	CE: This report is required by 49 60122.	CFR Part 195. Failure to report can result	in a civil penalty as provided in 49	OMB NO: 2137-0047 EXPIRATION DATE: 4/30/2026		
	epartment of Transportation	ACCIDENT REPORT – HAZ	ARDOUS LIQUID AND	Report Date		
Pipelin	e and Hazardous Materials Administration	CARBON DIOXIDE PIP	ELINE SYSTEMS	No.		
Salety	Administration			No (DOT Use Only)		
comp a cur of info and c regar	oly with a collection of informa rent valid OMB Control Numb ormation is estimated to be a completing and reviewing the ding this burden estimate or a	or sponsor, and a person is not require tion subject to the requirements of the per. The OMB Control Number for this pproximately 12 hours per response, in a collection of information. All respon any other aspect of this collection of info SA, Office of Pipeline Safety (PHP-30)	Paperwork Reduction Act unless information collection is 2137-00 ncluding the time for reviewing in ses to this collection of informat prmation, including suggestions f	that collection of information displays 47. Public reporting for this collection structions, gathering the data needed, ion are mandatory. Send comments or reducing this burden to: Information		
INST	RUCTIONS					
provi		ne separate instructions for completing do not have a copy of the instructions, v/pipeline/library/forms.				
PART A -	- KEY REPORT INFORMATI	ON Report Type: (se	<i>lect all that apply)</i>	□ Supplemental □ Final		
A1. Oper	ator's OPS-issued Operator I	dentification Number (OPID): / /				
A2. Name	e of Operator: auto-populated	d based on OPID				
A3. Addre	ess of Operator:					
A3a. <u>auto</u>	-populated based on OPID (Street Address)					
A3b. <u>auto</u>	-populated based on OPID (City)					
A3c. Stat	e: auto-populated based on C	<u>DPID</u>				
A3d. Zip	Code: auto-populated based	t on OPID				
A4. Local	I time (24-hr clock) and date o	of accident:				
<u>/ /</u>	<u>/////////////////////////////////////</u>	<u>/ / / / /</u> Day Year				
A4a. Tim	e Zone for local time (select c	only one) O Alaska O Eastern O C	Central O Hawaii-Aleutian O	Mountain O Pacific		
A4b. Day	light Saving in effect? O Ye	es O No				
	tion of Accident: ude: <u>/ / /</u> . <u>/ / /</u> jitude: - <u>/ / / /</u> . <u>/</u>	<u> </u> <u> </u>				
A6. Com	modity released: <i>(select only</i>	one, based on predominant volume re	leased)			
□ c	rude Oil					
C	 □ Refined and/or Petroleum Product (non-HVL) which is a Liquid at Ambient Conditions ○ Gasoline (non-Ethanol) ○ Diesel, Fuel Oil, Kerosene, Jet Fuel ○ Mixture of Refined Products (transmix or other mixture) ○ Other ➡ Name:					
C) Anhydrous Ammonia) LPG (Liquefied Petroleum G	xic Fluid which is a Gas at Ambient Co Gas) / NGL (Natural Gas Liquid)	onditions			
	O ₂ (Carbon Dioxide)					
	ofuel / Alternative Fuel (includ Fuel Grade Ethanol	ling ethanol blends)	O Ethanol Blend 🛛 🖨 % Etha	nol: / / /		
		2, B20, B100): B////	O Other ⊨> Name:			
A7. Estim	nated volume of commodity re	eleased unintentionally:	,			
	nated volume of intentional an	d/or controlled release/blowdown: HVL and CO₂ Commodities)				
A9. Estim	nated volume of commodity re		,	/./ / / Barrels		

A11.	Were there injuries requiring inpatient hospitalization	on? O Yes	O No
------	---	-----------	------

A10. Were there fatalities? O Yes O No		A11.	Were th	ere injuries requiring inpatient ho	spitaliza	ition?	O Ye	s O N
If Yes, specify the number in each catego	pry:	If	Yes, sp	ecify the number in each categ	ory:			
A10a. Operator employees		<u> </u>	A11a.	Operator employees	<u> </u>	/	/	<u> </u>
A10b. Contractor employees working for the Operator	<u> </u>	<u> </u>		Contractor employees working for the Operator	<u> </u>	/	1	<u>/</u>
A10c. Non-Operator emergency responders	<u> </u>	<u> </u>		Non-Operator emergency responders	<u> </u>	/	1	/
A10d. Workers working on the right-of-way, but NOT associated with this Operator	<u> </u>	<u>1</u>		Workers working on the right-of-way, but NOT associated with this Operator	<u> </u>	/	1	<u>/</u>
A10e. General public		<u> </u>	A11e.	General public		1	1	/
A10f. Total fatalities (sum of above)	<u>calculated</u>		A11f.	Total injuries (sum of above)	<u>calcu</u>	<u>lated</u>		
 A12. What was the Operator's initial indication CPM leak detection system SCADA-based information (such as a Static Shut-in Test or Other Pressure Controller Air Patrol Notification from Public 	alarm(s), alert(s), e	vent(s), and/or volume	ersonne Operato	el, including contractors r or its contractor				
□ Notification from Third Party that cause		Other						
A12a. If "Controller", "Local Operating Pe A12, specify the following: <i>(select only o</i>		j contractors", "Air Patro	ol", or "(Ground Patrol by Operator or its	s contrac	tor" is	seleo	sted in
O Operator employee	O Contractor v	working for the Operato	r					
A13. Local time Operator identified failure		<u>/ / / / /</u> Hour		//////////////////////////////////////	<u>/</u> ar			
 A14. Part of system involved in Accident: (se Onshore Breakout Tank or Storage V Onshore Terminal/Tank Farm Equipm Onshore Equipment and Piping Asso Onshore Pump/Meter Station Equipm Onshore Pipeline, Including Valve Si Offshore Platform/Deepwater Port, Ir Offshore Pipeline, Including Riser an 	Vessel, Including A nent and Piping ociated with Belowg nent and Piping tes ocluding Platform-n	ground Storage						
A15. Auto-populated based on A14 Was the O Yes (Complete Questions B3-B12)								
 A16. Operational Status at time Operator ide O Post-Construction Commissioning O Post-Maintenance/Repair O Routine Start-Up O Routine Shutdown O Normal Operation, include pauses betw O Idle 								
A17. If Operational Status = Routine Start-Up O Yes O No ⊏> Explain:			acility sł	nut down due to the Accident?				
If Yes, complete Questions A17.a and A	17.b: (use local tin	ne, 24-hr clock)						
A17a. Local time and date of shutdown		<u>/ / / / /</u> Hour	/ / Montl	<u>/ / / / / / /</u> n Day Year				
A17b. Local time pipeline/facility restarte	ed	/ / / / / Hour	/ / Monti	<u> </u>	D Still sh required		/n*	
If A12 = Notification from Emergency Respon	der, skip A18a. thr	rough A18c.						
A18a. Did the operator communicate with Lo	cal, State, or Fede	ral Emergency Respor	iders ab	out the accident? O Yes	O No			
If No, skip A18b. and A18c.	·							

