**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>

**Last Revision Date:**

1. Operator's OPS-issued Operator Identification Number (OPID): 15007

2. Name of Operator: PACIFIC GAS & ELECTRIC CO

3. Address of Operator:
   - 3a. Street Address: PG&E - GAS OPERATIONS, REGULATORY COMPLIANCE 6111 BOLLINGER CANYON RD.,
   - 3b. City: SAN RAMON
   - 3c. State: California
   - 3d. Zip Code: 94583

4. Local time (24-hr clock) and date of the Incident: 11/22/2013 12:56

5. Location of Incident:
   - Latitude: 36.02511
   - Longitude: -120.92151

6. National Response Center Report Number (if applicable): 1066618

7. Local time (24-hr clock) and date of initial telephonic report to the National Response Center (if applicable): 11/22/2013 14:53

8. Incident resulted from:
   - Unintentional release of gas

9. Gas released: (select only one, based on predominant volume released)
   - Natural Gas
   - Other Gas Released Name:

10. Estimated volume of commodity released unintentionally - Thousand Cubic Feet (MCF): 1,166.00

11. Estimated volume of intentional and controlled release/blowdown - Thousand Cubic Feet (MCF):

12. Estimated volume of accompanying liquid release (Barrels):

13. Were there fatalities? No

   - If Yes, specify the number in each category:
     - 13a. Operator employees
     - 13b. Contractor employees working for the Operator
     - 13c. Non-Operator emergency responders
     - 13d. Workers working on the right-of-way, but NOT associated with this Operator
     - 13e. General public

14. Total fatalities (sum of above):

14. Were there injuries requiring inpatient hospitalization? No

   - If Yes, specify the number in each category:
     - 14a. Operator employees
     - 14b. Contractor employees working for the Operator
     - 14c. Non-Operator emergency responders
     - 14d. Workers working on the right-of-way, but NOT associated with this Operator
     - 14e. General public

