (www.cga-dirt.com)? Yes
8. Right-of-Way where event occurred (select all that apply):
   - Public
     - If Public, Specify:
   - Private
     - If Private, Specify:
   - Pipeline Property/Easement
   - Power/Transmission Line
   - Railroad
   - Dedicated Public Utility Easement
   - Federal Land
   - Data not collected
   - Unknown/Other

9. Type of excavator: Contractor
10. Type of excavation equipment: Farm Equipment
11. Type of work performed: Agriculture
12. Was the One-Call Center notified?  - Yes  - No
   
   12a. If Yes, specify ticket number:
   
   12b. If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified:
   
13. Type of Locator:  Unknown/Other

14. Were facility locate marks visible in the area of excavation?  Unknown/Other

15. Were facilities marked correctly?  Unknown/Other

16. Did the damage cause an interruption in service?
   
   16a. If Yes, specify duration of the interruption: (hours)

17. Description of the CGA-DIRT Root Cause (select only the one predominant first level CGA-DIRT Root Cause and then, where available as a choice, then one predominant second level CGA-DIRT Root Cause as well):
   
   - Predominant first level CGA-DIRT Root Cause: One-Call Notification Practices Not Sufficient
   - If One-Call Notification Practices Not Sufficient, Specify: No notification made to the One-Call Center
   - If Locating Practices Not Sufficient, Specify:
   - If Excavation Practices Not Sufficient, Specify:
   - If Other/None of the Above, Explain:

G4 - Other Outside Force Damage - only one sub-cause can be selected from the shaded left-hand column

Other Outside Force Damage – Sub-Cause:

- If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation:
  
  1. Vehicle/Equipment operated by:

- If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring:
  
  2. Select one or more of the following IF an extreme weather event was a factor:
     
     - Hurricane
     - Tropical Storm
     - Tornado
     - Heavy Rains/Flood
     - Other
     
     - If Other, Describe:

- If Previous Mechanical Damage NOT Related to Excavation: Complete Questions 3-7 ONLY IF the “Item Involved in Incident” (from PART C, Question 3) is Pipe or Weld.

  3. Has one or more internal inspection tool collected data at the point of the Incident?
   
   3a. If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run:
     
     - Magnetic Flux Leakage
     Most recent year run:

     - Ultrasonic
     Most recent year run:

     - Geometry
     Most recent year run:

     - Caliper
     Most recent year run:

     - Crack
     Most recent year run:

     - Hard Spot
     Most recent year run:

     - Combination Tool
     Most recent year run:

     - Transverse Field/Triaxial
     Most recent year run:

     - Other:
     Most recent year run:

     Describe:

  4. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained?

  5. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Incident?
     
     - If Yes:
     Most recent year tested:

     Test pressure (psig):

  6. Has one or more Direct Assessment been conducted on the pipeline segment?
- If Yes, and an investigative dig was conducted at the point of the Incident:
  - Most recent year conducted:

- If Yes, but the point of the Incident was not identified as a dig site:
  - Most recent year conducted:

7. Has one or more non-destructive examination been conducted at the point of the Incident since January 1, 2002?

7a. If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted:

<table>
<thead>
<tr>
<th>Examination Type</th>
<th>Most recent year conducted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiography</td>
<td></td>
</tr>
<tr>
<td>Guided Wave Ultrasonic</td>
<td></td>
</tr>
<tr>
<td>Handheld Ultrasonic Tool</td>
<td></td>
</tr>
<tr>
<td>Wet Magnetic Particle Test</td>
<td></td>
</tr>
<tr>
<td>Dry Magnetic Particle Test</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Describe</td>
<td></td>
</tr>
</tbody>
</table>

- If Intentional Damage:
  8. Specify:  
    - If Other, Describe:

- If Other Outside Force Damage:
  9. Describe:

G5 - Pipe, Weld, or Joint Failure

Use this section to report material failures ONLY IF the "Item Involved in Incident" (from PART C, Question 3) is "Pipe" or "Weld."