A18b. Which party initiated communication about the accident? O Operator O Local/State/Federal Emergency Responder

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A20. Local time of confirmed discovery / / / / / / / / / / / / / / / / / / /
A21a. Local time <i>(24-hr clock)</i> and date of initial operator report to the National Response Center: <u>/ / / / / / / / / / / / / / / / / / / </u>
A21b. Initial Operator National Response Center Report Number OR $$ O NRC Notification Not Required OR O NRC Notification Required But Not Made
A21c. Additional NRC Report numbers submitted by the operator:
A22. Did the commodity ignite? O Yes O No If Yes, answer A22.a through d:
A22a. Local time of ignition / / / / / / / / / / / / / / / / / / /
A22b. How was the fire extinguished? O Operator/Contractor O Local/State/Federal Emergency Responder O Allowed to burn out O Other, specify:
A22c. Estimated volume of commodity consumed by fire (barrels): (must be less than or equal to A7)
A22d. Did the commodity explode? O Yes O No
If A14. is "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend", answer A23a through f:
A23a. Initial action taken to control flow upstream of failure location O Valve Closure O Operational Control - mandatory text field
If Valve Closure, answer A23b and c:
A23b. Local time of valve closure <u>/ / / / / / / / / / / / / / / / / / /</u>
A23c. Type of upstream valve used to initially isolate release source: O Manual O Automatic O Remotely Controlled
A23d. Initial action taken to control flow downstream of failure location O Valve Closure O Operational Control - mandatory text field
If Valve Closure, answer A23.e and f:
A23e. Local time of valve closure / / / / / / / / / / / / / / / / / / /
Hour Month Day Year A23f. Type of downstream valve used to initially isolate release source: O Manual O Automatic O Remotely Controlled O Check Valve
If A6 = Crude Oil, Refined and/or Petroleum Product (non-HVL) which is a Liquid at Ambient Conditions, or Biofuel / Alternative Fuel (including ethanol blends) AND A15. is Onshore, answer questions A24a and c:
A24a. Did the operator notify a "qualified individual" in the Onshore Oil Spill Response Plan? O Yes O No
If Yes, answer A24b.
A24b. Local time the "qualified individual" was notified. ////////////////////////////////////
A24c. Did the operator activate an Oil Spill Removal Organization (OSRO)? O Yes O No
If Yes, answer A24d and e:
A24d. Local time operator activated OSRO //////////////////////////////////
A24e. Local time OSRO arrived on site / / / / / / / / / / / / / / / / / / /
A25. Number of general public evacuated: / / / /,/ / / /

PART B – ADDITIONAL LOCATION INFORMATION

B1. Pipeline/Facility name:	
B2. Segment name/ID:	
If Onshore:	
B3. State: / / /	
B4. Zip Code: / / / /	<u> </u>
В5	B6 County or Parish
City	County or Parish
B7. Operator-designated loca	
	Survey Station No. <i>(specify in shaded area below)</i>
B8 //_/_/_/_/_	
B9. Was this onshore Accider	nt on Federal land? O Yes O No
B10. Location of Accident: (s	elect only one)
_ '	Dperator-controlled property
B11. Area of Accident (as four	nd): <i>(select only one)</i>
Tank, including atta	ched appurtenances
Underground 🖒 Sp	pecify: O Under soil O Under a building O Under pavement O Exposed due to excavation
	O Exposed due to loss of cover O In underground enclosed space (e.g., vault) O Other
B11a. De	pth-of-Cover (in): /_/,/_/_/_OR_O <u>Unknown</u>
□ Aboveground 🖒 S	pecify: O Typical aboveground facility piping or appurtenance O Overhead crossing O Inside a building
	O In or spanning an open ditch O Inside other enclosed space O Other
☐ Transition Area ⇒	Specify: O Soil/air interface O Wall sleeve O Pipe support or other close contact area O Other
☐ Railroad crossing ☐ Road crossing <i>(s</i> ☐ Water crossing Specify:	Specify: O Cased O Uncased (select all that apply) O Cased O Uncased O Bored/drilled O Bored/drilled elect all that apply) O Cased O Uncased
Approx. w	ater depth (ft) at the point of the Accident: OR O Unknown
(select only one of th	e following) O Shoreline/Bank/Marsh crossing OBelow water, pipe buried below bottom (NOT in bored/drilled crossing) O Below water, pipe in bored/drilled crossing OBelow water, pipe on or above bottom
Is this wa	ter crossing 100 feet or more in length from high water mark to high water mark? O Yes O No
If Offshore:	
B13. Approximate water dept	h (ft.) at the point of the Accident: / / /,/ / / /
B14. Origin of Accident:	□ In State waters Specify: State: Area: Block/Tract #: //_/_/ Nearest County/Parish:
	□ On the Outer Continental Shelf (OCS) <i>(select only one)</i> O OCS – Alaska O OCS- Atlantic
	O OCS-Gulf of Mexico O OCS – Pacific Specify: Area: Block/Tract #: / _ / _ / _ /
B15. Area of Accident: (selec	• •
_	/larsh crossing or shore approach e buried or jetted below seabed
	e on or above seabed
□ Splash Zone of r	iser
Portion of riser o	utside of Splash Zone, including riser bend

