

NOTICE: This report is required by 49 CFR Part 195. Failure to report can result in a civil penalty not to exceed \$100,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed \$1,000,000 as provided in 49 USC 60122.		OMB NO: 2137-0047 EXPIRATION DATE: 8/31/2020	
 U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	<b>Original Report Date:</b>	06/17/2015	
	<b>No.</b>	20150224 - 22161 ----- (DOT Use Only)	
<b>ACCIDENT REPORT - HAZARDOUS LIQUID PIPELINE SYSTEMS</b>			
A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0047. All responses to the collection of information are mandatory. Send comments regarding this burden or any other aspect of this collection of information, including suggestions for reducing the burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.			
<b>INSTRUCTIONS</b>			
<i>Important: Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at <a href="http://www.phmsa.dot.gov/pipeline/library/forms">http://www.phmsa.dot.gov/pipeline/library/forms</a>.</i>			
<b>PART A - KEY REPORT INFORMATION</b>			
Report Type: <i>(select all that apply)</i>	<b>Original:</b>	<b>Supplemental:</b>	<b>Final:</b>
		<b>Yes</b>	<b>Yes</b>
Last Revision Date:	03/08/2017		
1. Operator's OPS-issued Operator Identification Number (OPID):	300		
2. Name of Operator	PLAINS PIPELINE, L.P.		
3. Address of Operator:			
3a. Street Address	333 CLAY STREET, SUITE 1600		
3b. City	HOUSTON		
3c. State	Texas		
3d. Zip Code	77002		
4. Local time (24-hr clock) and date of the Accident:	05/19/2015 10:57		
5. Location of Accident:			
Latitude / Longitude	34.462434, -120.086714		
6. National Response Center Report Number (if applicable):	1116972		
7. Local time (24-hr clock) and date of initial telephonic report to the National Response Center (if applicable):	05/19/2015 14:56		
8. Commodity released: <i>(select only one, based on predominant volume released)</i>	Crude Oil		
- Specify Commodity Subtype:			
- If "Other" Subtype, Describe:			
- If Biofuel/Alternative Fuel and Commodity Subtype is Ethanol Blend, then % Ethanol Blend:			
- If Biofuel/Alternative Fuel and Commodity Subtype is Biodiesel, then Biodiesel Blend e.g. B2, B20, B100			
9. Estimated volume of commodity released unintentionally (Barrels):	2,934.00		
10. Estimated volume of intentional and/or controlled release/blowdown (Barrels):			
11. Estimated volume of commodity recovered (Barrels):	1,100.00		
12. Were there fatalities?	No		
- If Yes, specify the number in each category:			
12a. Operator employees			
12b. Contractor employees working for the Operator			
12c. Non-Operator emergency responders			
12d. Workers working on the right-of-way, but NOT associated with this Operator			
12e. General public			
12f. Total fatalities (sum of above)			
13. Were there injuries requiring inpatient hospitalization?	No		
- If Yes, specify the number in each category:			
13a. Operator employees			
13b. Contractor employees working for the Operator			
13c. Non-Operator emergency responders			
13d. Workers working on the right-of-way, but NOT associated with this Operator			
13e. General public			
13f. Total injuries (sum of above)			