15. Total injuries (sum of above):

16. Was the pipeline/facility shut down due to the incident? Yes
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>15a. Local time and date of shutdown</td>
<td>11/22/2013 16:02</td>
</tr>
<tr>
<td>15b. Local time pipeline/facility restarted</td>
<td>11/23/2013 17:00</td>
</tr>
<tr>
<td>16. Did the gas ignite?</td>
<td>No</td>
</tr>
<tr>
<td>17. Did the gas explode?</td>
<td>No</td>
</tr>
<tr>
<td>19a. Local time operator identified Incident– effective 10-2014, changed from &quot;Incident&quot; to &quot;failure&quot;</td>
<td>11/22/2013 12:56</td>
</tr>
<tr>
<td>19b. Local time operator resources arrived on site</td>
<td>11/22/2013 13:55</td>
</tr>
<tr>
<td>PART B - ADDITIONAL LOCATION INFORMATION</td>
<td></td>
</tr>
<tr>
<td>1. Was the origin of the Incident onshore?</td>
<td>Yes</td>
</tr>
<tr>
<td>If Onshore:</td>
<td></td>
</tr>
<tr>
<td>2. State:</td>
<td>California</td>
</tr>
<tr>
<td>3. Zip Code:</td>
<td>93450</td>
</tr>
<tr>
<td>4. City</td>
<td>San Ardo</td>
</tr>
<tr>
<td>5. County or Parish</td>
<td>Monterey</td>
</tr>
<tr>
<td>6. Operator designated location</td>
<td>Milepost/Valve Station</td>
</tr>
<tr>
<td>7. Pipeline/Facility name:</td>
<td>L-187</td>
</tr>
<tr>
<td>8. Segment name/ID:</td>
<td></td>
</tr>
<tr>
<td>9. Was Incident on Federal land, other than the Outer Continental Shelf (OCS)?</td>
<td>No</td>
</tr>
<tr>
<td>10. Location of Incident :</td>
<td>Pipeline Right-of-way</td>
</tr>
<tr>
<td>11. Area of Incident (as found)</td>
<td>Underground</td>
</tr>
<tr>
<td>Other – Describe:</td>
<td></td>
</tr>
<tr>
<td>12. Did Incident occur in a crossing?</td>
<td>No</td>
</tr>
<tr>
<td>If Bridge crossing –</td>
<td></td>
</tr>
<tr>
<td>Cased/ Uncased:</td>
<td></td>
</tr>
<tr>
<td>If Railroad crossing –</td>
<td></td>
</tr>
<tr>
<td>Cased/ Uncased/ Bored/drilled</td>
<td></td>
</tr>
<tr>
<td>If Road crossing –</td>
<td></td>
</tr>
<tr>
<td>Cased/ Uncased/ Bored/drilled</td>
<td></td>
</tr>
<tr>
<td>If Water crossing –</td>
<td></td>
</tr>
<tr>
<td>Cased/ Uncased</td>
<td></td>
</tr>
<tr>
<td>13. Approx. water depth (ft) at the point of the Incident:</td>
<td>Select</td>
</tr>
<tr>
<td>If Offshore:</td>
<td></td>
</tr>
<tr>
<td>14. Origin of Incident:</td>
<td></td>
</tr>
<tr>
<td>- If &quot;In State waters&quot;:</td>
<td></td>
</tr>
<tr>
<td>- State:</td>
<td></td>
</tr>
<tr>
<td>- Area:</td>
<td></td>
</tr>
<tr>
<td>- Block/Tract #:</td>
<td></td>
</tr>
<tr>
<td>- Nearest County/Parish:</td>
<td></td>
</tr>
<tr>
<td>- If &quot;On the Outer Continental Shelf (OCS)&quot;**:</td>
<td></td>
</tr>
<tr>
<td>- Area:</td>
<td></td>
</tr>
<tr>
<td>- Block #:</td>
<td></td>
</tr>
<tr>
<td>15. Area of Incident:</td>
<td></td>
</tr>
<tr>
<td>PART C - ADDITIONAL FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>1. Is the pipeline or facility: - Interstate - Intrastate</td>
<td>Interstate</td>
</tr>
<tr>
<td>2. Part of system involved in Incident:</td>
<td>Onshore Pipeline, Including Valve Sites</td>
</tr>
<tr>
<td>3. Item involved in Incident:</td>
<td>Pipe</td>
</tr>
<tr>
<td>- If Pipe – Specify:</td>
<td>Pipe Body</td>
</tr>
<tr>
<td>3a. Nominal diameter of pipe (in):</td>
<td>6</td>
</tr>
<tr>
<td>3b. Wall thickness (in):</td>
<td>.188</td>
</tr>
</tbody>
</table>
3c. SMYS (Specified Minimum Yield Strength) of pipe (psi): 42,000
3d. Pipe specification: API5L
3e. Pipe Seam – Specify: Longitudinal ERW - Unknown Frequency
3f. Pipe manufacturer: unknown
3g. Year of manufacture: 1957
3h. Pipeline coating type at point of Incident – Specify: Other
   - If Other, Describe: Double Wrap
3i. Mainline valve manufacturer: unknown
3j. Year of manufacture: unknown

4. Year item involved in Incident was installed: 1957
5. Material involved in Incident: Carbon Steel
   - If Material other than Carbon Steel or Plastic – Specify: Other
   - If Other, Describe: Double Wrap

PART D - ADDITIONAL CONSEQUENCE INFORMATION
1. Class Location of Incident: Class 1 Location
2. Did this Incident occur in a High Consequence Area (HCA)? No
   - If Yes:
     2a. Specify the Method used to identify the HCA: 
3. What is the PIR (Potential Impact Radius) for the location of this Incident? Feet: 74
4. Were any structures outside the PIR impacted or otherwise damaged due to heat/fire resulting from the Incident? No
5. Were any structures outside the PIR impacted or otherwise damaged NOT by heat/fire resulting from the Incident? No
6. Were any of the fatalities or injuries reported for persons located outside the PIR? No
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
   Estimated cost of gas released unintentionally – effective 6-2011, moved to item 7f $ 3,300
   Estimated cost of gas released during intentional and controlled blowdown – effective 6-2011, moved to item 7g $ 0
   7b. Estimated cost of Operator's property damage & repairs $ 200,000
   7c. Estimated cost of Operator's emergency response $ 200,000
   7d. Estimated other costs $ 0
   7e. Property damage subtotal (sum of above) $ 400,000
   Cost of Gas Released
   7f. Estimated cost of gas released unintentionally $ 3,300
   7g. Estimated cost of gas released during intentional and controlled blowdown $ 0
   7h. Total estimated cost of gas released (sum of 7.1 & 7.g above) $ 3,300