□ Platform

PART C – ADDITIONAL FACILITY INFORMATION
C1. Is the pipeline or facility:
C2. reserved
C3. Item involved in Accident: (select only one)
When A14 is "Onshore Breakout Tank or Storage Vessel, Including Attached Appurtenances" C3 will default to "Tank/Vessel",
□ Pipe ⇔ Specify: O Pipe Body O Pipe Seam
If Pipe Body: Was this a puddle/spot weld? O Yes O No
C3a. Nominal Pipe Size: / / // / C3.b Wall thickness (in): / // / /
C3c. SMYS (Specified Minimum Yield Strength) of pipe (psi): / / / / / / / / / / / / / / / / / / /
C3e. Pipe Seam 戌 Specify: O ERW - High Frequency O Single SAW O Flash Welded O ERW - Low Frequency O DSAW O Continuous Welded
O ERW – Unknown Frequency O Furnace Butt Welded O Spiral Welded O Lap Welded O Seamless O Other, describe:
C3f. Pipe manufacturer: OR O Unknown
C3g Pipeline coating type at point of Accident ⇒ Specify: O Fusion Bonded Epoxy (FBE) O Coal Tar O Asphalt O Polyolefin O Extruded Polyethylene O Epoxy other than FBE O Cold Applied Tape O Paint O Composite O None O Other, describe:
C3h. Coating field applied? O Yes O No O Unknown
□ Weld, including heat-affected zone 🖒 Specify: O Pipe Girth Weld O Other Butt Weld O Fillet Weld
If Pipe Girth Weld is selected, complete items C3a through h above. Are any of the C3b though h values different on either side of the girth weld? O Yes O No
If Yes, enter the different value(s) below:
C3i. Wall thickness (in): ////////////////////////////////////
C3j. SMYS (Specified Minimum Yield Strength) of pipe (psi): / / / / / / / / / /
C3k. Pipe specification: OR O Unknown
C3I. Pipe Seam ⇒ Specify: O ERW - High Frequency O Single SAW O Flash Welded O ERW - Low Frequency O DSAW O Continuous Welded O ERW – Unknown Frequency O Furnace Butt Welded O Spiral Welded O Lap Welded O Seamless O Other, describe:
C3m. Pipe manufacturer: OR O Unknown
C3n. Pipeline coating type at point of Accident ⇒ Specify: O Fusion Bonded Epoxy (FBE) O Coal Tar O Asphalt O Polyolefin O Extruded Polyethylene O Epoxy other than FBE O Cold Applied Tape O Paint O Composite O None O Other, describe:
C3o. Coating field applied? O Yes O No O Unknown
□ Valve O Mainline ⇒ Specify: O Butterfly O Check O Gate O Plug O Ball O Globe O Other, describe: C3p. Mainline valve manufacturer: OR O Unknown
O Relief Valve – including thermal and pressure. Report tank relief valves under the Tank/Vessel, Relief Valve O Auxiliary or Other Valve – report auxiliary valves on tanks under Tank/Vessel, Appurtenance
Pump, including auxiliary piping, connections, and equipment, but excluding product drain lines and tubing.
C3q. Type of pump Positive displacement Centrifugal Gear Other (specify):
C3r. Type of service Mainline Injection Truck rack (if on terminal side of truck rack canopy) Other (specify):
 Meter/Prover, including auxiliary piping, connections, and equipment, but excluding product drain lines and tubing. Scraper/Pig Trap, including auxiliary piping, connections, and equipment, but excluding product drain lines and tubing.

 Sump, including auxiliary piping, connections, and equipment, but excluding product drain lines and tubing. Filter, Strainer, Separator, including auxiliary piping, connections, and equipment, but excluding product drain lines and tubing. Repair Sleeve or Clamp Tapping Equipment Tap Fitting (stopple, thread-o-ring, weld-o-let, etc.) Flange Assembly, including Gaskets Relief Lines and Relief Equipment Drain Lines Tubing, including Fittings C3s. Tubing material Stainless steel Carbon steel Copper Other 	
C3t. Type of tubing Rigid Flexible	
 Instrumentation, including Programmable Logic Controllers and Controls Tank/Vessel 	
 ➡ Failty vessel ➡ C3u. Specify failure path: O Single Bottom System O Double Bottom System O Tank Shell O Chime O Roof/Roof Seal O Roof Drain System O Mixer O Pressure Vessel Head or Wall O Appurtenance O Relief Valve O Manway O Vent O Other, describe: 	
C3v. Tank Type O Atmospheric O Pressurized	
If C3v. = Pressurized: C3v1. Tank Maximum Operating Pressure C3v2. What is the set point of the primary pressure relief device on the tank? C3v3. Did the thermal or pressure relief valve activate? O Yes O No C3v4. Was the MOP of the tank exceeded? O Yes O No	
If C3v = Atmospheric: C3v5. Safe-Fill-Level (in feet) at the time of the accident? C3v6. Was the Safe-Fill-Level exceeded? O Yes O No C3v7. Year of most recent API Std 653 Out-of-Service Inspection / / / / / OR O None C3v8. API Std 653 In-Service Inspection / / / / / OR O No In-Service Inspection completed	
□ Other mandatory text field	
C4. Year item involved in Accident was installed: / / / / / OR_ O Unknown	
C4a. Year item involved in Accident was manufactured: / / / / / / OR O Unknown	
C5. Material involved in Accident: (<i>select only one</i>) □ Carbon Steel □ Material other than Carbon Steel → Specify:	
C6. Type of Accident involved: (select only one) ☐ Mechanical Puncture ➡ Approx. size: /_/_/_/in. (axial) by /_/_/_/in. (circumferential) ☐ Leak ➡ Select Type: O Pinhole O Crack O Connection Failure O Seal or Packing O Other ☐ Rupture ➡ Select Orientation: O Circumferential O Longitudinal O Other Approx. size: /_/_/_/ in. (widest opening) by /_/_/_//in. (length circumferentially or axially) ☐ Overfill or Overflow ☐ Other ➡ Describe:	_
PART D – ADDITIONAL CONSEQUENCE INFORMATION	
D1. Wildlife impact: O Yes O No	
D1a If Yes, specify all that apply: Fish/aquatic Birds Terrestrial	
D2. Soil contamination: O Yes O No	
D3. Long term impact assessment performed or planned: O Yes O No D4. Anticipated remediation: O Yes O No (not needed) D4a. If Yes, specify all that apply: □ Surface water □ Groundwater □ Soil □ Vegetation □ Wildlife	
D5. Water contamination: O Yes 🖒 (Complete 5a – 5c below) O No	

