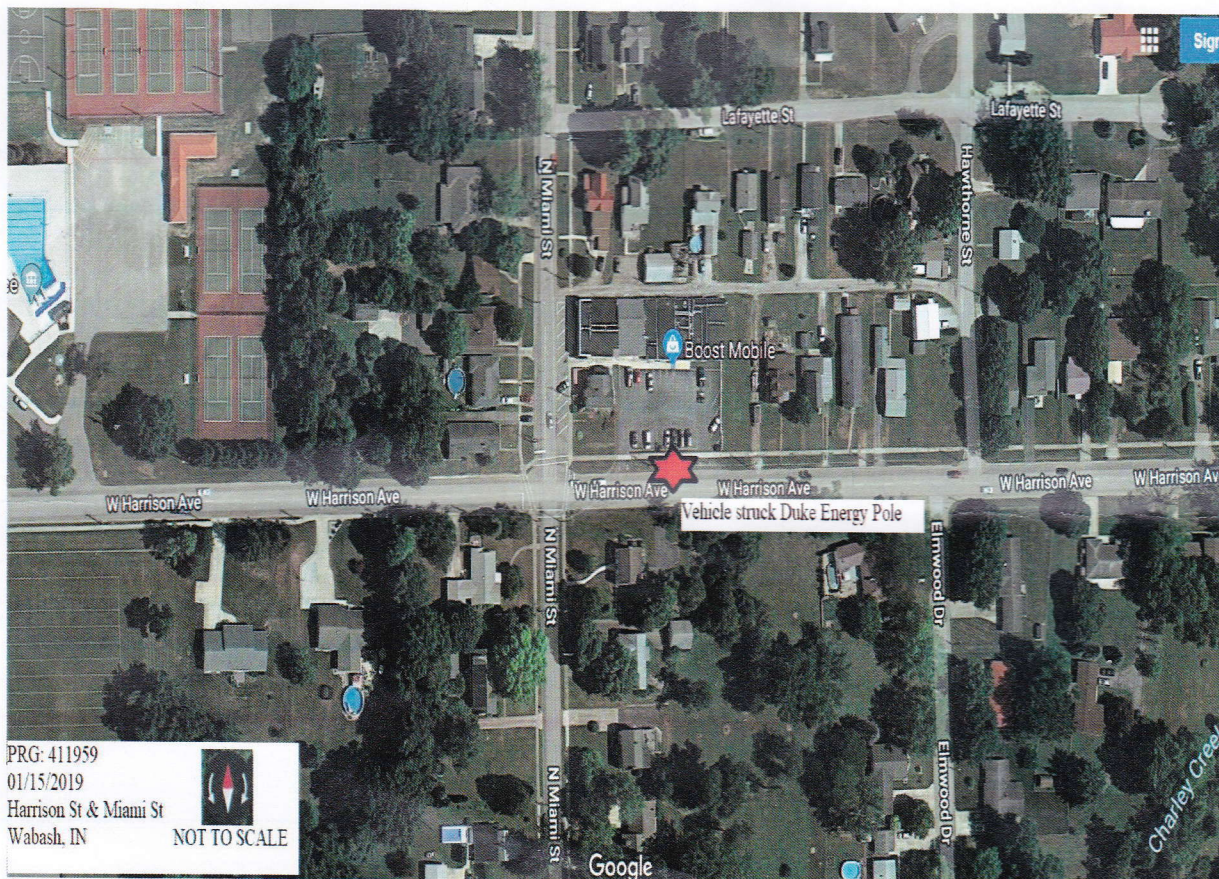


Damage Investigation Findings

PRG CLAIM:	DK-411959	
DATE OF OUTAGE:	01/15/2019	04:30 PM
NOTIFICATION:	01/15/2019	05:44 PM
ARRIVAL:	01/15/2019	06:06 PM
LOCATION:	Harrison St & Miami St, Wabash, IN 46992	
INCIDENT REPORT #:	2019-000533	
INVESTIGATOR:	Michael Davis	

SUMMARY

On Tuesday, January 15, 2019, I was notified by Duke Energy about damage at Harrison St & Miami St, Wabash, IN 46992. Duke Energy's Aerial Facilities were damaged at the above stated location by a Motor Vehicle.





