



Pipeline Safety Division Investigation Report

Investigation regarding: **Michael Mccrorey**

UPPAC Database Record ID: 1366

Investigator: Mike Enlow

Report Date: 02/15/2012

Damage Date: 10/16/2010 12:59:36 PM

Damage Address: 23035 Kingston Ct

City: Elkhart

County: Elkhart

The Parties

Excavator: **Michael Mccrorey**

Contact: Michael Mccrorey, Home Owner

Address: 23035 Kingston Court, Elkhart, In 46516

Telephone: (574) 522-9664

Facility Owner: NIPSCO

Contact: Kit Earle

Address: 101 West Ohio Street, Indianapolis, IN 46204

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Investigation regarding: Michael Mccrorey

UPPAC Database Record ID: 1366

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 3

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$750

Excavator Activities/Cause of damage information:

Excavator request locates: No Indiana 811 ticket Number:

Type of Equipment: Hand Tools

Type of work performed: Unknown/Other

Synopsis: Damage to a natural gas main occurred when homeowner was working to remove a base for a basketball goal.

Findings: Reported by Indiana 811; excavator responded to initial notice on 11/22/2011. Mr. McCrorey did not call Indiana 811 to request that underground utilities be located and marked.

Conclusion: There was a failure to provide notice of excavation.

Violation: IC 8-1-26-16(g): Failure to provide notice of excavation.

Michael Mccrorey currently has no other reports of damages in the record.

NO

LOCATE

TICKET

PROVIDED



December 2, 2011

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 1366
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 1366

To Whom It May Concern:

Attached please find Northern Indiana Public Service Company's ("NIPSCO") written information relating to the following event:

Date of Event: 10/11/2010

Event Location: 1205 S Michigan St, Burlington

Facility Owner: NIPSCO

Excavator: James Harrell

Other Party: N/A

Pipeline Division Case No. 1366

NIPSCO has reviewed its recovery and damage prevention files for this matter and has provided answers, when known, to the list of questions set forth in the Information Request.

Upon completion of the investigation, NIPSCO requests that it be provided with a copy of the Pipeline Division's Investigation Report with findings that will be forwarded to the Underground Plant Protection Advisory Committee. If there are any additional questions, please contact the undersigned.

Very truly yours,



Christopher C. (Kit) Earle
NiSource Corporate Services - Legal
Phone: 317-684-4904
Fax: 317-684-4918
Email: cearle@nisource.com

IURC INFORMATION REQUEST

NIPSCO CLAIM # (INTERNAL USE ONLY) 10-2440
NIPSCO JOB ORDER # (INTERNAL USE ONLY) 533247
FIELD SUPERVISOR Art Blauvelt

Pipeline Safety Division Case No. 1366

Date of Event 10/16/2010
Event Location 23035 Kingston Ct, Elkhart
Facility Owner Northern Indiana Public Service Company
Excavator Michael Mccrorey
Date of IURC Information Request 9/2/2011

EVENT LOCATION:

ADDRESS 23035
STREET Kingston Court
CITY/TOWN/IN ZIP CODE Elkhart, IN 46516
COUNTY
TOWNSHIP
PROPERTY OWNER
USE - COMMERCIAL/RESIDENTIAL
TENANT'S NAME
IF COMMERCIAL USE, TENANT OR OWNER OCCUPIED
IF TENANT OCCUPIED, TENANT'S FULL NAME

EXCAVATOR:

NON BUSINESS FULL PERSONAL NAME Michael McCrorey
BUSINESS NAME
ADDRESS 23035
STREET Kingston Court
CITY/ STATE/ZIP Elkhart, IN 46526
PREFERRED TELEPHONE
SECONDARY TELEPHONE
EMAIL ADDRESS

FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:	
BUSINESS NAME	NORTHERN INDIANA PUBLIC SERVICE COMPANY
RESPONSIBLE BUSINESS PERSON NAME AND TITLE	LUKE SELKING
ADDRESS	1501 HALE AVENUE
CITY/STATE/ZIP	FORT WAYNE, IN 46802
PREFERRED TELEPHONE	260/439-1290
SECONDARY TELEPHONE	
EMAIL ADDRESS	LSELKING@NISOURCE.COM
LOCATE MARKS:	
DATE LOCATE REQUESTED	No locates requested
DATE LOCATE PERFORMED	No locates requested
DATE OF EVENT	10/16/11
LOCATE NUMBER	No locates requested
811 DAMAGE NOTIFICATION NUMBER	1010160104
WERE LOCATE MARKS VISIBLE	No locates requested
DID THE EXCAVATOR WHITE LINE	No locates requested
WERE MAPS USED TO MARK FACILITY	No locates requested
WAS THERE A POSITIVE RESPONSE FROM OPERATOR/HOW	No locates requested
WAS OPERATOR EMPLOYEES ON SITE AT TIME OF INCIDENT	No
INJURIES:	
NUMBER OF OUT-PATIENT	0
NUMBER OF IN-PATIENT INJURIES	0
WAS LOCAL FIRE DEPARTMENT CALLED	Unknown
FIRE DEPARTMENT NAME	Unknown
FIRE DEPARTMENT RESPONSE DESCRIPTION	Unknown
WAS LOCAL POLICE DEPARTMENT CALLED	Unknown
DEPARTMENT NAME	Unknown
POLICE DEPARTMENT RESPONSE DESCRIPTION	Unknown
ANY OTHER RESPONSE - IF SO, WHO AND DESCRIBE	Unknown
DESCRIBE WHAT HAPPENED AND WHY	NIPSCO gas main struck and damaged during excavation. Excavation performed without the benefit of locates.