14. Was the pipeline/facility shut down due to the Accident?	Yes
- If No, Explain:	
- If Yes, complete Questions 14a and 14b: (use local time, 24-hr clock)	
14a. Local time and date of shutdown:	05/19/2015 11:30
14b. Local time pipeline/facility restarted:	
- Still shut down? (* Supplemental Report Required)	Yes
15. Did the commodity ignite?	No
16. Did the commodity explode?	No
17. Number of general public evacuated:	1
18. Time sequence (use local time, 24-hour clock):	
18a. Local time Operator identified Accident - effective 7- 2014 changed to "Local time Operator identified failure":	05/19/2015 13:27
18b. Local time Operator resources arrived on site:	05/19/2015 13:27
<b>PART B - ADDITIONAL LOCATION INFORMATION</b>	
1. Was the origin of the Accident onshore?	Yes
<i>If Yes, Complete Questions (2-12)</i>	
<i>If No, Complete Questions (13-15)</i>	
<b>- If Onshore:</b>	
2. State:	California
3. Zip Code:	93117
4. City:	Goleta
5. County or Parish:	Santa Barbara
6. Operator-designated location:	Milepost/Valve Station
Specify:	4
7. Pipeline/Facility name:	Las Flores to Gaviota 24"
8. Segment name/ID:	Line 901
9. Was Accident on Federal land, other than the Outer Continental Shelf (OCS)?	No
10. Location of Accident:	Pipeline Right-of-way
11. Area of Accident (as found):	Underground
Specify:	Under soil
- If Other, Describe:	
Depth-of-Cover (in):	56
12. Did Accident occur in a crossing?	No
- If Yes, specify type below:	
- If Bridge crossing –	
Cased/ Uncased:	
- If Railroad crossing –	
Cased/ Uncased/ Bored/drilled	
- If Road crossing –	
Cased/ Uncased/ Bored/drilled	
- If Water crossing –	
Cased/ Uncased	
- Name of body of water, if commonly known:	
- Approx. water depth (ft) at the point of the Accident:	
- Select:	
<b>- If Offshore:</b>	
13. Approximate water depth (ft) at the point of the Accident:	
14. Origin of Accident:	
- In State waters - Specify:	
- State:	
- Area:	
- Block/Tract #:	
- Nearest County/Parish:	
- On the Outer Continental Shelf (OCS) - Specify:	
- Area:	
- Block #:	
15. Area of Accident:	
<b>PART C - ADDITIONAL FACILITY INFORMATION</b>	
1. Is the pipeline or facility:	Interstate
2. Part of system involved in Accident:	Onshore Pipeline, Including Valve Sites
- If Onshore Breakout Tank or Storage Vessel, Including Attached Appurtenances, specify:	
3. Item involved in Accident:	Pipe
- If Pipe, specify:	Pipe Body
3a. Nominal diameter of pipe (in):	24
3b. Wall thickness (in):	.344

3c. SMYS (Specified Minimum Yield Strength) of pipe (psi):	65,000
3d. Pipe specification:	X-65
3e. Pipe Seam , specify:	Longitudinal ERW - High Frequency
- If Other, Describe:	
3f. Pipe manufacturer:	Nippon Steel
3g. Year of manufacture:	1986
3h. Pipeline coating type at point of Accident, specify:	Coal Tar
- If Other, Describe:	
- If Weld, including heat-affected zone, specify. If Pipe Girth Weld, 3a through 3h above are required:	
- If Other, Describe:	
- If Valve, specify:	
- If Mainline, specify:	
- If Other, Describe:	
3i. Manufactured by:	
3j. Year of manufacture:	
- If Tank/Vessel, specify:	
- If Other - Describe:	
- If Other, describe:	
4. Year item involved in Accident was installed:	1990
5. Material involved in Accident:	Carbon Steel
- If Material other than Carbon Steel, specify:	
6. Type of Accident Involved:	Leak
- If Mechanical Puncture – Specify Approx. size:	
in. (axial) by	
in. (circumferential)	
- If Leak - Select Type:	Other
- If Other, Describe:	Narrow slit opening.
- If Rupture - Select Orientation:	
- If Other, Describe:	
Approx. size: in. (widest opening) by	
in. (length circumferentially or axially)	
- If Other – Describe:	
<b>PART D - ADDITIONAL CONSEQUENCE INFORMATION</b>	
1. Wildlife impact:	Yes
1a. If Yes, specify all that apply:	
- Fish/aquatic	Yes
- Birds	Yes
- Terrestrial	Yes
2. Soil contamination:	Yes
3. Long term impact assessment performed or planned:	Yes
4. Anticipated remediation:	Yes
4a. If Yes, specify all that apply:	
- Surface water	Yes
- Groundwater	
- Soil	Yes
- Vegetation	Yes
- Wildlife	Yes
5. Water contamination:	Yes
5a. If Yes, specify all that apply:	
- Ocean/Seawater	Yes
- Surface	Yes
- Groundwater	
- Drinking water: (Select one or both)	
- Private Well	
- Public Water Intake	
5b. Estimated amount released in or reaching water (Barrels):	598.00
5c. Name of body of water, if commonly known:	Pacific Ocean.
6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA) as determined in the Operator's Integrity Management Program?	Yes
7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?	Yes
7a. If Yes, specify HCA type(s): (Select all that apply)	
- Commercially Navigable Waterway:	Yes
Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?	Yes

