

PART B – ADDITIONAL LOCATION INFORMATION

1. Was the Incident on Federal land? ☐ Yes ☐ No **FEDERAL**

2. Location of Incident: *(select only one)* **LOCATION_TYPE**

- ☐ Operator-controlled property
- ☐ Public property
- ☐ Private property
- ☐ Utility Right-of-Way / Easement

3. Area of Incident: *(select only one)* **INCIDENT_AREA_TYPE**

☐ **INCIDENT_AREA_SUBTYPE**

- ☐ Underground Specify: ☐ Under soil ☐ Under a building ☐ Under pavement
☐ Exposed due to excavation ☐ In underground enclosed space (e.g., vault)
☐ Other **INCIDENT_AREA_DETAILS**

Depth-of-Cover (in): / / / / / **DEPTH_OF_COVER**

- ☐ Aboveground Specify: ☐ Typical aboveground facility piping or appurtenance (e.g. valve or regulator station, outdoor meter set)
☐ Overhead crossing
☐ In or spanning an open ditch ☐ Inside a building
☐ In other enclosed space ☐ Other **INCIDENT_AREA_DETAILS**

- ☐ Transition Area Specify: ☐ Soil/air interface ☐ Wall sleeve ☐ Pipe support or other close contact area
☐ Other **INCIDENT_AREA_DETAILS**

CROSSING

4. Did Incident occur in a crossing? ☐ Yes ☐ No

If Yes, specify type below:

- ☐ Bridge crossing ➡ Specify: ☐ Cased ☐ Uncased **BRIDGE_CROSSING_IND, BRIDGE_TYPE**
- ☐ Railroad crossing ➡ *(Select all that apply)* ☐ Cased ☐ Uncased ☐ Bored/drilled **RAILROAD_CROSSING_IND, RAILROAD_TYPE**
- ☐ Road crossing ➡ *(Select all that apply)* ☐ Cased ☐ Uncased ☐ Bored/drilled **ROAD_CROSSING_IND, ROAD_TYPE**
- ☐ Water crossing ➡ *(Select all that apply)* ☐ Cased ☐ Uncased ☐ Bored/drilled **WATER_CROSSING_IND, WATER_TYPE**

Name of body of water (If commonly known): **WATER_NAME**

Approx. water depth (ft): / / / / / **WATER_DEPTH**

PART C – ADDITIONAL FACILITY INFORMATION

1. Indicate the type of pipeline system:

☐ privately owned☐ municipally owned☐ investor owned☐ cooperative☐ Other ⇒ Specify: _____**PIPE_FACILITY_TYPE****PIPE_TYPE_OTHER**

2. Part of system involved in Incident: (select only one)

☐ Main☐ Service☐ Service Riser☐ Outside Meter/Regulator set☐ Inside Meter/Regulator set☐ Farm Tap Meter/Regulator set☐ District Regulator/Metering Station☐ Other**SYSTEM_PART_DETAILS****SYSTEM_PART_INVOLVED**

2.a. Year "Part of system involved in Incident" was installed: _____

INSTALLATION_YEARor ☐ Unknown**INSTALLATION_YEAR_UNKNOWN_IND**

3. When "Main" or "Service" is selected as the "Part of system involved in Incident" (from PART C, Question 2), provide the following:

*3.a. Nominal diameter of pipe (in): _____

PIPE_DIAMETER

*3.b. Pipe specification (e.g., API 5L, ASTM D2513): _____

PIPE_SPECIFICATION

3.c. Pipe manufacturer: _____

or

☐ Unknown**PIPE_MFRR_UNKNOWN_IND**

3.d. Year of manufacture: _____

or ☐ Unknown**PIPE_MFR_YEAR_UNKNOWN_IND****PIPE_MANUFACTURE_YEAR****MATERIAL_INVOLVED**4. Material involved in Incident: ☐ Steel☐ Cast/Wrought Iron☐ Ductile Iron☐ Copper☐ Plastic☐ Reconditioned Cast Iron☐ Unknown☐ Other ⇒ Specify: _____**MATERIAL_DETAILS**

4.a. If Steel ⇒ Specify seam type: _____

MATERIAL_SEAM_TYPE

or

☐ None

or

☐ Unknown**SEAM_TYPE_UNKNOWN_IND****WT_STEEL**

4.b. If Steel ⇒ Specify wall thickness (inches): _____

or ☐ Unknown**WT_STEEL_UNKNOWN_IND****PLASTIC_TYPE**4.c. If Plastic ⇒ Specify type: ☐ Polyvinyl Chloride (PVC)☐ Polyethylene (PE)☐ Cross-linked Polyethylene (PEX)☐ Polybutylene (PB)☐ Polypropylene (PP)☐ Acrylonitrile Butadiene Styrene (ABS)☐ Polyamide (PA)☐ Cellulose Acetate Butyrate (CAB)☐ Other**PLASTIC_DETAILS**☐ Unknown

4.d. If Plastic ⇒ Specify Standard Dimension Ratio (SDR): _____

PLASTIC_SDR

or

wall thickness: _____

WT_PLASTIC**WT_PLASTIC_UNKNOWN_IND**or ☐ Unknown

4.e. If Polyethylene (PE) is selected as the type of plastic in PART C, Question 4.c ⇒

Specify PE Pipe Material Designation Code (i.e., 2406, 3408, etc.) _____

MATERIAL_PE_PIPE_CODEor ☐ Unknown**RELEASE_TYPE****PLASTIC_PE_UNKNOWN_IND**

5. Type of release involved: (select only one)

☐ Mechanical Puncture ⇒

Approx. size: _____

PUNCTURE_AXIAL**PUNCTURE_CIRCUM**

/_____/in. (axial) by /_____/in. (circumferential)

LEAK_TYPE_OTHER☐ Leak ⇒Select Type: ☐ Pinhole☐ Crack☐ Connection Failure☐ Seal or Packing☐ Other☐ Rupture ⇒Select Orientation: ☐ Circumferential☐ Longitudinal☐ Other**RUPTURE_DETAILS**