5340 S. Quebec St., Suite 250S
Greenwood Village, CO 80111
Phone: (720) 696-9001
Fax: (303) 379-7284

Outside Plant Damage Recovery

January 24, 2019

Michael Chambers
1350 East Locust St 1201
Milwaukee, WI 53212

RE: Damaged Facilities: Duke Energy
Site Location: Harrison St & Miami St, Wabash, IN 46992
Damage Date: January 15, 2019
PRG Claim# DK-411959
Confirmation Code – 397DZ

To Whom It May Concern:

Project Resources Group has been retained by Duke Energy to assist in recovering costs associated with repairing and replacing Duke Energy facilities damaged by third parties. It is our primary responsibility to investigate damages and recover the costs of repairing and replacing the compromised facilities.

It has been determined that **Michael Chambers** is responsible for the damage to Duke Energy facilities referenced above that occurred on **January 15, 2019**.

We understand that while **driving a vehicle** at the above referenced address, **Michael Chambers** hit and damaged equipment owned and operated by Duke Energy.

If you had Automobile Insurance at the time of this incident, please submit this claim to them for their handling.

****Payment is due upon receipt.**

You may also make payment via a credit card; please see the attached form for completion. **To make an online payment please visit <https://opdpayments.prgconsulting.net> and use claim number and confirmation code listed above.**

Enclosed is an invoice itemizing the charges incurred for this damage. **Please make your check in the amount of \$9,592.83 payable to Project Resources Group, Inc. and mail it to the attention of:**

Project Resources Group, Inc.
5340 S. Quebec St. Suite 250S
Greenwood Village, CO 80111

If you have questions or require additional information, please contact me at (720) 696-9001. Thank you for your prompt attention to this matter.

Sincerely,

Adriana Burrola, Claims Specialist
Project Resources Group Inc. - Outside Plant Damage Recovery Division
Direct: (720) 696-9001
aburrola@prgconsulting.net
Encl – Documentation & Available Photos



INVOICE



Please Make Check Payable to: Project Resources Group

Remit to: Project Resources Group, Inc. Attn. Damage Claims 5340 S. Quebec St., Suite 250S Greenwood Village, CO 80111 EIN: 84-1576547	Invoice # DK-411959 Date: January 24, 2019 Terms: Due Upon Receipt Conf. Code # 397DZ
---	--

Responsible for Damages: Michael Chambers 1350 East Locust St 1201 Milwaukee, WI 53212
--

Date & Address Where Damage Occurred: 1/15/2019 Harrison St & Miami St Wabash, IN 46992
--

Labor and Materials Costs:			
	<u>Units</u>	<u>Unit Rate</u>	<u>Amount</u>
<i>Internal Labor Costs</i>			
Line Specialist (4) (OT Hrs)	31.00	\$114.44	\$3,547.64
Line Apprentice 4Th Year (OT Hrs)	7.75	\$96.60	\$748.65
Line Apprentice 3Rd Year (OT Hrs)	7.75	\$88.65	\$687.04
Emergency Call Out	1.00	\$175.00	\$175.00
LD Material Handler Bucket 35'-40' 4x4	8.50	\$15.31	\$130.14
Digger Derrick <=20K Capacity 4x2	7.75	\$13.40	\$103.85
Sport Utility - Compact 4x4	7.75	\$5.20	\$40.30
Sport Utility - Compact 4x4	7.75	\$5.20	\$40.30
Damage Investigation/Quality Control			<u>\$1,919.00</u>
Sub-Total			\$7,391.91
<i>Contract Labor Costs</i>			
<i>Construction</i>			
Police Report	1.00	\$30.00	\$30.00
Sub-Total			\$30.00
<i>Material Costs</i>			
Wire/Cable;Electrical; Bare; Power; 3 Str Hd	20.00	\$5.06	\$101.20
Connector;Electrical; Terminal; Lug; 6-2/0	6.00	\$41.36	\$248.16
Wire/Cable;Electrical; Bare; Ground; 7 Str	60.00	\$3.28	\$196.80
Insulator; Line Post; 25Kv; 5-1/2" Dia X 9" Lg	11.00	\$12.34	\$135.74
Bracket; Upsweep Floodlight Lighting; 20"	2.00	\$20.11	\$40.22
Arm; Floodlight Mast; 2" X 18" Lg; Galv Stl	1.00	\$33.87	\$33.87
Crossarm;Pole; 6" X 4"; 8' Lg; Uv Stabilized	1.00	\$187.65	\$187.65
Brace;Pole; Crossarm; 1-3/4" X 1-3/4" X 48"	2.00	\$15.46	\$30.92
Crossarm;Pole; 3-1/2" X 4-1/2"; 8' Lg	2.00	\$24.86	\$49.72
Pole;Power; Distribution; 45' Lg; Cca Finish	1.00	\$283.96	\$283.96
Switch; Disconnect; Overhead;In-Line;25Kv	3.00	\$220.08	\$660.24
Clamp; Deadend; 0.16"-0.57"; 6-4/0 To 4-4/0	14.00	\$11.69	\$163.66
Rod;Anchor; Triple Eye; 1" Dia; 7' Lg; Galv Stl	2.00	\$19.39	\$38.78
Sub-Total			\$2,170.92
Invoice Total			<u>\$9,592.83</u> =====