- High Population Area:	
Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?	
- Other Populated Area	
Was this HCA identified in the "could affect" determination 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" determination for this Accident site in the Operator's Integrity Management Program?	
- Unusually Sensitive Area (USA) - Ecological	Yes
Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?	Yes
8. Estimated cost to Operator – effective 12-2012, changed to "Estimated Property Damage":	
8a. Estimated cost of public and non-Operator private property damage paid/reimbursed by the Operator – effective 12-2012, "paid/reimbursed by the Operator" removed	\$ 0
8b. Estimated cost of commodity lost	\$ 144,000
8c. Estimated cost of Operator's property damage & repairs	\$ 9,868,173
8d. Estimated cost of Operator's emergency response	\$ 90,701,042
8e. Estimated cost of Operator's environmental remediation	\$ 22,421,933
8f. Estimated other costs	\$ 19,796,736
Describe:	Government Agency Costs and Media Relations.
8g. Estimated total costs (sum of above) – effective 12-2012, changed to "Total estimated property damage (sum of above)"	\$ 142,931,884
<b>PART E - ADDITIONAL OPERATING INFORMATION</b>	
1. Estimated pressure at the point and time of the Accident (psig):	750.00
2. Maximum Operating Pressure (MOP) at the point and time of the Accident (psig):	1,056.00
3. Describe the pressure on the system or facility relating to the Accident (psig):	Pressure did not exceed MOP
4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), 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
- If Yes, Complete 4.a and 4.b below:	
4a. Did the pressure exceed this established pressure restriction?	
4b. Was this pressure restriction mandated by PHMSA or the State?	
5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2?	Yes
- If Yes - (Complete 5a. – 5f below) effective 12-2012, changed to "(Complete 5.a – 5.e below)"	
5a. Type of upstream valve used to initially isolate release source:	Remotely Controlled
5b. Type of downstream valve used to initially isolate release source:	Check Valve
5c. Length of segment isolated between valves (ft):	56,752
5d. Is the pipeline configured to accommodate internal inspection tools?	Yes
- If No, Which physical features limit tool accommodation? (select all that apply)	
- Changes in line pipe diameter	
- Presence of unsuitable mainline valves	
- Tight or mitered pipe bends	
- Other passage restrictions (i.e. unbarred tee's, projecting instrumentation, etc.)	
- Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools)	
- Other -	
- If Other, Describe:	
5e. For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool run?	No
- If Yes, Which operational factors complicate execution? (select all that apply)	
- Excessive debris or scale, wax, or other wall buildup	