Approx. size: /_____/in. (widest opening) by /_____/in. (length circumferentially or axially)

RUPTURE_LENGTH**RUPTURE_WIDTH**☐ Other ⇒ *Describe: _____**RELEASE_TYPE_DETAILS**

PART D – ADDITIONAL CONSEQUENCE INFORMATION1. Class Location of Incident: *(select only one)***CLASS_LOCATION_TYPE**

- ☐ Class 1 Location
☐ Class 2 Location
☐ Class 3 Location
☐ Class 4 Location

2. Estimated Property Damage :

2.a Estimated cost of public and non-Operator private property damage

\$ / **EST_COST_OPER_PAID** / / / /

2.b Estimated cost of Operator's property damage & repairs

\$ / **EST_COST_PROP_DAMAGE** / / / /

2.c Estimated cost of Operator's emergency response

\$ / **EST_COST_EMERGENCY** / / / /

2.d Estimated other costs

\$ / **EST_COST_OTHER** / / / /Describe: **EST_COST_OTHER_DETAILS****PRPTY**

2.e Total estimated property damage (sum of above)

\$ / / / / / / /Cost of Gas Released**EST_COST_GAS_RELEASED**

2.f Estimated cost of gas released

\$ / / / / / / /

3. Estimated number of customers out of service:

3.a Commercial entities / / / / /**COMMERCIAL_AFFECTED**3.b Industrial entities / / / / /**INDUSTRIAL_AFFECTED**3.c Residences / / / / /**RESIDENCES_AFFECTED**

PART E – ADDITIONAL OPERATING INFORMATION			
1. Estimated pressure at the point and time of the Incident (psig):	/ / / / /		ACCIDENT_PSIG
2. Normal operating pressure at the point and time of the Incident (psig):	/ / / / /		NORMAL_PSIG
3. Maximum Allowable Operating Pressure (MAOP) at the point and time of the Incident (psig):	/ / / / /		MOP_PSIG
4. Describe the pressure on the system relating to the Incident: <i>(select only one)</i> ACCIDENT_PRESSURE			
<input type="checkbox"/> Pressure did not exceed MAOP <input type="checkbox"/> Pressure exceeded MAOP, but did not exceed 110% of MAOP <input type="checkbox"/> Pressure exceeded 110% of MAOP			
5. Was a Supervisory Control and Data Acquisition (SCADA)-based system in place on the pipeline or facility involved in the Incident?			
<input type="checkbox"/> No SCADA_IN_PLACE_IND <input type="checkbox"/> Yes ⇒			
5.a Was it operating at the time of the Incident?	<input type="radio"/> Yes <input type="radio"/> No		SCADA_OPERATING_IND
5.b Was it fully functional at the time of the Incident?	<input type="radio"/> Yes <input type="radio"/> No		SCADA_FUNCTIONAL_IND
5.c 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?	<input type="radio"/> Yes <input type="radio"/> No		SCADA_DETECTION_IND
5.d Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the Incident?	<input type="radio"/> Yes <input type="radio"/> No		SCADA_CONF_IND
6. How was the Incident initially identified for the Operator? <i>(select only one)</i> ACCIDENT_IDENTIFIER			
<input type="checkbox"/> SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations) <input type="checkbox"/> Static Shut-in Test or Other Pressure or Leak Test <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Controller <input type="checkbox"/> Air Patrol <input type="checkbox"/> Notification from Public <input type="checkbox"/> Notification from Third Party that caused the Incident </div> <div style="width: 45%;"> <input type="checkbox"/> Local Operating Personnel, including contractors <input type="checkbox"/> Ground Patrol by Operator or its contractor <input type="checkbox"/> Notification from Emergency Responder <input type="checkbox"/> Other ACCIDENT_DETAILS </div> </div>			
6.a If "Controller", "Local Operating Personnel, including contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question 6, specify the following: <i>(select only one)</i> OPERATOR_TYPE			
<input type="radio"/> Operator employee <input type="radio"/> Contractor working for the Operator			
7. 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? <i>(select only one)</i> INVESTIGATION_STATUS			
<input type="checkbox"/> Yes, but the investigation of the control room and/or controller actions has not yet been completed by the operator <i>(Supplemental Report required)</i> <input type="checkbox"/> No, the facility was not monitored by a controller(s) at the time of the Incident <input type="checkbox"/> No, the operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to: <i>(provide an explanation for why the operator did not investigate)</i> INVESTIGATION_STATUS_DETAILS			
<hr/> <input type="checkbox"/> Yes, Specify investigation result(s): <i>(select all that apply)</i> INVEST_SCHEDULE_IND			
<input type="radio"/> Investigation reviewed work schedule rotations, continuous hours of service (while working for the Operator) and other factors associated with fatigue <input type="radio"/> Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator) and other factors associated with fatigue <i>(provide an explanation for why not)</i> INVEST_NO_SCHEDULE_IND <div style="text-align: right; padding-right: 50px;">INVEST_NO_SCHEDULE_IND_DETAILS</div>			
<hr/> <input type="radio"/> Investigation identified no control room issues INVEST_NO_CONTROL_ROOM_IND <input type="radio"/> Investigation identified no controller issues INVEST_NO_CONTROLLER_IND <input type="radio"/> Investigation identified incorrect controller action or controller error INVEST_INCORRECT_ACTION_IND <input type="radio"/> Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response INVEST_FATIGUE_IND <input type="radio"/> Investigation identified incorrect procedures INVEST_INCORRECT_PROCEDURE_IND <input type="radio"/> Investigation identified incorrect control room equipment operation INVEST_INCORRECT_CONTROL_IND INVEST_MAINT_IND <input type="radio"/> Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response <input type="radio"/> Investigation identified areas other than those above ⇒ Describe: INVEST_OTHER_IND_DETAILS <div style="text-align: right; padding-right: 50px;">INVEST_OTHER_IND</div>			

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? **EMPLOYEE_DRUG_TEST_IND**

☐ No

☐ Yes ➡ 1.a Specify how many were tested: / /

NUM_EMPLOYEES_TESTED

1.b Specify how many failed: / /

NUM_EMPLOYEES_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? **CONTRACTOR_DRUG_TEST_IND**

☐ No

☐ Yes ➡ 2.a Specify how many were tested: / /

NUM_CONTRACTORS_TESTED

2.b Specify how many failed: / /

NUM_CONTRACTORS_FAILED

PART G – APPARENT CAUSE

CAUSE, CAUSE DETAILS

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).