D5a. Specify all that apply: Ocean/Seawater Surface	
Groundwater	-
\Box Drinking water \Rightarrow (Select one or both) \bigcirc Private	
D5b. Estimated amount released in or reaching water: /	
D5c. Name of body of water, if commonly known:	
D6. At the location of this Accident, had the pipeline segment or fac determined in the Operator's Integrity Management Program?	cility been identified as one that "could affect" a High Consequence Area (HCA) as O Yes O No
D7. Did the released commodity reach or occur in one or more High	n Consequence Area (HCA)? O Yes O No
D7a. If Yes, specify HCA type(s): (select all that apply)	
 Commercially Navigable Waterway Was this HCA identified in the "could affect" determinat O Yes O No 	tion for this Accident site in the Operator's Integrity Management Program?
 High Population Area Was this HCA identified in the "could affect" determinat O Yes O No 	tion for this Accident site in the Operator's Integrity Management Program?
 Other Populated Area Was this HCA identified in the "could affect" determinat O Yes O No 	tion for this Accident site in the Operator's Integrity Management Program?
 Unusually Sensitive Area (USA) – Drinking Water Was this HCA identified in the "could affect" determinat O Yes O No 	tion for this Accident site in the Operator's Integrity Management Program?
 Unusually Sensitive Area (USA) – Ecological Was this HCA identified in the "could affect" determinat O Yes O No 	tion for this Accident site in the Operator's Integrity Management Program?
D8. Estimated Property Damage:	
D8a. Estimated cost of public and non-Operator private proper	rty damage \$ <u>/ / / /,/ / /,/ / /</u>
D8b. Estimated cost of commodity lost	\$ <u>/</u> / / /,/ / /,/ / /
D8c. Estimated cost of Operator's property damage & repairs	\$/////////////////////////////////////
D8d. Estimated cost of emergency response	\$ / / / /,/ / /,/ / /
D8e. Estimated cost of environmental remediation	\$ <u>/ / / /,/ / /,/ / /</u>
D8f. Estimated other costs	\$ <u>////////////////////////////////////</u>
Describe	
D8g. Total estimated property damage (sum of above)	\$ calculated
	jured, admitted to a hospital, and remaining in the hospital for at least one overnight
D9. Estimated number of persons with injuries requiring treatment ir	n a medical facility but not requiring overnight in-patient hospitalization:
If a person is included in D9, do not include them in D10.	
D10. Estimated number of persons with injuries requiring treatment	by EMTs at the site of accident:
Buildings Affected	
D11. Number of residential buildings affected (evacuated or require	ed repair):
D12. Number of business buildings affected (evacuated or required	d repair):
PART E – ADDITIONAL OPERATING INFORMATION	
E1. Estimated pressure at the point and time of the Accident (psig)):/ //
If C3. Is Tank/Vessel and C3v. is Atmospheric, do not answer E2. a	
E2. Maximum Operating Pressure (MOP) at the point and time of the	
E2a. Limiting factor establishing MOP (select only one):	
 O Internal Design Pressure O Component Design Pressure O SubPart E Pressure Test O Excepted Component Pressure Test O Four Hour Test or Operation 	§195.406(a)(1) §195.406(a)(2) §195.406(a)(3) §195.406(a)(4) §195.406(a)(5)

E2c. Was the MOP established in conjunction with a reversal of flow direction? O Yes O No O Bi-Directional

If E2c = Yes, E2d. What is the date of the most recent surge analysis performed at the point of the Accident?

O Other; describe:

E2b. Date MOP established _____

E3. Describe the pressure on the system or facility relating to the Accident: (calcul

- □ Pressure did not exceed MOP
- □ Pressure exceeded MOP, but did not exceed 110% of MOP
- □ Pressure exceeded 110% of MOP

E4. Was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP?

🗆 No

 \Box Yes \Rightarrow (Complete 4.a and 4.b below)

E4a.	Did the pressure exceed this established pressure restriction?	O Yes	O No
------	--	-------	------

E4b. Was this pressure restriction mandated by PHMSA or the State? O PHMSA O State

If A14. is "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend", complete E5 through E7

E5. Answer E5 only when both A23a and A23d are Valve Closure

Length of segment initially isolated between valves (ft): / / / /

- E6. Is the pipeline configured to accommodate internal inspection tools?
 - □ Yes
 - □ No
 → Which physical features limit tool accommodation? (select all that apply)
 - O Changes in line pipe diameter
 - O Presence of unsuitable mainline valves
 - O Tight or mitered pipe bends
 - O Other passage restrictions (i.e. unbarred tee's, projecting instrumentation, etc.)
 - O Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools)

E7. For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool run?