- Low operating pressure(s)	
- Low flow or absence of flow	
- Incompatible commodity	
- Other -	
- If Other, Describe:	
5f. Function of pipeline system:	> 20% SMYS Regulated Trunkline/Transmission
6. Was a Supervisory Control and Data Acquisition (SCADA)-based system in place on the pipeline or facility involved in the Accident?	Yes
If Yes -	
6a. Was it operating at the time of the Accident?	Yes
6b. Was it fully functional at the time of the Accident?	Yes
6c. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the detection of the Accident?	Yes
6d. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the Accident?	Yes
7. Was a CPM leak detection system in place on the pipeline or facility involved in the Accident?	Yes
- If Yes:	
7a. Was it operating at the time of the Accident?	Yes
7b. Was it fully functional at the time of the Accident?	Yes
7c. Did CPM leak detection system information (such as alarm (s), alert(s), event(s), and/or volume calculations) assist with the detection of the Accident?	No
7d. Did CPM leak detection system information (such as alarm (s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the Accident?	No
8. How was the Accident initially identified for the Operator?	Local Operating Personnel, including contractors
- If Other, Specify:	
8a. If "Controller", "Local Operating Personnel", including contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question 8, specify:	Operator employee
9. 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?	Yes, specify investigation result(s): (select all that apply)
- If No, the Operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to: (provide an explanation for why the operator did not investigate)	
- If Yes, specify investigation result(s): (select all that apply)	
- Investigation reviewed work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue	Yes
- Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue	
Provide an explanation for why not:	
- Investigation identified no control room issues	Yes
- Investigation identified no controller issues	Yes
- Investigation identified incorrect controller action or controller error	
- Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response	
- Investigation identified incorrect procedures	
- Investigation identified incorrect control room equipment operation	
- Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response	Yes
- Investigation identified areas other than those above:	Yes
Describe:	Investigation identified that a minor procedure was not followed. This failure was not a cause of or contributing factor to the Accident. Additional training on this procedure has been provided.
<b>PART F - DRUG &amp; ALCOHOL TESTING INFORMATION</b>	

1. 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?	Yes
- If Yes:	
1a. Specify how many were tested:	1
1b. Specify how many failed:	0
2. 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?	No
- If Yes:	
2a. Specify how many were tested:	
2b. Specify how many failed:	
<b>PART G – APPARENT CAUSE</b>	
<b>Select only one box from PART G in shaded column on 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).</b>	
<b>Apparent Cause:</b>	G1 - Corrosion Failure
<b>G1 - Corrosion Failure</b> - only one sub-cause can be picked from shaded left-hand column	
<b>Corrosion Failure – Sub-Cause:</b>	External Corrosion
<b>- If External Corrosion:</b>	
1. Results of visual examination:	Other
- If Other, Describe:	Corrosion under insulation.
2. Type of corrosion: <i>(select all that apply)</i>	
- Galvanic	
- Atmospheric	
- Stray Current	
- Microbiological	
- Selective Seam	
- Other:	Yes
- If Other, Describe:	Corrosion under insulation.
3. The type(s) of corrosion selected in Question 2 is based on the following: <i>(select all that apply)</i>	
- Field examination	
- Determined by metallurgical analysis	Yes
- Other:	
- If Other, Describe:	
4. Was the failed item buried under the ground?	Yes
- If Yes :	
<input type="checkbox"/> 4a. Was failed item considered to be under cathodic protection at the time of the Accident?	Yes
If Yes - Year protection started:	1990
4b. Was shielding, tenting, or disbonding of coating evident at the point of the Accident?	Yes
4c. Has one or more Cathodic Protection Survey been conducted at the point of the Accident?	Yes
If "Yes, CP Annual Survey" – Most recent year conducted:	2015
If "Yes, Close Interval Survey" – Most recent year conducted:	2015
If "Yes, Other CP Survey" – Most recent year conducted:	
- If No:	
4d. Was the failed item externally coated or painted?	
5. Was there observable damage to the coating or paint in the vicinity of the corrosion?	Yes
<b>- If Internal Corrosion:</b>	
6. Results of visual examination:	
- Other:	
7. Type of corrosion <i>(select all that apply)</i> : -	
- Corrosive Commodity	
- Water drop-out/Acid	
- Microbiological	
- Erosion	
- Other:	
- If Other, Describe:	
8. The cause(s) of corrosion selected in Question 7 is based on the following <i>(select all that apply)</i> : -	
- Field examination	
- Determined by metallurgical analysis	
- Other:	