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

☐ External Corrosion

1. Results of visual examination: **VISUAL_EXAM_RESULTS**
☐ Localized Pitting ☐ General Corrosion
☐ Other **VISUAL_EXAM_DETAILS**
-
2. Type of corrosion: *(select all that apply)*
GALVANIC_CORROSION_IND, ATMOSPHERE_CORROSION_IND, STRAY_CURRENT_CORROSION_IND
MICROBIOLOGICAL_CORROSION_IND, SELECTIVE_SEAM_CORROSION_IND
☐ Galvanic ☐ Atmospheric ☐ Stray Current ☐ Microbiological ☐ Selective Seam
☐ Other **OTHER_CORROSION_IND, CORROSION_TYPE_DETAILS**
-
3. The type(s) of corrosion selected in Question 2 is based on the following: *(select all that apply)* **FIELD_EXAM_BASIS_IND** **METALLURGICAL_BASIS_IND**
☐ Field examination ☐ Determined by metallurgical analysis
☐ Other **OTHER_BASIS_IND, CORROSION_BASIS_DETAILS**
-
4. Was the failed item buried under the ground? **UNDERGROUND_LOCATION**
☐ Yes ☐ No
 4.a Was failed item considered to be under cathodic protection at the time of the incident? **UNDER_CATHODIC_PROTECTION_IND, CATHODIC_PRO_START_YEAR**
 ☐ Yes ☐ No
 Year protection started: / / / /
 4.b Was shielding, tenting, or disbonding of coating evident at the point of the incident? **SHIELDING_EVIDENT**
 ☐ Yes ☐ No
 4.c Has one or more Cathodic Protection Survey been conducted at the point of the incident? **CATHODIC_SURVEY_TYPE**
 ☐ Yes, CP Annual Survey ☐ Most recent year conducted: **CP_ANNUAL_SURVEY_YEAR**
 / / / /
 ☐ Yes, Close Interval Survey ☐ Most recent year conducted: **CLOSE_INTERVAL_SURVEY_YEAR**
 / / / /
 ☐ Yes, Other CP Survey ☐ Most recent year conducted: **OTHER_CP_SURVEY_YEAR**
 / / / /
 ☐ No
 4.d Was the failed item externally coated or painted? **EXTERNALLY_COATED**
 ☐ Yes ☐ No
5. Was there observable damage to the coating or paint in the vicinity of the corrosion?
☐ Yes ☐ No **PRIOR_DAMAGE**
6. Pipeline coating type, if steel pipe is involved: *(select only one)* **COATING_TYPE**
☐ Fusion Bonded Epoxy ☐ Coal Tar ☐ Asphalt
☐ Polyolefin ☐ Extruded Polyethylene ☐ Field Applied Epoxy
☐ Cold Applied Tape ☐ Paint ☐ Composite ☐ None
☐ Other **COATING_TYPE_DETAILS**
☐ Unknown

☐ **Internal Corrosion**

7. Results of visual examination: **INT_VISUAL_EXAM_RESULTS**
☐ Localized Pitting ☐ General Corrosion ☐ Not cut open
☐ Other **INT_VISUAL_EXAM_DETAILS**
-
8. Cause of corrosion: *(select all that apply)*
INT_CORROSIVE_COMMODITY_IND, INT_WATER_ACID_IND, INT_MICROBIOLOGICAL_IND
☐ Corrosive Commodity ☐ Water drop-out/Acid ☐ Microbiological ☐ Erosion
☐ Other **INT_EROSION_IND, INT_OTHER_CORROSION_IND, INT_CORROSION_TYPE_DETAILS**
-
9. The cause(s) of corrosion selected in Question 8 is based on the following; *(select all that apply)*
INT_FIELD_EXAM_BASIS_IND INT_METALLURGICAL_BASIS_IND
☐ Field examination ☐ Determined by metallurgical analysis
☐ Other **INT_OTHER_BASIS_IND, INT_CORROSION_BASIS_DETAILS**
-
10. Location of corrosion: *(select all that apply)*
INT_LOW_POINT_PIPE_LOC_IND, INT_ELBOW_LOC_IND, INT_DROP_OUT_LOC_IND
☐ Low point in pipe ☐ Elbow ☐ Drop-out
☐ Other **INT_OTHER_LOC_IND, CORROSION_LOCATION_DETAILS**
-
11. Was the gas/fluid treated with corrosion inhibitors or biocides? ☐ Yes ☐ No
12. Were any liquids found in the distribution system where the Incident occurred?
☐ Yes ☐ No **LIQUID FOUND**

Question 2) Is Main, Service, or Service Riser. COR_HYDROTEST_LEAK_SURVEY_DATE

14. Has one or more pressure test been conducted since original construction at the point of the Incident? COR_HYDROTEST_CONDUCTED_IND