🗆 No

□ Yes → Which operat	onal factors complicate execution?	(select all that apply)
-----------------------	------------------------------------	-------------------------

- O Excessive debris or scale, wax, or other wall build-up
- O Low operating pressure(s)
- O Low flow or absence of flow
- O Incompatible commodity
- O Other ⊨> Describe:__

E8. Function of pipeline system: (select only one)

> 20% SMYS Regulated Transmission

□ ≤ 20% SMYS Regulated Transmission

 \square > 20% SMYS Regulated Gathering \square ≤ 20% SMYS Regulated Gathering

E9.	as a Supervisory Control and Data Acquisition (SCADA)-based system in place on the pipeline or facility involved in the Accid	lent?
] No	

Yes ⊏>	E9a. Was i	t operating at the time of the Accident?	O Yes
--------	------------	--	-------

E9b. Was it fully functional at the time of the Accident?	O Yes	O No
E9c. Did SCADA-based information (such as alarm(s), alert(s),	event(s), an	nd/or volume calculations) assist with the initial indication
of the Accident?	O Yes	O No
E9d. Did SCADA-based information (such as alarm(s), alert(s),	event(s), an	nd/or volume calculations) assist with the confirmed
discovery of the Accident?	O Yes	O No

O No

E10. Was a CPM leak detection system in place on the pipeline or facility involved in the Accident?

No	
Yes	c

⇒	E10a. Was it operating at the time of the Accident?	O Yes	O No
	E10b. Was it fully functional at the time of the Accident?	O Yes	O No
	E10c. Did CPM leak detection system information (such as initial indication of the Accident?	s alarm(s), alert(s) O Yes O I	
	E10d. Did CPM leak detection system information (such a confirmed discovery of the Accident?		, event(s), and/or volume calculations) assist with the 0 No

O Not mandated

E11. 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 Accident? (select only one)

□ Yes, but the investigation of the control room and/or controller actions has not yet been completed by the Operator (Supplemental Report required)

□ No, the facility was not monitored by a controller(s) at the time of the Accident

□ 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)

Yes, specify investigation result(s): *(select all that apply)*

O Investigation reviewed work schedule rotations, continuous hours of service (while working for the Operator) and other factors associated with fatigue

O 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*)

- O Investigation identified no control room issues
- O Investigation identified no controller issues
- O Investigation identified incorrect controller action or controller error
- O Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response
- O Investigation identified incorrect procedures
- O Investigation identified incorrect control room equipment operation
- O Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response
- O Investigation identified areas other than those above ⇒ Describe:

1

PART F – DRUG & ALCOHOL TESTING INFORMATION

- F1. As a result of this Accident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?
 - O No
 - O Yes ➡ F1a. Specify how many were tested: / /

F1b. Specify how many failed:

F2. As a result of this Accident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?

O No O Ye

Yes	₽	F2a.	Specify how many were tested:	/	1	/
		F2b.	Specify how many failed:	/	1	1

PART G – APPARENT CAUSE	Select only one box from PART G in the shaded column on the left representing the APPARENT Cause of the Accident, and answer the questions on the right. Describe secondary, contributing, or root causes of the Accident in the narrative (PART H).			
G1 - Corrosion Failure – *only one sub-cause can be picked from shaded left-hand column				
External Corrosion	Results of visual examination: O Localized Pitting O General Corrosion O Other			
	 Type of corrosion: (select all that apply) O Galvanic O Atmospheric O Stray Current O Microbiological O Selective Seam O Other 			
	2a. If 2 is Stray Current, specify O Alternating Current O Direct Current AND			
	2b. Describe the stray current source:			
	3. The type(s) of corrosion selected in Question 2 is based on the following: (select all that apply) O Field examination O Determined by metallurgical analysis O Other			
	 4. Was the failed item buried or submerged? O Yes ⇒ 4a. Was failed item considered to be under cathodic protection at the time of the Accident? O Yes ⇒ Year protection started: / / / / / / O No 			
	4b. Was shielding, tenting, or disbonding of coating evident at the point of the Accident? O Yes O No			
	 4c. Has one or more Cathodic Protection Survey been conducted at the point of the Accident? (select all that apply) O Yes, CP Annual Survey ⇒ Most recent year conducted: / / / / / / O Yes, Close Interval Survey ⇒ Most recent year conducted: / / / / / O Yes, Other CP Survey ⇒ Most recent year conducted: / / / / / Describe other CP survey: 			
	 O No ⇒ 4d. Was the failed item externally coated or painted? O Yes O No 5. Was there observable damage to the coating or paint in the vicinity of the corrosion? O Yes O No O N/A Bare/Ineffectively Coated Pipe 			
☐ Internal Corrosion	6. Results of visual examination: O Localized Pitting O General Corrosion O Not cut open O Other			
	 7. Cause of corrosion: (select all that apply) O Corrosive Commodity O Water drop-out/Acid O Microbiological O Erosion O Other 			
	 8. The cause(s) of corrosion selected in Question 7 is based on the following: <i>(select all that apply)</i> O Field examination O Determined by metallurgical analysis O Other 			
	9. Location of corrosion: <i>(select all that apply)</i> O Low point in pipe O Elbow O Dead-Leg O Other			
	10. Was the commodity treated with corrosion inhibitors or biocides? O Yes $$ O No			
	11. Was the interior coated or lined with protective coating? O Yes O No			
	12. Were cleaning/dewatering pigs (or other operations) routinely utilized? O Not applicable - Not mainline pipe O Yes O No			
	13. Were corrosion coupons routinely utilized? O Not applicable - Not mainline pipe O Yes O No			