- If Other, Describe:		
9. Location of corrosion (select all that apply): -		
- Low point in pipe		
- Elbow		
- Other:		
- If Other, Describe:		
10. Was the commodity treated with corrosion inhibitors or biocides?		
11. Was the interior coated or lined with protective coating?		
12. Were cleaning/dewatering pigs (or other operations) routinely utilized?		
13. Were corrosion coupons routinely utilized?		
<b>Complete the following if any Corrosion Failure sub-cause is selected AND the "Item Involved in Accident" (from PART C, Question 3) is Tank/Vessel.</b>		
14. List the year of the most recent inspections:		
14a. API Std 653 Out-of-Service Inspection		
- No Out-of-Service Inspection completed		
14b. API Std 653 In-Service Inspection		
- No In-Service Inspection completed		
<b>Complete the following if any Corrosion Failure sub-cause is selected AND the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld.</b>		
15. Has one or more internal inspection tool collected data at the point of the Accident?		Yes
15a. If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run: -		
- Magnetic Flux Leakage Tool		Yes
Most recent year:		2015
- Ultrasonic		
Most recent year:		
- Geometry		
Most recent year:		
- Caliper		Yes
Most recent year:		2015
- Crack		
Most recent year:		
- Hard Spot		
Most recent year:		
- Combination Tool		Yes
Most recent year:		2015
- Transverse Field/Triaxial		
Most recent year:		
- Other		
Most recent year:		
Describe:		
16. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?		No
If Yes -		
Most recent year tested:		
Test pressure:		
17. Has one or more Direct Assessment been conducted on this segment?		No
- If Yes, and an investigative dig was conducted at the point of the Accident::		
Most recent year conducted:		
- If Yes, but the point of the Accident was not identified as a dig site:		
Most recent year conducted:		
18. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002?		No
18a. If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted:		
- Radiography		
Most recent year conducted:		
- Guided Wave Ultrasonic		
Most recent year conducted:		
- Handheld Ultrasonic Tool		
Most recent year conducted:		
- Wet Magnetic Particle Test		
Most recent year conducted:		
- Dry Magnetic Particle Test		
Most recent year conducted:		
- Other		
Most recent year conducted:		
Describe:		

<b>G2 - Natural Force Damage</b> - only one <b>sub-cause</b> can be picked from shaded left-handed column	
<b>Natural Force Damage – Sub-Cause:</b>	
<b>- If Earth Movement, NOT due to Heavy Rains/Floods:</b>	
1. Specify:	
	- If Other, Describe:
<b>- If Heavy Rains/Floods:</b>	
2. Specify:	
	- If Other, Describe:
<b>- If Lightning:</b>	
3. Specify:	
<b>- If Temperature:</b>	
4. Specify:	
	- If Other, Describe:
<b>- If Other Natural Force Damage:</b>	
5. Describe:	
<b>Complete the following if any Natural Force Damage sub-cause is selected.</b>	
6. Were the natural forces causing the Accident generated in conjunction with an extreme weather event?	
6a. If Yes, specify: <i>(select all that apply)</i>	
	- Hurricane
	- Tropical Storm
	- Tornado
	- Other
	- If Other, Describe:
<b>G3 - Excavation Damage</b> - only one <b>sub-cause</b> can be picked from shaded left-hand column	
<b>Excavation Damage – Sub-Cause:</b>	
<b>- If Previous Damage due to Excavation Activity: Complete Questions 1-5 ONLY IF the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld.</b>	
1. Has one or more internal inspection tool collected data at the point of the Accident?	
1a. If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run: -	
	- Magnetic Flux Leakage
	Most recent year conducted:
	- Ultrasonic
	Most recent year conducted:
	- Geometry
	Most recent year conducted:
	- Caliper
	Most recent year conducted:
	- Crack
	Most recent year conducted:
	- Hard Spot
	Most recent year conducted:
	- Combination Tool
	Most recent year conducted:
	- Transverse Field/Triaxial
	Most recent year conducted:
	- Other
	Most recent year conducted:
	Describe:
2. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained?	
3. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?	
	- If Yes:
	Most recent year tested:
	Test pressure (psig):
4. Has one or more Direct Assessment been conducted on the pipeline segment?	
	- If Yes, and an investigative dig was conducted at the point of the Accident:
	Most recent year conducted:
	- If Yes, but the point of the Accident was not identified as a dig site:
	Most recent year conducted:
5. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002?	