COR_HYDROTEST_CONDUCTED_YEAR COR_HYDROTEST_PRESSURE

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

<input type="checkbox"/> NATURAL_FORCE_TYPE <input type="checkbox"/> Earth Movement, NOT due to Heavy Rains/Floods	EARTH_SUBTYPE 1. Specify: <input type="radio"/> Earthquake <input type="radio"/> Subsidence <input type="radio"/> Landslide <input type="radio"/> Other <u> NF_OTHER_DETAILS </u>
<input type="checkbox"/> Heavy Rains/Floods	HEAVY_RAINS_SUBTYPE 2. Specify: <input type="radio"/> Washouts/Scouring <input type="radio"/> Flotation <input type="radio"/> Mudslide <input type="radio"/> Other <u> NF_OTHER_DETAILS </u>
<input type="checkbox"/> Lightning	LIGHTNING_SUBTYPE 3. Specify: <input type="radio"/> Direct hit <input type="radio"/> Secondary impact such as resulting nearby fires
<input type="checkbox"/> Temperature	TEMPERATURE_SUBTYPE 4. Specify: <input type="radio"/> Thermal Stress <input type="radio"/> Frost Heave <input type="radio"/> Frozen Components <input type="radio"/> Other <u> NF_OTHER_DETAILS </u>
<input type="checkbox"/> High Winds	
<input type="checkbox"/> Other Natural Force Damage	5. Describe: <u> NF_OTHER_DETAILS </u>

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

NF_HURRICANE_IND, NF_TROPICAL_STORM_IND, NF_TORNADO_IND

6.a. If Yes, specify: (select all that apply) ☐ Hurricane ☐ Tropical Storm ☐ Tornado
☐ Other **NF_OTHER_IND, NF_EXTREME_WEATHER_DETAILS**

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

<input type="checkbox"/> PARTY_TYPE Excavation Damage by Operator (First Party)	
<input type="checkbox"/> Excavation Damage by Operator's Contractor (Second Party)	
<input type="checkbox"/> Excavation Damage by Third Party	
<input type="checkbox"/> Previous Damage due to Excavation Activity	<p>Complete the following ONLY IF the "Part of system involved in Incident" (from PART C, Question 2) is Main, Service, or Service Riser. EX_HYDROTEST_LEAK_SURVEY_DATE</p> <p>1. Date of the most recent Leak Survey conducted: / / / / / / Month Day Year</p> <p>2. Has one or more pressure test been conducted since original construction at the point of the Incident? EX_HYDROTEST_CONDUCTED_IND EX_HYDROTEST_CONDUCTED_YEAR</p> <p style="padding-left: 80px;"><input type="radio"/> Yes ➡ Most recent year tested: / / / / / /</p> <p style="padding-left: 160px;">Test pressure (psig): / / / / / / / /</p> <p style="padding-left: 80px;"><input type="radio"/> No EX_HYDROTEST_PRESSURE</p>

Complete the following if Excavation Damage by Third Party is selected.

3. Did the operator get prior notification of the excavation activity? ☐ Yes ☐ No **PRIOR_NOTIFICATION_IND**

3.a If Yes, Notification received from: (select all that apply) ☐ One-Call System ☐ Excavator ☐ Contractor ☐ Landowner
ONE_CALL_SYSTEM_IND, EXCAVATOR_IND, CONTRACTOR_IND, LANDOWNER_IND

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

4. Do you want PHMSA to upload the following information to CGA-DIRT (www.cga-dirt.com)? ☐ Yes ☐ No **NOTIFY_CGA_DIRT**

5. Right-of-Way where event occurred: *(select all that apply)*

PUBLIC_ROW_IND
☐ Public ☐ Specify: ☐ City Street ☐ State Highway ☐ County Road ☐ Interstate Highway ☐ Other **PUBLIC_SUBTYPE**

PRIVATE_ROW_IND
☐ Private ☐ Specify: ☐ Private Landowner ☐ Private Business ☐ Private Easement **PRIVATE_SUBTYPE**

☐ Pipeline Property/Easement **PIPELINE_EASEMENT_ROW_IND**
☐ Power/Transmission Line **POWER_TRANSMISSION_ROW_IND**
☐ Railroad **RAILROAD_ROW_IND**
☐ Dedicated Public Utility Easement **PUBLIC_UTIL_EASEMENT_ROW_IND**
☐ Federal Land **FEDERAL_LAND_ROW_IND**
☐ Data not collected **DATA_NOT_COLLECTED_ROW_IND**
☐ Unknown/Other **UNKNOWN_ROW_IND**

EXCAVATOR_TYPE

6. Type of excavator: *(select only one)*

☐ Contractor ☐ County ☐ Developer ☐ Farmer ☐ Municipality ☐ Occupant
☐ Railroad ☐ State ☐ Utility ☐ Data not collected ☐ Unknown/Other

EXCAVATOR_EQUIPMENT

7. Type of excavation equipment: *(select only one)*

☐ Auger ☐ Backhoe/Trackhoe ☐ Boring ☐ Drilling ☐ Directional Drilling
☐ Explosives ☐ Farm Equipment ☐ Grader/Scraper ☐ Hand Tools ☐ Milling Equipment
☐ Probing Device ☐ Trencher ☐ Vacuum Equipment ☐ Data not collected ☐ Unknown/Other

WORK_PERFORMED

8. Type of work performed: *(select only one)*

☐ Agriculture ☐ Cable TV ☐ Curb/Sidewalk ☐ Building Construction ☐ Building Demolition
☐ Drainage ☐ Driveway ☐ Electric ☐ Engineering/Surveying ☐ Fencing
☐ Grading ☐ Irrigation ☐ Landscaping ☐ Liquid Pipeline ☐ Milling
☐ Natural Gas ☐ Pole ☐ Public Transit Authority ☐ Railroad Maintenance ☐ Road Work
☐ Sewer (Sanitary/Storm) ☐ Site Development ☐ Steam ☐ Storm Drain/Culvert ☐ Street Light
☐ Telecommunications ☐ Traffic Signal ☐ Traffic Sign ☐ Water ☐ Waterway Improvement
☐ Data not collected ☐ Unknown/Other

(This CGA-DIRT section continued on next page with Question 9.)