Please Make Check Payable to: Project Resources Group

For questions regarding this invoice, please contact: Adriana Burrola, (720) 696-9001 or via email aburrola@prgconsulting.net

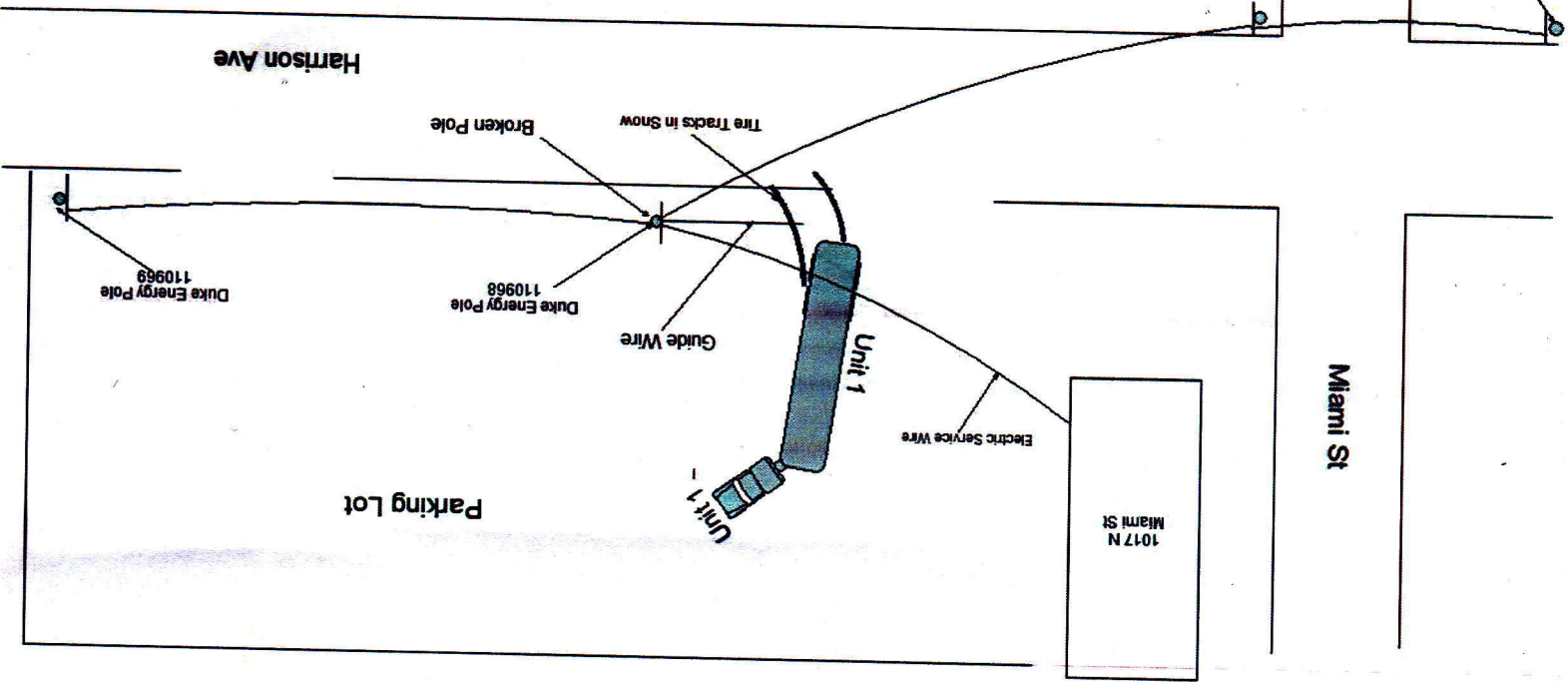


411959 - Investigator1.jpg



411959 - Investigator2.JPG

Duke Energy Pole
110972



Miami St

1017 N
Miami St

Parking Lot

Harrison Ave

Unit 1

Unit 1

Duke Energy Pole
110968

Duke Energy Pole
110968

Broken Pole

Tire Tracks in Snow

Guide Wire

Electric Service Wire

NOT TO SCALE



UNIT INFORMATION

903298501

Local ID
2019000533

1		Driver's Name (Last, First, MI) CHAMBERS, MICHAEL			Safety Equipment Used LAP + HARNESS				
Address (Street, City, State, Zip) 1350 E LOCUST ST 1201				Safety Equipment Effective? YES					
MILWAUKEE		WI		53212		Ejection/Trapped NOT EJECTED OR TRAPPED			
Date of Birth 02/24/1966	Age 52	Gender MALE		EMS No.	Injured Attn	Driver Injury Status			
Driver's License # C5165406606400		Lic Type CD	CDL Class A	Lic State WI		Nature of Most Severe Injury			
Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown		Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> To/From Employment				<input type="checkbox"/> Employer's Vehicle Only <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Probation DWI <input type="checkbox"/> Probation HTO <input checked="" type="checkbox"/> None		Location of Most Severe Injury If Cited? <input type="checkbox"/> Infraction <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	
Test Given NONE		Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT							
Alcohol Results PBT				Certified Test <input type="checkbox"/> Pending		Drug Results			
Veh# 1	Color WHITE	Vehicle Year 2015	Make FREIGHTLINER	Model SEMI	Style CC				
# Occupants 1	Lic Year 2019	License # 1069023		License State IN					
# Axles 3	Speed Limit 10	Insured By AMERICAN HALLMARK INS CO		Phone Number 3172366161					
Vehicle Identification# 3AKJGLBG2FSGK6703									
Registered Owner's Name (Last, First, MI) VENTURE LOGISTICS LLC				<input type="checkbox"/> Same as Driver					
Address (Street, City, State, Zip) 1101 HARDING CT									
INDIANAPOLIS				IN 46217					
Towed? NO		To By		Due to Disabling Damage					