G2 - Natural Force Damage - *	only one sub-cause can be picked from shaded left-hand column				
Earth Movement, NOT due to 1. S Heavy Rains/Floods	Specify: O Earthquake O Subsidence O Landslide O Other				
Heavy Rains/Floods 2. 5	Specify: O Washout/Scouring O Flotation O Mudslide O Other				
Lightning 3. 5	Specify: O Direct hit O Secondary impact such as resulting nearby fires				
Temperature 4. S	Specify: O Thermal Stress O Frost Heave O Frozen Components O Other				
High Winds					
☐ Tree/Vegetation Root					
Snow/Ice impact or Accumulation					
Other Natural Force Damage 5. D	Describe:				
	e sub-cause is selected. ated in conjunction with an extreme weather event? O Yes O No urricane O Tropical Storm O Tornado O Other:				
G3 – Excavation Damage - *only	one sub-cause can be picked from shaded left-hand column				
Excavation Damage by Operator (First Party)					
Excavation Damage by Operator's Contractor (Second Party)					
Excavation Damage by Third Party	Excavation Damage by Third Party				
Previous Damage due to Excavation Activity					
Complete the following if any Excavation Damage s	ub-cause is selected.				
1. Did the Operator get prior notification of the excavat	tion activity? O Yes O No				
 1a. If Yes, Notification received from: (select all t 1b. Per the primary Accident Investigator results, O Yes O No O Unknown 	that apply) O One-Call System O Excavator O Contractor O Landowner did State law exempt the excavator from notifying the one-call center?				
If yes, answer 1c through 1e.					
 1c. select one of the following: O Excavator is exempt O Activity is exempt and did not exceed the limits of the exemption O Activity is exempt and exceeded the limits of the exemption O Other mandatory text field: 					
1d. Exempting authority:					
1e. Exempting criteria:					
	apply) e Highway O County Road O Interstate Highway O Other				
-	O No				
5. Did this event involve a Cross Bore? OYes O	No				

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 7. Type of excavator: (select only one) O Contractor O County O Developer O Farmer O Municipality O Occupant O Railroad O State O Utility O Unknown/Other 8. Type of excavation equipment: (select only one)				
O Railroad O State O Utility O Unknown/Other				
8. Type of excavation equipment: (select only one)				
O AugerO Backhoe/TrackhoeO BoringO DrillingO Directional DrillingO ExplosivesO Farm EquipmentO Grader/ScraperO Hand ToolsO Milling EquipmentO Probing DeviceO TrencherO Vacuum EquipmentO BulldozerO Unknown/Other				
9. Type of work performed: (select only one) O Agriculture O Cable TV O Curb/Sidewalk O Building Construction O Building Demolition O Drainage O Driveway O Electric O Engineering/Surveying O Fencing O Grading O Irrigation O Landscaping O Liquid Pipeline O Milling O Natural Gas O Pole O Public Transit Authority O Railroad Maintenance O Road Work O Sewer (Sanitary/Storm) O Site Development O Steam O Water O Water way Improvemer O Unknown/Other O Unknown/Other O Traffic Signal O Traffic Signal O Traffic Signal	t			
10. Was the One-Call Center notified? O Yes O No If No, skip to question 11				
10a. If Yes, specify ticket number: / / / / / / / / / / / / / / / / / / /				
10b. If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified:				
10c. Was work area white lined? O No O Yes O Unknown				
11. Type of Locator: O Facility Owner O Contract Locator O Unknown/Other				
12. Were facility locate marks visible in the area of excavation? O No O Yes O Unknown				
13. Did the damage cause an interruption in service? O No O Yes O Unknown/Other				
13a. If Yes, specify duration of the interruption: / <u>///////////////////////////////////</u>				
14. Description of the CGA-DIRT Root Cause (select the predominant CGA-DIRT Root Cause from the list below):				
Notification Issue No notification made to the One-Call Center/811 Excavator dug outside area described on ticket Excavator dug prior to valid start date/time Excavator dug after valid ticket expired Excavator provided incorrect notification information				
Excavation Issue				
 Excavator dug prior to verifying marks by test-hole (pothole) Excavator failed to maintain clearance after verifying marks Excavator failed to protect/shore/support facilities Improper backfilling practices Marks faded or not maintained Improper excavation practice not listed above 				
Locating Issue				
 Facility not marked due to Incorrect facility records/maps Facility not marked due to Locator error Facility not marked due to No response from operator/contract locator Facility not marked due to Incomplete marks at damage location Facility not marked due to Tracer wire issue Facility not marked due to Unlocatable Facility Facility not marked inaccurately due to Abandoned facility Facility marked inaccurately due to Incorrect facility records/maps Facility marked inaccurately due to Locator error Facility marked inaccurately due to Tracer wire issue Miscellaneous Root Causes Deteriorated facility 				
One Call Center Error Revious demage				
☐ Previous damage ☐ Root Cause not listed (comment required):				

G4 - Other Outside Force Damage - *only one sub-cause can be picked from shaded left-hand column				
Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Accident				
Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation	 Vehicle/Equipment operated by: (select only one) O Operator O Operator's Contractor O Third Party If this sub-section is picked, please complete questions 5-11 below 			
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: O Hurricane O Tropical Storm O Tornado O Heavy Rains/Flood O Other			
Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation				
Electrical Arcing from Other Equipment or Facility				
Previous Mechanical Damage NOT Related to Excavation				
Intentional Damage	3. Specify: O Vandalism O Terrorism O Theft of transported commodity O Theft of equipment O Other			
Other Outside Force Damage	4. Describe:			
Complete the following if Damage by Car. Truck.	or Other Motorized Vehicle/Equipment NOT Engaged in Excavation sub-cause is selected.			
	d one or more citations related to the accident? O Yes O No O Unknown			
If 5 is Yes, what was the nature of the citations (sele 5a. Excessive Speed 5b. Reckless Driving 5c. Driving Under the Influence 5e. Other, describe:				
6. Was the driver under control of the vehicle at the	time of the collision? O Yes O No O Unknown			
. Estimated speed of the vehicle at the time of impact (miles per hour)? or O Unknown				
. Type of vehicle? (select only one) O Motorcycle/ATV O Passenger Car O Small Truck O Bus O Large Truck				
. Where did the vehicle travel from to hit the pipeline facility? (select only one) O Roadway O Driveway O Parking Lot O Loading Dock O Off-Road				
 Shortest distance from answer in 9. to the damaged pipeline facility (in feet): 				

11. At the time of the accident, were protections installed to protect the damaged pipeline facility from vehicular damage? O Yes O No

If 11 is Yes, specify type of protection (select all that apply):