9. Was the One-Call Center notified? ☐ Yes ☐ No **ONE_CALL_NOTIFIED_IND**

9.a If Yes, specify ticket number: / / / / / / / / / / / / / / / / **ONE_CALL_TICKET_NUM**

9.b If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified:
ONE_CALL_CENTER_NAME

10. Type of Locator: **LOCATOR_TYPE**
☐ Utility Owner ☐ Contractor Locator ☐ Data not collected ☐ Unknown/Other

11. Were facility locate marks visible in the area of excavation? **VISIBLE_MARKS**
☐ No ☐ Yes ☐ Data not collected ☐ Unknown/Other

12. Were facilities marked correctly? **FACILITIES_MARKED**
☐ No ☐ Yes ☐ Data not collected ☐ Unknown/Other

13. Did the damage cause an interruption in service? **SERVICE_INTERRUPTION**
☐ No ☐ Yes ☐ Data not collected ☐ Unknown/Other

13.a If Yes, specify duration of the interruption: / / / / / / / / hours **SERVICE_INTERRUPTION_HOURS**

14. 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, the one predominant second level CGA-DIRT Root Cause as well):*
ROOT_CAUSE

☐ **ONE_CALL_SUBTYPE**
One-Call Notification Practices Not Sufficient: (select only one)
☐ No notification made to the One-Call Center
☐ Notification to One-Call Center made, but not sufficient
☐ Wrong information provided

☐ **LOCATING_SUBTYPE**
Locating Practices Not Sufficient: (select only one)
☐ Facility could not be found/located
☐ Facility marking or location not sufficient
☐ Facility was not located or marked
☐ Incorrect facility records/maps

☐ **EXCAVATION_SUBTYPE**
Excavation Practices Not Sufficient: (select only one)
☐ Excavation practices not sufficient (other)
☐ Failure to maintain clearance
☐ Failure to maintain the marks
☐ Failure to support exposed facilities
☐ Failure to use hand tools where required
☐ Failure to verify location by test-hole (pot-holing)
☐ Improper backfilling

☐ One-Call Notification Center Error

☐ Abandoned Facility

☐ Deteriorated Facility

☐ Previous Damage

☐ Data Not Collected

☐ Other / None of the Above (explain) **ROOT_CAUSE_OTHER**

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

<div style="background-color: #f2f2f2; padding: 2px;">OUTSIDE_FORCE_TYPE</div> <input type="checkbox"/> Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Incident	
<input type="checkbox"/> Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation	<div style="background-color: #f2f2f2; padding: 2px;">VEHICLE_SUBTYPE</div> 1. Vehicle/Equipment operated by: <i>(select only one)</i> <input type="radio"/> Operator <input type="radio"/> Operator's Contractor <input type="radio"/> Third Party
<input type="checkbox"/> 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: <div style="display: flex; justify-content: space-between; font-size: small;"> <div> <div style="background-color: #f2f2f2; padding: 2px;">OSF_HURRICANE_IND</div> <input type="radio"/> Hurricane </div> <div> <div style="background-color: #f2f2f2; padding: 2px;">OSF_TROPICAL_STORM_IND</div> <input type="radio"/> Tropical Storm </div> <div> <div style="background-color: #f2f2f2; padding: 2px;">OSF_TORNADO_IND</div> <input type="radio"/> Tornado </div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div> <div style="background-color: #f2f2f2; padding: 2px;">OSF_HEAVY_RAINS_IND</div> <input type="radio"/> Heavy Rains/Flood </div> <div> <div style="background-color: #f2f2f2; padding: 2px;">OSF_OTHER_WEATHER_IND</div> <input type="radio"/> Other _____ </div> </div> <div style="text-align: right; font-size: small;">OSF_OTHER_WEATHER_DETAILS</div>
<input type="checkbox"/> Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation	
<input type="checkbox"/> Electrical Arcing from Other Equipment or Facility	
<input type="checkbox"/> Previous Mechanical Damage NOT Related to Excavation	<div style="background-color: #f2f2f2; padding: 2px;">Complete the following ONLY IF the “Part of system involved in Incident” (from PART C, Question 2) is Main, Service, or Service Riser.</div> <div style="background-color: #f2f2f2; padding: 2px; text-align: right;">OSF_HYDROTEST_LEAK_SURVEY_DATE</div> 3. Date of the most recent Leak Survey conducted: <u> </u> / <u> </u> / <u> </u> <u> </u> / <u> </u> / <u> </u> <u> </u> / <u> </u> / <u> </u> <div style="display: flex; justify-content: space-around; font-size: x-small;"> Month Day Year </div> 4. Has one or more pressure test been conducted since original construction at the point of the Incident? <div style="background-color: #f2f2f2; padding: 2px;">OSF_HYDROTEST_CONDUCTED_IND</div> <div style="background-color: #f2f2f2; padding: 2px;">OSF_HYDROTEST_CONDUCTED_YEAR</div> <input type="radio"/> Yes ➞ Most recent year tested: <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> <div style="display: flex; justify-content: space-between; font-size: x-small;"> Test pressure (psig): <u> </u>/<u> </u>/<u> </u>/<u> </u>/<u> </u>/<u> </u> </div> <input type="radio"/> No <div style="background-color: #f2f2f2; padding: 2px;">OSF_HYDROTEST_PRESSURE</div>
<input type="checkbox"/> Intentional Damage	5. Specify: <div style="background-color: #f2f2f2; padding: 2px;">INTENTIONAL_SUBTYPE</div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div> <input type="radio"/> Vandalism </div> <div> <input type="radio"/> Terrorism </div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div> <input type="radio"/> Theft of transported commodity </div> <div> <input type="radio"/> Theft of equipment </div> </div> <input type="radio"/> Other _____ <div style="background-color: #f2f2f2; padding: 2px;">INTENTIONAL_DETAILS</div>
<input type="checkbox"/> Other Outside Force Damage	6. Describe: _____ <div style="background-color: #f2f2f2; padding: 2px;">OSF_OTHER_DETAILS</div>

G5 – Pipe, Weld, or Joint Failure – *only one **sub-cause** can be selected from the shaded left-hand column