<table>
<thead>
<tr>
<th>Pipe, Weld or Joint Failure – Sub-Cause:</th>
<th>Use this section to report material failures ONLY IF the &quot;Item Involved in Incident&quot; (from PART C, Question 3) is &quot;Pipe&quot; or &quot;Weld.&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe, Weld or Join Failure</td>
<td>Only one sub-cause can be selected from the shaded left-hand column</td>
</tr>
</tbody>
</table>

Pipe, Weld or Join Failure – Sub-Cause:

1. The sub-cause shown above is based on the following (select all that apply):
   - Field Examination
   - Determined by Metallurgical Analysis
   - Other Analysis
      - If "Other Analysis", Describe
      - Sub-cause is Tentative or Suspected; Still Under Investigation (Supplemental Report required)

- If Construction-, Installation- or Fabrication

2. List contributing factors: (select all that apply)
   - Fatigue or Vibration related:
     - Specify:
     - If Other, Describe:
   - Mechanical Stress
   - Other
     - If Other, Describe:

- If Environmental Cracking-related:

3. Specify:
   - If Other, Describe:

Complete the following if any Material Failure of Pipe or Weld sub-cause is selected.

4. Additional Factors (select all that apply):
   - Dent
   - Gouge
   - Pipe Bend
   - Arc Burn
   - Crack
   - Lack of Fusion
   - Lamination
   - Buckle
   - Wrinkle
   - Misalignment
   - Burnt Steel
   - Other
     - If Other, Describe:
5. Has one or more internal inspection tool collected data at the point of the incident?

5a. If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run:

<table>
<thead>
<tr>
<th>Tool Type</th>
<th>Most recent year run</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magnetic Flux Leakage</td>
<td></td>
</tr>
<tr>
<td>Ultrasonic</td>
<td></td>
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<tr>
<td>Geometry</td>
<td></td>
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<td>Caliper</td>
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<td>Transverse Field/Triaxial</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Describe:

6. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the incident?

- If Yes:

<table>
<thead>
<tr>
<th>Test</th>
<th>Most recent year tested</th>
<th>Test pressure (psig)</th>
</tr>
</thead>
</table>

7. Has one or more Direct Assessment been conducted on the pipeline segment?

- If Yes, and an investigative dig was conducted at the point of the incident:

<table>
<thead>
<tr>
<th>Most recent year conducted</th>
</tr>
</thead>
</table>

- If Yes, but the point of the Incident was not identified as a dig site:

<table>
<thead>
<tr>
<th>Most recent year conducted</th>
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</table>

8. Has one or more non-destructive examination(s) been conducted at the point of the incident since January 1, 2002?

8a. If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted:

<table>
<thead>
<tr>
<th>Examination Type</th>
<th>Most recent year conducted</th>
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<tbody>
<tr>
<td>Radiography</td>
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<td></td>
</tr>
<tr>
<td>Wet Magnetic Particle Test</td>
<td></td>
</tr>
<tr>
<td>Dry Magnetic Particle Test</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Describe:

G6 - Equipment Failure - only one sub-cause can be selected from the shaded left-hand column

Equipment Failure – Sub-Cause:

- If Malfunction of Control/Relief Equipment:

1. Specify:

<table>
<thead>
<tr>
<th>Control/Relief Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control Valve</td>
</tr>
<tr>
<td>Instrumentation</td>
</tr>
<tr>
<td>SCADA</td>
</tr>
<tr>
<td>Communications</td>
</tr>
<tr>
<td>Block Valve</td>
</tr>
<tr>
<td>Check Valve</td>
</tr>
<tr>
<td>Relief Valve</td>
</tr>
<tr>
<td><strong>Equipment Failure</strong></td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td>Power Failure</td>
</tr>
<tr>
<td>Stopple/Control Fitting</td>
</tr>
<tr>
<td>Pressure Regulator</td>
</tr>
<tr>
<td>ESD System Failure</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td><strong>If Other, Describe</strong></td>
</tr>
</tbody>
</table>

**If Compressor or Compressor-related Equipment:**

2. Specify:

   - If Other, Describe:

**If Threaded Connection/Coupling Failure:**

3. Specify:

   - If Other, Describe:

**If Non-threaded Connection Failure:**

4. Specify:

   - If Other, Describe:

**If Other Equipment Failure:**

5. Describe:

   Complete the following if any Equipment Failure sub-cause is selected.