11a. Bollards/Guard Posts

11b. Barricades – include Jersey barriers and fences in instructions

11c. Guard Rails 11d. Other, describe:

G5 - Material Failure of Pipe	or Weld	Use this section to report material failures ONLY IF the "Item Involved in Accident" (from PART C, Question 3) is "Pipe", "Weld", or "Tank/Vessel".			
			e picked from shaded left-hand column		
1. The sub-cause selected below is based on the	0 (
□ Field Examination □ Determined by Metal	lurgical Analysis	Other Analysis			
□ Sub-cause is Tentative or Suspected; Still Ur	□ Sub-cause is Tentative or Suspected; Still Under Investigation (Supplemental Report required)				
or Fabrication-related		ng factors: <i>(select all that appl</i>) r Vibration-related: hanically-induced prior to instal hanical Vibration) ation (such as during transport of pipe)		
Original Manufacturing-related (NOT girth weld or other welds formed in the field)	 O Mechanical Vibration O Pressure-related O Thermal O Other Mechanical Stress O Other 				
Environmental Cracking-related		Stress Corrosion Cracking Stress Cracking	O Sulfide Stress Cracking O Hard Spot		
omplete the following if any Material Failure of Pip	mplete the following if any Material Failure of Pipe or Weld sub-cause is selected.				

C omplete the follow ng if any l

O Wrinkle

4. Additional factors: (select all that apply) O Dent O Gouge O Pipe Bend O Arc Burn

O Burnt Steel O Misalignment O Other:

O Crack O Lack of Fusion O Lamination

O Buckle

G6 - Equipment Failure - *only one sub-cause can be picked from shaded left-hand column			
Malfunction of Control/Relief Equipment	1. Specify: (select all that apply) O Control Valve O Instrumentation O SCADA O Communications O Block Valve O Check Valve O Relief Valve O Power Failure O Stopple/Control Fitting O ESD System Failure O Other		
Pump or Pump-related Equipment	2. Specify: O Seal/Packing Failure O Body Failure O Crack in Body O Appurtenance Failure O Other		
Threaded Connection/Coupling Failure	3. Specify: O Pipe Nipple O Valve Threads O Mechanical Coupling O Threaded Pipe Collar O Threaded Fitting O Other		
□ Non-threaded Connection Failure	4. Specify: O O-Ring O Gasket O Seal (NOT pump seal) or Packing O Other		
Defective or Loose Tubing or Fitting			
Failure of Equipment Body (except Pump), Tank Plate, or other Material			
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)

- O Excessive vibration
- O Overpressurization
- O No support or loss of support
- O Manufacturing defect
- O Loss of electricity

- O Improper installation
- O Improper maintenance
- O Mismatched items (different manufacturer for tubing and tubing fittings)
- O Dissimilar metals
- O Breakdown of soft goods due to compatibility issues with transported commodity
- O Valve vault or valve can contributed to the release
- O Alarm/status failure
- O Misalignment
- O Thermal stress
- O Erosion/Abnormal Wear
- O Other

G7 - Incorrect Operation - *only one sub-cause can be picked from shaded left-hand column		
Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage		
Tank, Vessel, or Sump/Separator Allowed or Caused to Overfill or Overflow	1. Specify: O Valve misalignment O Incorrect reference data/calculation O Miscommunication O Inadequate monitoring O Other	
Valve Left or Placed in Wrong Position, but NOT Resulting in a Tank, Vessel, or Sump/Separator Overflow or Facility Overpressure		
Pipeline or Equipment Overpressured		
Equipment Not Installed Properly		
Wrong Equipment Specified or Installed		
Other Incorrect Operation	2. Describe:	

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

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

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

- O Construction
- O Commissioning
- O Decommissioning
- O Right-of-Way activities
- O Routine maintenance
- O Other maintenance
- O Normal operating conditions
- O Non-routine operating conditions (abnormal operations or emergencies)
- 5. Was the task(s) that led to the Accident identified as a covered task in your Operator Qualification Program? O Yes O No

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

O Yes, they were qualified for the task(s)

O No, but they were performing the task(s) under the direction and observation of a qualified individual

O 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

	pecify: ment field:	O Investigation complete, cause of Accident unknown. Mandatory
		O Still under investigation, cause of Accident to be determined* (*Supplemental Report required)
RT J – COMPLETED INTEGRITY INSPECTIONS		
plete the following if the "Item Involved in Accider prosion (any subCause in Part G1); or evious Damage due to Excavation Activity (subCa evious Mechanical Damage NOT Related to Excav aterial Failure of Pipe or Weld (any subCause in P	ause in Part vation (subC	
Have internal inspection tools collected data at the po O Yes O No	int of the Acc	ident?
J1a. If Yes, for each tool and technology used provid	te the inform	ation below for the most recent and previous tool runs:
Axial Magnetic Flux Leakage Most recent run Year:		
Most recent run Propulsion Method (select only	one): O Fre	e Swimming O Tethered
Most recent run Attuned to Detect (select only on	e): O Metal	Loss O Hard Spots O Girth Weld Anomalies
		Describe:
If Metal Loss, specify (select only one		Resolution O Standard Resolution
Previous run Year:	O Other	Describe:
Previous run Propulsion Method (select only on	e): O Free S	Swimming O Tethered
Previous run Attuned to Detect (select only one):		-
		Describe:
If Metal Loss, specify (select only one		Resolution O Standard Resolution
	O Other	Describe:
Circumferential/Transverse Wave Magnetic Flux Lea Most recent run Year:	kage	
Most recent run Propulsion Method (select only	one): O Fre	e Swimming O Tethered
Most recent run Resolution (select only one):	O High F	Resolution O Standard Resolution
	O Other	Describe:
Previous run Year:		0
Previous run Propulsion Method (select only on	,	
Previous run Resolution (select only one):		Resolution O Standard Resolution
	O Other	Describe:
JItrasonic		
Most recent run Year: Most recent run Propulsion Method (select only		a Swimming O Tetherod
Most recent run Propulsion Method (select only Most recent run Attuned to (select only one)	-	leasurement O Crack
MUST RECENT FULL ALLUNED TO (SERECT ONLY ONE)		Describe:
If Attuned to Wall Measurement, most recent run		
O Standard Resolution O Other Previous run Year:		
Previous run Propulsion Method (select only on	e): O Free §	wimming O Tethered
Most recent run Attuned to (select only one)		leasurement O Crack