<input type="checkbox"/> Body of Pipe	PIPE_BODY_SUBTYPE 1. Specify: <input type="radio"/> Dent <input type="radio"/> Gouge <input type="radio"/> Bend <input type="radio"/> Arc Burn <input type="radio"/> Crack <input type="radio"/> Other PIPE_BODY_DETAILS
<input type="checkbox"/> Butt Weld	BUTT_WELD_SUBTYPE 2. Specify: <input type="radio"/> Pipe <input type="radio"/> Fabrication <input type="radio"/> Other BUTT_WELD_DETAILS
<input type="checkbox"/> Fillet Weld	FILLET_WELD_SUBTYPE 3. Specify: <input type="radio"/> Branch <input type="radio"/> Hot Tap <input type="radio"/> Fitting <input type="radio"/> Repair Sleeve <input type="radio"/> Other FILLET_WELD_DETAILS
<input type="checkbox"/> Pipe Seam	PIPE_SEAM_SUBTYPE 4. Specify: <input type="radio"/> LF ERW <input type="radio"/> HF ERW <input type="radio"/> Flash Weld <input type="radio"/> DSAW <input type="radio"/> SAW <input type="radio"/> Spiral <input type="radio"/> Other PIPE_SEAM_DETAILS
<input type="checkbox"/> Threaded Metallic Pipe	
<input type="checkbox"/> Mechanical Fitting	<p>5. Specify the mechanical fitting involved: MECHANICAL_FITTING_INVOLVED <input type="radio"/> Stub type fitting <input type="radio"/> Nut follower type fitting <input type="radio"/> Bolted type fitting <input type="radio"/> Other MEC_FITTING_OTHER</p> <p>6. Specify the type of mechanical fitting: MECHANICAL_FITTING_TYPE <input type="radio"/> Service Tee <input type="radio"/> Coupling <input type="radio"/> Service Head Adapter <input type="radio"/> Basement Adapter <input type="radio"/> Riser <input type="radio"/> Elbow <input type="radio"/> Other MEC_FITTING_TYPE_OTHER</p> <p>7. Manufacturer: MPW_MANUFACTURER</p> <p>8. Year manufactured: MPW_MANUFACTURE_YEAR</p> <p>9. Year installed: MPW_INSTALLED_YEAR</p> <p>10. Other attributes: MPW_OTHER_ATTR</p> <p>11. Specify the two materials being joined:</p> <p>11.a First material being joined:</p> <p><input type="checkbox"/> Steel <input type="checkbox"/> Cast/Wrought Iron <input type="checkbox"/> Ductile Iron <input type="checkbox"/> Copper <input type="checkbox"/> Plastic <input type="checkbox"/> Unknown <input type="checkbox"/> Other ⇒ Specify: MPW_FIRST_MAT_JOINED_OTHER MPW_FIRST_PLASTIC_TYPE</p> <p>11.b If Plastic ⇒ Specify: <input type="radio"/> Polyvinyl Chloride (PVC) <input type="radio"/> Polyethylene (PE) <input type="radio"/> Cross-linked Polyethylene (PEX) <input type="radio"/> Polybutylene (PB) <input type="radio"/> Polypropylene (PP) <input type="radio"/> Acrylonitrile Butadiene Styrene (ABS) <input type="radio"/> Polyamide (PA) <input type="radio"/> Cellulose Acetate Butyrate (CAB) <input type="radio"/> Other ⇒ Specify: MPW_FIRST_PLASTIC_TYPE_OTHER</p> <p>11.c Second material being joined:</p> <p><input type="checkbox"/> Steel <input type="checkbox"/> Cast/Wrought Iron <input type="checkbox"/> Ductile Iron <input type="checkbox"/> Copper <input type="checkbox"/> Plastic <input type="checkbox"/> Unknown <input type="checkbox"/> Other ⇒ Specify: MPW_SECOND_MAT_JOINED_OTHER MPW_SECOND_PLASTIC_TYPE</p> <p>11.d If Plastic ⇒ Specify: <input type="radio"/> Polyvinyl Chloride (PVC) <input type="radio"/> Polyethylene (PE) <input type="radio"/> Cross-linked Polyethylene (PEX) <input type="radio"/> Polybutylene (PB) <input type="radio"/> Polypropylene (PP) <input type="radio"/> Acrylonitrile Butadiene Styrene (ABS) <input type="radio"/> Polyamide (PA) <input type="radio"/> Cellulose Acetate Butyrate (CAB) <input type="radio"/> Other ⇒ Specify: MPW_SECOND_PLASTIC_TYPE_OTHER</p> <p>12. If used on plastic pipe, did the fitting – as designed by the manufacturer – include restraint? INCLUDE_RESTRAINT_IND <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown INCLUDE_RESTRAINT</p> <p>12.a If Yes, specify: <input type="radio"/> Cat. I <input type="radio"/> Cat. II <input type="radio"/> Cat. III <input type="radio"/> DOT 192.283</p>