Farmer plowing field struck the gas line with heavy farming equipment
### PART E - ADDITIONAL OPERATING INFORMATION

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Estimated pressure at the point and time of the Incident (psig):</td>
<td>300.00</td>
</tr>
<tr>
<td>2. Maximum Allowable Operating Pressure (MAOP) at the point and time of the Incident (psig):</td>
<td>313.00</td>
</tr>
<tr>
<td>Added 10-2014 2a. MAOP established by 49 CFR section:</td>
<td>Not on OMB-approved form when submitted</td>
</tr>
<tr>
<td>3. Describe the pressure on the system or facility relating to the Incident:</td>
<td>Pressure did not exceed MAOP</td>
</tr>
<tr>
<td>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?</td>
<td>No</td>
</tr>
<tr>
<td>4a. Did the pressure exceed this established pressure restriction?</td>
<td>No</td>
</tr>
<tr>
<td>4b. Was this pressure restriction mandated by PHMSA or the State?</td>
<td>No</td>
</tr>
<tr>
<td>5. Was &quot;Onshore Pipeline, Including Valve Sites&quot; OR &quot;Offshore Pipeline, Including Riser and Riser Bend&quot; selected in PART C, Question 2?</td>
<td>Yes</td>
</tr>
<tr>
<td>5a. Type of upstream valve used to initially isolate release source:</td>
<td>Manual</td>
</tr>
<tr>
<td>5b. Type of downstream valve used to initially isolate release source:</td>
<td></td>
</tr>
<tr>
<td>5c. Length of segment isolated between valves (ft):</td>
<td>44,352</td>
</tr>
<tr>
<td>5d. Is the pipeline configured to accommodate internal inspection tools?</td>
<td>No</td>
</tr>
<tr>
<td>5e. For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool run?</td>
<td>No</td>
</tr>
<tr>
<td>6. Was a Supervisory Control and Data Acquisition (SCADA)-based system in place on the pipeline or facility involved in the Incident?</td>
<td>Yes</td>
</tr>
<tr>
<td>6a. Was it operating at the time of the Incident?</td>
<td>Yes</td>
</tr>
<tr>
<td>6b. Was it fully functional at the time of the Incident?</td>
<td>Yes</td>
</tr>
<tr>
<td>6c. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations) assist with the detection of the Incident?</td>
<td>Yes</td>
</tr>
<tr>
<td>6d. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the Incident?</td>
<td>Yes</td>
</tr>
<tr>
<td>7. How was the Incident initially identified for the Operator?</td>
<td>SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations)</td>
</tr>
<tr>
<td>7a. If &quot;Controller&quot;, &quot;Local Operating Personnel, including contractors&quot;, &quot;Air Patrol&quot;, or &quot;Ground Patrol by Operator or its contractor&quot; is selected in Question 7, specify:</td>
<td>No, the Operator did not find that an investigation of the controller(s) actions or control room issues was necessary</td>
</tr>
</tbody>
</table>
Incident? due to: (provide an explanation for why the operator did not investigate)

- 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)
  The cause of the incident was a third party who struck the pipeline with heavy farming equipment

- 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 procedures
  - 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:
  1. Results of visual examination:
     - If Other, Describe:
  2. 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
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?

- If Yes, Most recent year tested:
  Test pressure (psig):

16. Has one or more Direct Assessment been conducted on this 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:

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

17a. 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
  Most recent year examined:
- Guided Wave Ultrasonic
  Most recent year examined:
- Handheld Ultrasonic Tool
  Most recent year examined:
- Wet Magnetic Particle Test
  Most recent year examined:
- Dry Magnetic Particle Test
  Most recent year examined:
- Other
  Most recent year examined:
  If Other, Describe:

G2 - Natural Force Damage - only one sub-cause can be picked from shaded left-handed 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:
- If Temperature:
  4. Specify:
- If Other Natural Force Damage:
  5. Describe:

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

6. Were the natural forces causing the Incident generated in conjunction with an extreme weather event?
   - 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: Excavation Damage by Third Party
- 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