5a. If Yes, for each examination, conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted:	
- Radiography	Most recent year conducted:
- Guided Wave Ultrasonic	Most recent year conducted:
- Handheld Ultrasonic Tool	Most recent year conducted:
- Wet Magnetic Particle Test	Most recent year conducted:
- Dry Magnetic Particle Test	Most recent year conducted:
- Other	Most recent year conducted:
Describe:	
<b>Complete the following if Excavation Damage by Third Party is selected as the sub-cause.</b>	
6. Did the operator get prior notification of the excavation activity?	
6a. If Yes, Notification received from: <i>(select all that apply)</i> -	
- One-Call System	
- Excavator	
- Contractor	
- Landowner	
<b>Complete the following mandatory CGA-DIRT Program questions if any Excavation Damage sub-cause is selected.</b>	
7. Do you want PHMSA to upload the following information to CGA-DIRT ( <a href="http://www.cga-dirt.com">www.cga-dirt.com</a> )?	
8. Right-of-Way where event occurred: <i>(select all that apply)</i> -	
- Public	- If "Public", Specify:
- Private	- If "Private", Specify:
- Pipeline Property/Easement	
- Power/Transmission Line	
- Railroad	
- Dedicated Public Utility Easement	
- Federal Land	
- Data not collected	
- Unknown/Other	
9. Type of excavator:	
10. Type of excavation equipment:	
11. Type of work performed:	
12. Was the One-Call Center notified?	
12a. If Yes, specify ticket number:	
12b. If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified:	
13. Type of Locator:	
14. Were facility locate marks visible in the area of excavation?	
15. Were facilities marked correctly?	
16. Did the damage cause an interruption in service?	
16a. If Yes, specify duration of the interruption (hours)	
17. Description of the CGA-DIRT Root Cause <i>(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):</i>	
Root Cause:	
- If One-Call Notification Practices Not Sufficient, specify:	
- If Locating Practices Not Sufficient, specify:	
- If Excavation Practices Not Sufficient, specify:	
- If Other/None of the Above, explain:	
<b>G4 - Other Outside Force Damage</b> - only one <b>sub-cause</b> can be selected from the shaded left-hand column	
<b>Other Outside Force Damage – Sub-Cause:</b>	
<b>- If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation:</b>	
1. Vehicle/Equipment operated by:	
<b>- If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring:</b>	
2. Select one or more of the following IF an extreme weather event was a factor:	
- Hurricane	
- Tropical Storm	
- Tornado	

- Heavy Rains/Flood	
- Other	
- If Other, Describe:	
<b>- If Previous Mechanical Damage NOT Related to Excavation: Complete Questions 3-7 ONLY IF the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld.</b>	
3. Has one or more internal inspection tool collected data at the point of the Accident?	
3a. If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run:	
- Magnetic Flux Leakage	Most recent year conducted:
- Ultrasonic	Most recent year conducted:
- Geometry	Most recent year conducted:
- Caliper	Most recent year conducted:
- Crack	Most recent year conducted:
- Hard Spot	Most recent year conducted:
- Combination Tool	Most recent year conducted:
- Transverse Field/Triaxial	Most recent year conducted:
- Other	Most recent year conducted:
	Describe:
4. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained?	
5. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?	
- If Yes:	
	Most recent year tested:
	Test pressure (psig):
6. Has one or more Direct Assessment been conducted on the pipeline segment?	
- If Yes, and an investigative dig was conducted at the point of the Accident:	Most recent year conducted:
- If Yes, but the point of the Accident was not identified as a dig site:	Most recent year conducted:
7. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002?	
7a. If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted:	
- Radiography	Most recent year conducted:
- Guided Wave Ultrasonic	Most recent year conducted:
- Handheld Ultrasonic Tool	Most recent year conducted:
- Wet Magnetic Particle Test	Most recent year conducted:
- Dry Magnetic Particle Test	Most recent year conducted:
- Other	Most recent year conducted:
	Describe:
<b>- If Intentional Damage:</b>	
8. Specify:	
	- If Other, Describe:
<b>- If Other Outside Force Damage:</b>	
9. Describe:	
<b>G5 - Material Failure of Pipe or Weld - only one sub-cause can be selected from the shaded left-hand column</b>	
<b>Use this section to report material failures ONLY IF the "Item Involved in Accident" (from PART C, Question 3) is "Pipe" or "Weld."</b>	
<b>Material Failure of Pipe or Weld – Sub-Cause:</b>	
1. The sub-cause shown above is based on the following: <i>(select all that apply)</i>	