O Geometry/Deformation
Most recent run Year:
Most recent run Propulsion Method (select only one): O Free Swimming O Tethered
Most recent run Resolution (select only one): O High Resolution O Standard Resolution O Other Describe:
Most recent run Measurement Cups (select only one): O Inside ILI Cups O No Cups Previous run Year:
Previous run Propulsion Method (select only one): O Free Swimming O Tethered
Previous run Resolution (select only one): O High Resolution O Standard Resolution O Other Describe:
Previous run Measurement Cups (select only one): O Inside ILI Cups O No Cups O Electromagnetic Acoustic Transducer (EMAT) Most recent run Year:
Most recent run Propulsion Method (select only one): O Free Swimming O Tethered Previous run Year:
Previous run Propulsion Method (select only one): O Free Swimming O Tethered
O Cathodic Protection Current Measurement (CPCM) Most recent run Year:
Most recent run Propulsion Method (select only one): O Free Swimming O Tethered Previous run Year:
Previous run Propulsion Method (select only one): O Free Swimming O Tethered
O Other, specify tool:
Most recent run Year:
Most recent run Propulsion Method (select only one): O Free Swimming O Tethered
Previous run Year:
Previous run Propulsion Method (select only one): O Free Swimming O Tethered
Answer J1.b only when the cause is: Previous Damage due to Excavation Activity (subCause in Part G3); or Previous Mechanical Damage NOT Related to Excavation (subCause in Part G4)
J1b. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained? O Yes O No
J2. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident? (initial post construction pressure test is NOT reported here)
O Yes ⊨≽ Most recent year tested: / / / / / Test pressure (psig): / / / / / / / / O No
J3. Has Direct Assessment been conducted on the pipeline segment? O Yes, and an investigative dig was conducted at the point of the Accident → Most recent year conducted: /////
O Yes, but the point of the Accident was not identified as a dig site ○ No
If J3 is Yes, J3a. For each type, indicate the year of the most recent assessment: External Corrosion Direct Assessment (ECDA) ///// Other, specify type:
J4. Has one or more non-destructive examination been conducted prior to the Accident at the point of the Accident since January 1, 2002? O Yes O No
J4a. If Yes, for each examination conducted, select type of non-destructive examination and indicate most recent year the examination wa conducted:
O Radiography I <

PART K - CONTRIBUTING FACTORS

The Apparent Cause of the accident is contained in Part G. Do not report the Apparent Cause again in this Part K. If Contributing Factors were identified during a root cause analysis, select all that apply below and explain each in the Narrative:

External Corrosion

- External Corrosion, Galvanic
- External Corrosion, Atmospheric
- □ External Corrosion, Stray Current Induced
- External Corrosion, Microbiologically Induced
- $\hfill\square$ External Corrosion, Selective Seam

Internal Corrosion

- Internal Corrosion, Corrosive Commodity
- Internal Corrosion, Water drop-out/Acid
- Internal Corrosion, Microbiological
- Internal Corrosion, Erosion

Natural Forces

- □ Earth Movement, NOT due to Heavy Rains/Floods
- □ Heavy Rains/Floods
- □ Lightning
- □ Temperature
- □ High Winds
- □ Tree/Vegetation Root

Excavation Damage

- □ Excavation Damage by Operator (First Party)
- □ Excavation Damage by Operator's Contractor (Second Party)
- □ Excavation Damage by Third Party
- □ Previous Damage due to Excavation Activity

Other Outside Force

- □ Nearby Industrial, Man-made, or Other Fire/Explosion
- □ Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation
- □ Damage by Boats, Barges, Drilling Rigs, or Other Adrift Maritime Equipment
- □ Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation
- □ Electrical Arcing from Other Equipment or Facility
- Previous Mechanical Damage NOT Related to Excavation
 Intentional Damage

Pipe/Weld Failure

- Design-related
 - Construction-related
 - □ Installation-related
 - Fabrication-related
 - Original Manufacturing-related
 - Environmental Cracking-related, Stress Corrosion Cracking
 - Environmental Cracking-related, Sulfide Stress Cracking
 - Environmental Cracking-related, Hydrogen Stress Cracking
 - Environmental Cracking-related, Hard Spot

Equipment Failure

- □ Malfunction of Control/Relief Equipment
- Pump or Pump-related Equipment
- Threaded Connection/Coupling Failure
- □ Non-threaded Connection Failure
- Defective or Loose Tubing or Fitting
- □ Failure of Equipment Body (except Compressor), Vessel Plate, or other Material
- Incorrect Operation
 - □ Damage by Operator or Operator's Contractor NOT Excavation and NOT Vehicle/Equipment Damage
 - □ Tank, Vessel, or Sump/Separator Allowed or Caused to Overfill or Overflow
 - □ Valve Left or Placed in Wrong Position, but NOT Resulting in Overpressure
 - Pipeline or Equipment Overpressured
 - □ Equipment Not Installed Properly
 - □ Wrong Equipment Specified or Installed
 - □ Inadequate Procedure
 - No procedure established
 - □ Failure to follow procedures

PART I – PREPARER AND AUTHORIZED SIGNATURE

Preparer's Name (type or print)	Preparer	Preparer's Telephone Number	
Preparer's Title (type or print)			
Preparer's E-mail Address	Preparer's Facsimile Number		
Local Contact Name: optional Local Contact Email: optional Local Contact Phone: optional			
Authorized Signer's Name	Date	Authorized Signer Telephone Number	
Authorized Signer's Title		Authorized Signer's E-mail Address	