1a	Lic State IN	Lic Year 2019	Registered Owner's Name (Last, First, MI) TOM JOY AND SON TRUCKING						
License# P172364		Address (Street, City, State, Zip) 4901 W 96TH ST							
Veh Year 2007	Make STOUGHTON	INDIANAPOLIS		IN	46268				
License#		Address (Street, City, State, Zip)							
Veh Year Make		Commercial Vehicle: Carrier's Name and Address							
1		VENTURE LOGISTICS LLC							
1101 HARDING CT									
INDIANAPOLIS				IN 46217					
HAZMAT Proper Shipping Name:				State DOT#					
US DOT# 0000911759		ICC#	CMV Inspection NO	If Yes					
Gross Vehicle Weight Rating 26,001# OR MORE		Cargo Body Type VAN/ENCLOSED BOX							
HAZMAT Placard NO	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazard Class #						
Initial Impact Area <input type="checkbox"/> Undercarriage <input checked="" type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown									
Areas Damaged (Multiples) <input checked="" type="checkbox"/> Undercarriage <input checked="" type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown									
Vehicle Use COMMERCIAL (TAXIS, COMMON, CONTRACT)									
Emergency Run?				Fire? NO					
Vehicle Type TRACTOR/ONE SEMI TRAILER									
Pre-Crash Vehicle Action TURNING RIGHT									
Direction of Travel NORTH									
Type of Primary/Secondary Roadway <input type="checkbox"/> One Way Road <input type="checkbox"/> One Lane - One Way <input type="checkbox"/> Two Lanes - One Way <input type="checkbox"/> Multi-Lanes (3 or more) - One Way <input type="checkbox"/> Multi-Lane w/ Grass Median Only <input type="checkbox"/> Multi-Lane w/ Center Turn Lane <input type="checkbox"/> Multi-Lane w/ Curb Raised Median <input type="checkbox"/> Multi-Lane w/ Cable Barrier <input type="checkbox"/> Two Lanes - Two Way <input type="checkbox"/> Multi-Lane Divided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane Undivided Two Way Left Turn <input type="checkbox"/> Multi-Lane Undivided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane w/ Concrete Barrier <input type="checkbox"/> Multi-Lane w/ Metal Guardrail Median <input checked="" type="checkbox"/> Private Drive <input type="checkbox"/> Alley <input type="checkbox"/> Ramp									
Event Collision With 1. LIGHT/LUMINAIRE SUPPORT									