- Field Examination	
- Determined by Metallurgical Analysis	
- Other Analysis	
- If "Other Analysis", Describe:	
- Sub-cause is Tentative or Suspected; Still Under Investigation (Supplemental Report required)	
<b>- If Construction, Installation, or Fabrication-related:</b>	
2. List contributing factors: <i>(select all that apply)</i>	
- Fatigue or Vibration-related	
Specify:	
- If Other, Describe:	
- Mechanical Stress:	
- Other	
- If Other, Describe:	
<b>- If Environmental Cracking-related:</b>	
3. Specify:	
- If Other - Describe:	
<b>Complete the following if any Material Failure of Pipe or Weld sub-cause is selected.</b>	
4. Additional factors: <i>(select all that apply)</i> :	
- Dent	
- Gouge	
- Pipe Bend	
- Arc Burn	
- Crack	
- Lack of Fusion	
- Lamination	
- Buckle	
- Wrinkle	
- Misalignment	
- Burnt Steel	
- Other:	
- If Other, Describe:	
5. Has one or more internal inspection tool collected data at the point of the Accident?	
5a. If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run:	
- Magnetic Flux Leakage	
Most recent year run:	
- Ultrasonic	
Most recent year run:	
- Geometry	
Most recent year run:	
- Caliper	
Most recent year run:	
- Crack	
Most recent year run:	
- Hard Spot	
Most recent year run:	
- Combination Tool	
Most recent year run:	
- Transverse Field/Triaxial	
Most recent year run:	
- Other	
Most recent year run:	
Describe:	
6. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?	
- If Yes:	
Most recent year tested:	
Test pressure (psig):	
7. Has one or more Direct Assessment been conducted on the pipeline segment?	
- If Yes, and an investigative dig was conducted at the point of the Accident -	
Most recent year conducted:	
- If Yes, but the point of the Accident was not identified as a dig site -	
Most recent year conducted:	
8. Has one or more non-destructive examination(s) been conducted at the point of the Accident since January 1, 2002?	
8a. If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted: -	

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

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

**Equipment Failure – Sub-Cause:**

**- If Malfunction of Control/Relief Equipment:**

1. Specify: *(select all that apply)* -

- Control Valve	
- Instrumentation	
- SCADA	
- Communications	
- Block Valve	
- Check Valve	
- Relief Valve	
- Power Failure	
- Stopple/Control Fitting	
- ESD System Failure	
- Other	
	- If Other – Describe:

**- If Pump or Pump-related Equipment:**

2. Specify:

	- If Other – Describe:
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**- If Threaded Connection/Coupling Failure:**

3. Specify:

	- If Other – Describe:
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**- If Non-threaded Connection Failure:**

4. Specify:

	- If Other – Describe:
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**- If Other Equipment Failure:**