<input type="checkbox"/> Compression Fitting	<p>13. Fitting type: <u>CPW_FITTING_TYPE</u></p> <p>14. Manufacturer: <u>CPW_MANUFACTURER</u></p> <p>15. Year manufactured: <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> <u>CPW_MANUFACTURE_YEAR</u></p> <p>16. Year installed: <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> <u>CPW_INSTALLED_YEAR</u></p> <p>17. Other attributes <u>CPW_OTHER_ATTR</u></p> <p>18. Specify the two materials being joined: <u>CPW_FIRST_MAT_JOINED_STEEL</u> <u>CPW_FIRST_MAT_JOINED_CAST</u></p> <p>18.a First material being joined: <u>CPW_FIRST_MAT_JOINED_IRON</u> <input type="checkbox"/> Steel <input type="checkbox"/> Cast/Wrought Iron <u>CPW_FIRST_MAT_JOINED_COPPER</u> <input type="checkbox"/> Ductile Iron <input type="checkbox"/> Copper <input type="checkbox"/> Plastic <u>CPW_FIRST_MAT_JOINED_PLASTIC</u> <input type="checkbox"/> Unknown <u>CPW_FIRST_MAT_JOINED_UNKNOWN</u> <input type="checkbox"/> Other ⇒ Specify: <u>CPW_FIRST_MAT_JOINED_OTHER</u> <u>CPW_FIRST_PLASTIC_TYPE</u></p> <p>18.b If Plastic ⇒ Specify : <input type="radio"/> Polyvinyl Chloride (PVC) <input type="radio"/> Polyethylene (PE) <input type="radio"/> Cross-linked Polyethylene (PEX) <input type="radio"/> Polybutylene (PB) <input type="radio"/> Polypropylene (PP) <input type="radio"/> Acrylonitrile Butadiene Styrene (ABS) <input type="radio"/> Polyamide (PA) <input type="radio"/> Cellulose Acetate Butyrate (CAB) <input type="radio"/> Other ⇒ Specify: <u>CPW_FIRST_PLASTIC_TYPE_OTHER</u></p> <p>18.c Second material being joined: <u>CPW_SECOND_MAT_JOINED_STEEL</u> <u>CPW_SECOND_MAT_JOINED_CAST</u> <u>CPW_SECOND_MAT_JOINED_IRON</u> <u>CPW_SECOND_MAT_JOINED_COPPER</u> <u>CPW_SECOND_MAT_JOINED_PLASTIC</u> <u>CPW_SECOND_MAT_JOINED_UNKNOWN</u> <u>CPW_SEC_MAT_JOINED_OTHER_IND</u></p> <p><input type="checkbox"/> Steel <input type="checkbox"/> Cast/Wrought Iron <input type="checkbox"/> Ductile Iron <input type="checkbox"/> Copper <input type="checkbox"/> Plastic <input type="checkbox"/> Unknown <input type="checkbox"/> Other ⇒ Specify: <u>CPW_SECOND_MAT_JOINED_OTHER</u> <u>CPW_SECOND_PLASTIC_TYPE</u></p> <p>18.d If Plastic ⇒ Specify: <input type="radio"/> Polyvinyl Chloride (PVC) <input type="radio"/> Polyethylene (PE) <input type="radio"/> Cross-linked Polyethylene (PEX) <input type="radio"/> Polybutylene (PB) <input type="radio"/> Polypropylene (PP) <input type="radio"/> Acrylonitrile Butadiene Styrene (ABS) <input type="radio"/> Polyamide (PA) <input type="radio"/> Cellulose Acetate Butyrate (CAB) <input type="radio"/> Other ⇒ Specify: <u>CPW_SECOND_PLASTIC_TYPE_OTHER</u></p>
<input type="checkbox"/> Fusion Joint	<p>19. Specify: <input type="radio"/> Butt, Heat Fusion <input type="radio"/> Butt, Electrofusion <input type="radio"/> Saddle, Heat Fusion <input type="radio"/> Saddle, Electrofusion <input type="radio"/> Socket, Heat Fusion <input type="radio"/> Socket, Electrofusion <input type="radio"/> Other <u>PLASTIC_JOINT_DETAILS</u></p> <p>20. Year installed: <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> <u>FPW_INSTALLED_YEAR</u></p> <p>21. Other attributes: <u>FPW_OTHER_ATTR</u></p> <p>22. Specify the two materials being joined:</p> <p>22.a First material being joined: <u>FPW_FIRST_PLASTIC_TYPE</u> <input type="radio"/> Polyvinyl Chloride (PVC) <input type="radio"/> Polyethylene (PE) <input type="radio"/> Cross-linked Polyethylene (PEX) <input type="radio"/> Polybutylene (PB) <input type="radio"/> Polypropylene (PP) <input type="radio"/> Acrylonitrile Butadiene Styrene (ABS) <input type="radio"/> Polyamide (PA) <input type="radio"/> Cellulose Acetate Butyrate (CAB) <input type="radio"/> Other ⇒ Specify: <u>FPW_FIRST_PLASTIC_TYPE_OTHER</u></p> <p>22.b Second material being joined: <u>FPW_SECOND_PLASTIC_TYPE</u> <input type="radio"/> Polyvinyl Chloride (PVC) <input type="radio"/> Polyethylene (PE) <input type="radio"/> Cross-linked Polyethylene (PEX) <input type="radio"/> Polybutylene (PB) <input type="radio"/> Polypropylene (PP) <input type="radio"/> Acrylonitrile Butadiene Styrene (ABS) <input type="radio"/> Polyamide (PA) <input type="radio"/> Cellulose Acetate Butyrate (CAB) <input type="radio"/> Other ⇒ Specify: <u>FPW_SECOND_PLASTIC_TYPE_OTHER</u></p>
<input type="checkbox"/> Other Pipe, Weld, or Joint Failure	<p>23. Describe: <u>PWJF_FAILURE_DETAILS</u></p>

ADDITIONAL_DENT_IND, ADDITIONAL_GOUGE_IND, ADDITIONAL_PIPE_BEND_IND, ADDITIONAL_ARC_BURN_IND, ADDITIONAL_CRACK_IND,
ADDITIONAL_LACK_FUSION_IND, ADDITIONAL_LAMINATION_IND, ADDITIONAL_BUCKLE_IND, ADDITIONAL_WRINKLE_IND,
ADDITIONAL_MISALIGNMENT_IND, ADDITIONAL_BURNT_STEEL_IND, ADDITIONAL_OTHER_IND, ADDITIONAL_OTHER_DETAILS