Information Request

Pipeline Safety Division Indiana Utility Regulatory Commission

Case No. 1366

The Pipeline Safety Division of the Indiana Utility Regulatory Commission requests any and all information you can provide regarding the following criteria:

The Parties:

Excavator Information:

Business Name:

Responsible Party Personal Name: *MICHAEL MCCROSEY*

Title (if any): *HOME OWNER*

Address: *23035 KINGSTON CT.*

City, State Zip: *EUKHART IN. 46516*

Preferred Telephone: *574-522-9664*

Cell Phone Number: *574-320-1980*

Email Address: *MIKE.MCCROSEY@gmail.com*

Facility Information:

Business Name: *NORTHERN INDIANA PUBLIC SERVICE COMPANY*

Responsible Party Personal Name:

Title (if any):

Address:

City, State, Zip:

Preferred Telephone:

Cell Phone Number:

Email Address:

Locator Service Information:

Business Name:

Responsible Party Personal Name:

Title (if any):

Address:

City, State Zip:

Preferred Telephone:

Cell Phone Number:

Email Address:

Other (Witness, Police, Fire, Other) Information:

Personal Contact:

Business/Organization Name: CONCORD FIRE DEPT.

Title (if any)

Address:

City, State, Zip:

Preferred Telephone:

Cell Phone Number:

Email Address:

Utility Line Impact:

Location of Damage:

Address: 23035 KINGSTON CT.

City, State Zip: EUKHART IN 46516

Nearest Intersection: PINECREST DRIVE & KINGSTON CT.

Product Type (circle one):

Natural Gas

Liquid Pipeline

Unknown/Other

Facility Type (circle one):

Distribution

Gathering

Service/Drop

Transmission

Unknown/Other

Size (Diameter/etc.): 1 1/4" / 1.25"

Pressure (PSIG/Inches): UNKNOWN

Interruption in Service: Yes / No

Number of Customers Affected: 3

Evacuation: Yes No If yes, How Many Evacuated? _____

Repair Cost (if known): \$ 750⁰⁰

Cause of Damage Information:

Type of Equipment (circle one):

Auger
Backhoe/Trackhoe
Boring /Drilling
Directional Drilling
Explosives
Farm Equipment
Grader/Scraper
Hand Tools
Milling Equipment
Probing Device
Trencher
Vacuum Equipment
Unknown/Other

Type of Work Performed (circle one):

Agriculture
Cable TV
Curb/Sidewalk
Bldg. Construction
Bldg. Demolition
Drainage
Driveway
Electric
Engineering/Surveying
Fencing
Grading
Irrigation
Landscaping
Liquid Pipeline
Milling
Natural Gas
Pole
Public Transit Authority
Railroad Maintenance
Road Work
Sewer (Sanitary/Storm)
Site Development
Steam
Storm Drain/Culvert
Street Light
Telecommunications
Traffic Signal
Traffic Sign
Water
Waterway Improvement
Unknown/Other

Release of Product: Yes / No

Ignition and/or Fire: Yes / No

Excavator Notify 811: Yes / No *NOT BEFORE DIGGING*

Locate Information:

Excavator Request Locate: Yes / No

Indiana 811 Locate Ticket Number: _____

Locate Marks Visible: Yes / No

Locate Marks Correct: Yes/No

Excavator "White Lined": Yes / No

Maps Used to Mark Facilities: Yes / No

Was Locate Provided within Two (2) Working Days: Yes / No

Operator Employees On-site during Excavation: Yes / No

Incident Impact Information:

Number of Outpatient Treated: N/A

Number of Inpatient Treated: N/A

Number of Fatalities: N/A

Fire Department Response: Yes / No

Police Department Response: Yes / No

Ambulance Response: Yes / No

Additional Information/Comments:

I WAS ATTEMPTING TO REMOVE A BASKETBALL GOAL BASE. IN THE PROCESS OF REMOVING THE BASE. I CAME INTO CONTACT WITH THE GAS LINE THAT WAS BURIED BELOW THE CONCRETE BASE.

YOUR PIPELINE SAFETY DIVISION CASE NO. 1366

YOUR FULL NAME: MICHAEL JOHN MCCROREY

FULL NAME OF BUSINESS/ENTITY (if applicable): _____

YOUR BUSINESS TITLE (if applicable): _____

ADDRESS: 23035 KINGSTON CT.

CITY: ELKHART STATE: IN ZIP CODE: 46516-9628

YOUR TELEPHONE NUMBER: (574) 522-9664 SECOND NO. (574) 320-1980

YOUR EMAIL ADDRESS: MIKE.MCCROREY@gmail.com

TODAY'S DATE: 11/22/2011

YOUR SIGNATURE: Michael J. McCrorey TITLE (if any) Home Owner

Please return your Narrative Statement and Answers to the above questions to:

**Pipeline Safety Division – Case No. 1366
Indiana Utility Regulatory Commission
101 West Washington Street, # 1500E
Indianapolis, IN 46204**

Or scan document(s) and Email to:

PipelineDamageCase@urc.in.gov