5. Describe:

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

6. Additional factors that contributed to the equipment failure: *(select all that apply)*

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

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

**Incorrect Operation – Sub-Cause:**

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<b>- If Tank, Vessel, or Sump/Separator Allowed or Caused to Overfill or Overflow</b>	
1. Specify:	
- If Other, Describe:	
<b>- If Other Incorrect Operation</b>	
2. Describe:	
<b>Complete the following if any Incorrect Operation sub-cause is selected.</b>	
3. Was this Accident related to <i>(select all that apply)</i> : -	
- Inadequate procedure	
- No procedure established	
- Failure to follow procedure	
- Other:	
- If Other, Describe:	
4. What category type was the activity that caused the Accident?	
5. Was the task(s) that led to the Accident identified as a covered task in your Operator Qualification Program?	
5a. If Yes, were the individuals performing the task(s) qualified for the task(s)?	
<b>G8 - Other Accident Cause</b> - only one <b>sub-cause</b> can be selected from the shaded left-hand column	
<b>Other Accident Cause – Sub-Cause:</b>	
<b>- If Miscellaneous:</b>	
1. Describe:	
<b>- If Unknown:</b>	
2. Specify:	
<b>PART H - NARRATIVE DESCRIPTION OF THE ACCIDENT</b>	
<p>Crude oil was released from a 24-inch pipeline, located along Highway 101 in Santa Barbara County, California. The released crude reached a culvert which leads to the Pacific Ocean and, as a result, impacted the shoreline and ocean water. The cause of the release is currently under investigation. The pipe has been excavated. The affected portion of pipe was securely packaged to preserve its condition and has been transported to a secure, independent facility for an independent third-party analysis and investigation. A supplemental report will be submitted upon receipt of the third party, metallurgical analysis. In the meantime, Plains personnel are actively engaged in cleanup and environmental remediation efforts.</p> <p>Part A. Question 7. - 14:56 is the time Operator notified the National Response Center (NRC). The NRC was first notified at 12:43 by an unrelated third party.</p> <p>Part A. Question 9. - Answer is a best-estimate as of 6/17/2015.</p> <p>Part A. Question 11.- Response reflects current estimate as of 6/17/2015. The volume of recovered commodity will be revised upward in the supplemental report as more information becomes available.</p> <p>Part A. Question 17. -The number of people evacuated from local State Park campsites is currently undetermined as no estimates are included in the initial first responder reports we have received. We are investigating this further and will revise the Supplemental report as more information becomes available.</p> <p>Part D. Question 8. - Answer reflects estimated costs incurred through 6/16/2015.</p> <p>Supplemental Narratives:</p> <p>Part A, Number 11 and Part D, Number 8 have also been updated to reflect new information as of 7/10/2015.</p> <p>As of 8/4/15 the current estimated release volume remains approx. 2,400 bbls. Preliminary data from the purge activity estimates the release could be potentially 3,400 bbls. While Plains believes the volume estimate listed in Part A, Question 9 best represents the potential discharge volume, we are working with an outside expert to reconcile the differences and will provide additional updates as appropriate.</p> <p>As of 11/24/2015, based on the work performed by our independent third party consultant (i.e. the 'outside expert' mentioned above), our best estimate of the spill volume is 2,934 barrels.</p> <p>The results of the metallurgical analysis of the pipeline segment indicate that the failure occurred at an area of wall thinning from external corrosion that ultimately failed by ductile overload under the imposed operating pressure. The morphology of the external corrosion observed on the pipe section is consistent with corrosion under insulation facilitated by wet-dry cycling.</p> <p>Line 901 remains shut down and subject to Corrective Action Order CPF No. 5-2015-5011H and Amendments. Updated costs for the repair and restart of this line remain unknown at this time.</p> <p>As of March 8, 2017, Part D, Number 5b has been updated from 500 bbls to 598 bbls. Following a detailed investigation into the volume of oil released, Exponent, an independent consulting and engineering firm retained by Plains, has calculated that 598 barrels of oil from this release reached the Pacific Ocean and adjoining shorelines.</p> <p>A supplemental report will be filed as necessary should any reported information materially change.</p>	
<b>PART I - PREPARER AND AUTHORIZED SIGNATURE</b>	
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Preparer's Facsimile Number	713-646-4310
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Date	03/08/2017