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

<p>EQ_FAILURE_TYPE</p> <p><input type="checkbox"/> Malfunction of Control/Relief Equipment</p>	<p>CONTROL_VALVE_IND, INSTRUMENTATION_IND, SCADA_IND, COMMUNICATIONS_IND, BLOCK_VALVE_IND, CHECK_VALVE_IND, RELIEF_VALVE_IND, POWER_FAILURE_IND, STOPPLE_CONTROL_FITTING_IND</p> <p>1. Specify: <i>(select all that apply)</i></p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="radio"/> Control Valve</div> <div style="width: 33%;"><input type="radio"/> Instrumentation</div> <div style="width: 33%;"><input type="radio"/> SCADA</div> <div style="width: 33%;"><input type="radio"/> Communications</div> <div style="width: 33%;"><input type="radio"/> Block Valve</div> <div style="width: 33%;"><input type="radio"/> Check Valve</div> <div style="width: 33%;"><input type="radio"/> Relief Valve</div> <div style="width: 33%;"><input type="radio"/> Power Failure</div> <div style="width: 33%;"><input type="radio"/> Stopple/Control Fitting</div> <div style="width: 33%;"><input type="radio"/> Pressure Regulator</div> <div style="width: 33%;"><input type="radio"/> PRESSURE_REGULATOR_IND</div> <div style="width: 33%;"><input type="radio"/> Other _____</div> </div> <p>OTHER_CONTROL_RELIEF_IND, OTHER_CONTROL_RELIEF_DETAILS</p>
<p><input type="checkbox"/> Threaded Connection Failure</p>	<p>OTHER_STRIPPED_IND</p> <p>2. Specify: <input type="radio"/> Pipe Nipple <input type="radio"/> Valve Threads <input type="radio"/> Threaded Pipe Collar</p> <p style="margin-left: 40px;"><input type="radio"/> Threaded Fitting</p> <p style="margin-left: 40px;"><input type="radio"/> Other _____</p> <p>OTHER_STRIPPED_DETAILS</p>
<p><input type="checkbox"/> Non-threaded Connection Failure</p>	<p>OTHER_NON_THREADED_IND</p> <p>3. Specify: <input type="radio"/> O-Ring <input type="radio"/> Gasket <input type="radio"/> Other Seal or Packing</p> <p style="margin-left: 40px;"><input type="radio"/> Other _____</p> <p>OTHER_NON_THREADED_DETAILS</p>
<p><input type="checkbox"/> Valve</p>	<p>VALVE_OTHER_IND</p> <p>4. Specify: <input type="radio"/> Manufacturing defect <input type="radio"/> Other _____</p> <p style="margin-left: 40px;">4.a Valve type: _____</p> <p style="margin-left: 40px;">4.b Manufactured by: _____</p> <p style="margin-left: 40px;">4.c Year manufactured: ____/____/____/____/____</p> <p>VALVE_OTHER_DETAILS, EQ_MANUFACTURER, EQ_MANUFACTURE_YEAR</p>
<p><input type="checkbox"/> Other Equipment Failure</p>	<p>5. Describe: _____</p> <p>EQ_FAILURE_DETAILS</p>

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

OPERATION_TYPE <input type="checkbox"/> Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage	
<input type="checkbox"/> Valve Left or Placed in Wrong Position, but NOT Resulting in an Overpressure	
<input type="checkbox"/> Pipeline or Equipment Overpressured	
<input type="checkbox"/> Equipment Not Installed Properly	
<input type="checkbox"/> Wrong Equipment Specified or Installed	
<input type="checkbox"/> Other Incorrect Operation	1. Describe: OPERATION_DETAILS

Complete the following if any Incorrect Operation sub-cause is selected.2. Was this Incident related to: *(select all that apply)*

- ☐ Inadequate procedure **RELATED_INADEQUATE_PROC_IND**
☐ No procedure established **RELATED_NO_PROC_IND**
☐ Failure to follow procedure **RELATED_FAILURE_FOLLOW_IND**
☐ Other:* **RELATED_OTHER_IND** **OPERATION_RELATED_DETAILS**

3. What category type was the activity that caused the Incident: **CATEGORY_TYPE**

- ☐ Construction
☐ Commissioning
☐ Decommissioning
☐ Right-of-Way activities
☐ Routine maintenance
☐ Other maintenance
☐ Normal operating conditions
☐ Non-routine operating conditions (abnormal operations or emergencies)

4. Was the task(s) that led to the Incident identified as a covered task in your Operator Qualification Program? ☐ Yes ☐ No **OPERATOR_QUALIFICATION_IND**4.a If Yes, were the individuals performing the task(s) qualified for the task(s)? **QUALIFIED_INDIVIDUALS**

- ☐ Yes, they were qualified for the task(s)
☐ No, but they were performing the task(s) under the direction and observation of a qualified individual
☐ No, they were not qualified for the task(s) nor were they performing the task(s) under the direction and observation of a qualified individual

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

OTHER_TYPE <input type="checkbox"/> Miscellaneous	1. Describe: MISC_DETAILS
<input type="checkbox"/> Unknown	2. Specify: <input type="radio"/> Investigation complete, cause of Incident unknown <input type="radio"/> Still under investigation, cause of Incident to be determined* (*Supplemental Report required) UNKNOWN_SUBTYPE

PART H – NARRATIVE DESCRIPTION OF THE INCIDENT *(Attach additional sheets as necessary)*

Note: Field names not on the form are as following:

Field Name	Field Name Description
DATAFILE_AS_OF	<i>Data as of date</i>
FF	<i>Identify if incident was cause by fire first or not</i>
SIGNIFICANT	<i>Identify if record meets the significant criteria or not: If there was fatality, injury, or total property damage is \$50K or more in 1984 dollars, then SIGNIFICANT='YES', else SIGNIFICANT='NO'. If FF criteria is true then SIGNIFICANT = 'NO'.</i>
IYEAR	<i>Year incident occurred, derived from incident date</i>
EST_COST_OPER_PAID_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
EST_COST_GAS_RELEASED_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
EST_COST_PROP_DAMAGE_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
EST_COST_EMERGENCY_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
EST_COST_OTHER_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
PRPTY_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
MAP_CAUSE	<i>Cause by PHMSA for 20 year incident trending</i>
MAP_SUBCAUSE	<i>SubCause by PHMSA for 20 year incident trending</i>
SERIOUS	<i>Identify if record meets the SERIOUS criteria or not: If there was fatality or injury and if FF criteria is false then SERIOUS = 'YES' else SERIOUS = 'NO'.</i>