Reproduction of this form is permitted
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
      - Private
        - If Public, Specify:
        - If Private, Specify: Private Landowner
      - Pipeline Property/Easement
      - Power/Transmission Line
      - Railroad
      - Dedicated Public Utility Easement
      - Federal Land
      - Data not collected
      - Unknown/Other

9. Type of excavator: Farmer
   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: No
   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: Data not collected

14. Were facility locate marks visible in the area of excavation? Data not collected

15. Were facilities marked correctly? Data not collected

16. Did the damage cause an interruption in service? Yes
   16a. If Yes, specify duration of the interruption: (hours) 25

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:

| - Radiography | Most recent year conducted: |
| - Guided Wave Ultrasonic | Most recent year conducted: |
| - Handheld Ultrasonic Tool | Most recent year conducted: |
| - Wet Magnetic Particle Test | Most recent year conducted: |
| - Dry Magnetic Particle Test | Most recent year conducted: |
| - Other | Most recent year conducted: |

Describe:

- 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." |
| Only one sub-cause can be selected from the shaded left-hand column |

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
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>
</tr>
<tr>
<td>Geometry</td>
<td></td>
</tr>
<tr>
<td>Caliper</td>
<td></td>
</tr>
<tr>
<td>Crack</td>
<td></td>
</tr>
<tr>
<td>Hard Spot</td>
<td></td>
</tr>
<tr>
<td>Combination Tool</td>
<td></td>
</tr>
<tr>
<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?

| Most recent year tested: |
| Test pressure (psig): |

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

| Most recent year conducted: |
| If Yes, and an investigative dig was conducted at the point of the Incident: |
| If Yes, but the point of the Incident was not identified as a dig site: |

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:

| Most recent year conducted: |
| Radiography                 |
| Guided Wave Ultrasonic      |
| Handheld Ultrasonic Tool    |
| Wet Magnetic Particle Test  |
| Dry Magnetic Particle Test  |
| Other                       |

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:

   - Control Valve
   - Instrumentation
   - SCADA
   - Communications
   - Block Valve
   - Check Valve
### 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/fluid  
   - Valve vault or valve can contributed to the release  
   - Alarm/status failure  
   - Mismatched items (different manufacturer for tubing and tubing fittings)  
   - 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:  
     - If Other, Describe:  

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: 

- If Unknown:

2. Specify:

<table>
<thead>
<tr>
<th>PART - H NARRATIVE DESCRIPTION OF THE INCIDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>On November 22, 2013, at approximately 1256 hours, Pacific Gas and Electric (PG&amp;E) Gas Control Transmission observed a sudden pressure drop on SCADA on transmission line L-187. PG&amp;E called 9-1-1 at 1311 hours to report a possible gas line break. PG&amp;E’s gas service representative arrived on scene at 1355 hours. A third party excavator, EB Farms, struck PG&amp;E's 6-inch steel gas transmission line, L-187, resulting in a release of gas. The excavator was plowing a field at 62910 Cattlemen Road, near Highway 101 in the Town of San Ardo. The excavator did not call USA and did not hand dig to locate the gas line prior to using mechanical equipment. PG&amp;E's field crews arrived at 1425 hours and the flow of gas was stopped at 1602 hours by closing a main line valve. One hundred forty customers experienced gas service interruption. At 1700 hours on November 23, 2013, 114 of the available customers were relit. The remaining 26 customers were restored by November 24, 2013.</td>
</tr>
<tr>
<td>There were no injuries, no fatalities, no ignition and no media associated with this incident. The volume of gas unintentially released is less than 3 million cubic feet. This incident was reported to the DOT at 1453 hours and to the CPUC at 1514 hours because the cost of damages due to the release of gas is more than $50,000.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PART I - PREPARER AND AUTHORIZED SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparer's Name</td>
</tr>
<tr>
<td>Preparer's Title</td>
</tr>
<tr>
<td>Preparer's Telephone Number</td>
</tr>
<tr>
<td>Preparer's E-mail Address</td>
</tr>
<tr>
<td>Preparer's Facsimile Number</td>
</tr>
<tr>
<td>Authorized Signature Title</td>
</tr>
<tr>
<td>Authorized Signature Telephone Number</td>
</tr>
<tr>
<td>Authorized Signature Email</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>