6. Additional factors that contributed to the equipment failure (select all that apply)
   - Excessive vibration
   - Overpressurization
   - No support or loss of support
   - Manufacturing defect
   - Loss of electricity
   - Improper installation
   - Mismatched items (different manufacturer for tubing and tubing fittings)
   - Dissimilar metals
   - Breakdown of soft goods due to compatibility issues with transported gas/liquid
   - Valve vault or valve can contributed to the release
   - Alarm/status failure
   - Misalignment
   - Thermal stress
   - Other
   - If Other, Describe:

**G7 – Incorrect Operation - only one sub-cause can be selected from the shaded left-hand column**

Incorrect Operation – Sub-Cause:

- If Underground Gas Storage, Pressure Vessel, or Cavern Allowed or Caused to Overpressure:
  1. Specify:

    - If Other, Describe:

- If Other Incorrect Operation:
  2. Describe:

   Complete the following if any Incorrect Operation sub-cause is selected.

3. Was this Incident related to: (select all that apply)
   - Inadequate procedure
   - No procedure established
   - Failure to follow procedure
   - Other:

4. What category type was the activity that caused the Incident:

5. Was the task(s) that led to the incident identified as a covered task in your Operator Qualification Program?

5a. If Yes, were the individuals performing the task(s) qualified for the task(s)?

**G8 - Other Incident Cause - only one sub-cause can be selected from the shaded left-hand column**

Other Incident Cause – Sub-Cause:

- If Miscellaneous:
  1. Describe:
PART - H NARRATIVE DESCRIPTION OF THE INCIDENT

On October 23, 2013 Pacific Gas and Electric (PG&E) was notified that a third party contractor, Western Construction and Mining, was ripping a field with a CAT D-10 for the property owner, Tollencrest Dairy, when the contractor struck PG&E's 16-inch steel transmission line L-124A resulting in a release of gas. The contractor did not contact USA and did not hand dig, expose and protect the line prior to using mechanical equipment, as required. PG&E's Gas Service Representative arrived on site at 1520 hours and the flow of gas was stopped at 1645 hours by closing the main line valves. No customers experienced gas service interruption. There were no injuries, no fatalities and no ignition as a result of this incident. Media was not observed on scene. The damaged section of 16-inch steel pipe on L-124A was repaired by 0327 hours on October 24, 2013 and the operating pressure was limited to 526 psi (10% below discovery pressure). At the time the dig in was observed, the contractor had dug a significant distance over Line-124A; therefore, PG&E performed additional assessment on the pipeline prior to restoring the pipeline to normal operating pressure. After an exploratory dig confirmed that no additional damage was made to the pipe as a result of this incident, the pressure in Line-124A was restored to 585 psig, which is the operating pressure prior to the incident. This incident was reported to the DOT at 1722 hours and CPUC at 1724 hours because the volume of gas released is in excess of 3 million cubic feet and damages are greater than $50,000.

PART I - PREPARER AND AUTHORIZED SIGNATURE

<table>
<thead>
<tr>
<th>Preparer's Name</th>
<th>Cheryl Dizon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparer's Title</td>
<td>Compliance Engineer</td>
</tr>
<tr>
<td>Preparer's Telephone Number</td>
<td>925-328-5721</td>
</tr>
<tr>
<td>Preparer's E-mail Address</td>
<td><a href="mailto:c1dz@pge.com">c1dz@pge.com</a></td>
</tr>
<tr>
<td>Preparer's Facsimile Number</td>
<td>925-328-5591</td>
</tr>
<tr>
<td>Authorized Signature Title</td>
<td>Manager Regulatory Compliance</td>
</tr>
<tr>
<td>Authorized Signature Telephone Number</td>
<td>925-328-5733</td>
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<tr>
<td>Authorized Signature Email</td>
<td><a href="mailto:fsc2@pge.com">fsc2@pge.com</a></td>
</tr>
<tr>
<td>Date</td>
<td>01/31/2014</td>
</tr>
</tbody>
</table>