Local ID
2019000533

Type of Crash					
RAN OFF ROAD					
Time Notified	Time Arrived	Other Location of Investigation			
4:34 PM	4:43 PM	AT SCENE ONLY			
Assisting Officer			ID No.	Agency	Investigation Complete?
					YES
Assisting Officer			ID No.	Agency	Photos Taken?
					YES
Assisting Officer			ID No.	Agency	Date of Report
					01/15/2019
Investigating Officer			ID No.	Agency	Reviewing Officer
BENSON, M			K113	WABASH PD	

Narrative

Driver of vehicle 1 stated he was turning left into the parking lot to turn around and all the wires were pulled down.

Evidence at the scene shows the tracks in the snow from Trailer 1 drove over the guide wire attached to pole number 110968. Vehicle 1 continued forward and pulled the guide wire thus braking the pole. The electric service wire was then pulled off the house located at 1017 N Miami St. When the pole broke it broke the cross arm on the next pole and broke another cross arm on another pole. This loss of electricity caused a large portion of City of Wabash to be without electricity.



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903298501

Page 1 of 3

Local ID 2019000533

Date of Crash 01/15/2019	Day of Week Tue	Actual Local Time 4:34 PM	County WABASH	Township NOBLE	# Motor Vehicles 1	# Injured 0	# Dead 0	# Commercial Vehicles 1	# Deer 0
Road Crash Occurred On 160 W HARRISON AVE			Nearest/Intersecting Road/Mile/Marker/Interchange		If not an intersection, number of feet from	Direction	Road Classification LOCAL/CITY ROAD		
Inside Corporate Limits? YES	City/Town or Nearest City/Town WABASH			Property? OTHER	Crash Latitude	Crash Longitude			
Driver #1 CHAMBERS, MICHAEL		Driver #2		Driver #3		Driver #4			

Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4	Driver Contributing Circumstances	Vehicle Contributing Circumstances	Environment Contributing Circumstances
<input type="checkbox"/>	<input type="checkbox"/> Alcoholic Beverages	<input type="checkbox"/> Engine Failure or Defective	<input type="checkbox"/> Glare
<input type="checkbox"/>	<input type="checkbox"/> Illegal Drugs	<input type="checkbox"/> Accelerator Failure or Defective	<input type="checkbox"/> Roadway Surface
<input type="checkbox"/>	<input type="checkbox"/> Prescription Drugs	<input type="checkbox"/> Brake Failure or Defective	<input type="checkbox"/> Holes/Ruts in Surface
<input type="checkbox"/>	<input type="checkbox"/> Driver Asleep or Fatigued	<input type="checkbox"/> Tire Failure or Defective	<input type="checkbox"/> Shoulder Defective
<input type="checkbox"/>	<input type="checkbox"/> Driver Illness	<input type="checkbox"/> Headlight(s) Defective or Not On	<input type="checkbox"/> Road Under Construction
<input type="checkbox"/>	<input type="checkbox"/> Unsafe Speed	<input type="checkbox"/> Other Lights Defective	<input type="checkbox"/> Severe Crosswinds
<input type="checkbox"/>	<input type="checkbox"/> Failure to Yield	<input type="checkbox"/> Steering Failure	<input type="checkbox"/> Obstruction Not Marked
<input type="checkbox"/>	<input type="checkbox"/> Disregard Signal	<input type="checkbox"/> Window/Windshield Defective	<input type="checkbox"/> Lane Marking Obscured
<input type="checkbox"/>	<input type="checkbox"/> Left of Center	<input type="checkbox"/> Oversize/Overweight Load	<input type="checkbox"/> View Obstructed
<input type="checkbox"/>	<input type="checkbox"/> Improper Passing	<input type="checkbox"/> Insecure/Leaky Load	<input type="checkbox"/> Animal/Object in Roadway
<input checked="" type="checkbox"/>	<input type="checkbox"/> Improper Turning	<input type="checkbox"/> Tow Hitch Failure	<input type="checkbox"/> Traffic Ctl Inop/Missing/Obscure
<input type="checkbox"/>	<input type="checkbox"/> Improper Lane Usage	<input type="checkbox"/> Other	<input type="checkbox"/> Utility Work
<input type="checkbox"/>	<input type="checkbox"/> Following Too Closely	<input type="checkbox"/> None	<input type="checkbox"/> Other
<input type="checkbox"/>	<input type="checkbox"/> Unsafe Backing	<input checked="" type="checkbox"/>	<input type="checkbox"/> None
<input type="checkbox"/>	<input type="checkbox"/> Overcorrecting	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Ran off Road	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Wrong Way on One Way	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Pedestrian's Action	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Passenger Distraction	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Restriction Violation	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Jackknifing	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Cell Phone Usage	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Other Telematics	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Driver Distracted	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Speed/Weather Conditions	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Unsafe Lane Movement	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>

Area Information	
Hit and Run	NO
School Zone	NO
Rumble Strips	NO
Locality	URBAN
Light Condition	DAYLIGHT
Weather Conditions	CLEAR
Surface Condition	SNOW/SLUSH
Type of Median	
Type of Roadway Junction	NO JUNCTION INVOLVED
Road Character	STRAIGHT/LEVEL
Roadway Surface	ASPHALT
Construction	NO
Traffic Control Devices	NONE
Traffic Control Device Operational?	NA
Was this crash the result of aggressive driving?	NO

Total Estimate of all damage in the Crash:
\$25001 TO \$50000

Other Property Damage (1) OTHER - SEE NARRATIV	State Property NO	Owner's Name and Address DUKE ENERGY 1500 MANCHESTER AVE WABASH IN 46992
Other Property Damage (2) 2nd OTHER - SEE NARR	State Property NO	Owner's Name and Address TODD ADAMS 1017 N MIAMI ST WABASH IN 46992

Witness/Other Participant			Non-Motorist		
<input type="checkbox"/> Witness	#	Name	(Last Name, First Name, MI)		
<input type="checkbox"/> Other Participant					
Address etc.			Non-Motorist Type	Non-Motorist Action	
Phone #			Location at Time of Crash		
Phone #			Apparent Physical Condition		
<input type="checkbox"/> Witness	#	Name	Cited?	Direction	
<input type="checkbox"/> Other Participant					
Address etc.			Street/Highway		
Phone #			Location at Time of Crash		
			Traffic Control?	If yes, was traffic control operational?	

Oasis
Legal Finance
Shoulder
of Discrimination
Power out

12	15	2	12
20	03	4	202
33	84	3	02
52	96	5	224
74	87	7	24
92	54	0	24

Temporary employment agreement

CONSTITUTIONAL RIGHTS