



Pipeline Safety Division Investigation Report

Investigation regarding: **Hipskind Concrete**

UPPAC Database Record ID: 3694

Investigator: Mike Orr

Report Date: 3/7/2013

Damage Date: 8/30/2012 11:07:01 AM

Damage Address: Crystal Spring Dr

City: Fort Wayne

County: Allen

The Parties

Excavator: **Hipskind Concrete**

Contact: Joe Hipskind

Address: 5502 Mason Drive, Fort Wayne, In 46809

Telephone:

Facility Owner: NIPSCO

Contact: Kit Earle

Address: 150 W Market Street, Indianapolis, IN 46204

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Investigation regarding: Hipkind Concrete

UPPAC Database Record ID: 3694

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$127

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1208132472

Type of Equipment: Grader/Scraper

Type of work performed: Road Work

Synopsis: Damage to a natural gas service occurred during a procedure for road work.

Findings: Reported by Indiana 811; excavator did not respond to initial notice mailed 9/14/2012. Gas operator reported a chunk of concrete debris cut the service line during the procedure.

Conclusion: Excavator failed to plan the excavation to provide support and protection of the underground facility.

Violation: IC 8-1-26-20(b): RE: violation (a)(1): Failure to plan excavation to avoid damage or interference with underground facilities.



101 West Ohio Street, Suite 1707
Indianapolis, IN 46204

October 24, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 3694
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3694

To Whom It May Concern:

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

Date of Event: 8/30/2012

Event Location: Crystal Spring Dr, Fort Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: Hipskind Concrete

Other Party: N/A

Pipeline Division Case No. 3694

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. To the extent available, NIPSCO is also providing a copy of the Damage Information Report – Pipeline Safety Division previously submitted by NIPSCO to IURC Pipeline Safety as well as additional documentation relating to this Event Location.

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	
Pipeline Safety Division Case No. 3694	
Date of Event	8/30/2012
Event Location	Crystal Spring Dr, Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	Hipskind Concrete
Date of IURC Information Request	9/18/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Hipskind Concrete
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	5502 Mason Drive
CITY/ STATE/ZIP	Fort Wayne, IN 46809
PREFERRED TELEPHONE	260-747-1340
CELL PHONE TELEPHONE	260-410-4710
EMAIL ADDRESS	JHIPSKIND@COMCAST.NET
FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:	
BUSINESS NAME	NORTHERN INDIANA PUBLIC SERVICE COMPANY
RESPONSIBLE PARTY PERSONAL NAME	LUKE SELKING
TITLE	
ADDRESS	1501 HALE AVENUE
CITY/STATE/ZIP	FORT WAYNE, IN 46802
PREFERRED TELEPHONE	260/439-1290
SECONDARY TELEPHONE	
EMAIL ADDRESS	LSELKING@NISOURCE.COM
LOCATOR SERVICE INFORMATION	
BUSINESS NAME	USIC
RESPONSIBLE PARTY PERSONAL NAME	Morgan Thompson
TITLE (IF ANY)	Claims Coordinator
ADDRESS	9045 N. River Rd. Suite 300
CITY/ STATE/ZIP	Indianapolis, IN 46240
PREFERRED TELEPHONE	1-317-538-7301
CELL PHONE TELEPHONE	Same
EMAIL ADDRESS	morganthompson@usicinc.com
OTHER (WITNESS, POLICE, FIRE, OTHER) INFORMATION	
PERSONAL CONTACT	
BUSINESS/ORGANIZATION NAME	
TITLE (IF ANY)	

ADDRESS	
CITY/ STATE/ZIP	
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
UTILITY LINE IMPACT	
LOCATION OF DAMAGE	
ADDRESS	9216 Crystal Spring Drive
CITY/STATE/ZIP	Fort Wayne, IN 46804
NEAREST INTERSECTION	Locust Spring Pl
PRODUCT TYPE (Select One)	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
FACILITY TYPE (Select One)	
DISTRIBUTION	
GATHERING	
SERVICE/DROP	X
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	5/8 plastic
PRESSURE (PSIG/INCHES)	45
INTERRUPTION IN SERVICE (YES/NO)	Y
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	0
REPAIR COST (IF KNOWN) (\$)	126.90
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	X
Hand Tools	
Milling Equipment	
Probing Device	

Trancher	
Vacuum Equipment	
Unknown/Other	
TYPE OF WORK PERFORMED (Select 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	X
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)	Y
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	Y- 1208301609
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1208132472
LOCATE MARKS VISIBLE (YES/NO)	Y
LOCATE MARKS CORRECT (YES/NO)	Y
EXCAVATOR "WHITE LINED" (YES/NO)	N
MAPS USED TO MARK FACILITIES (YES/NO)	Y
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	N
INCIDENT IMPACT INFORMATION	
NUMBER OF OUTPATIENT TREATED	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FATALITIES	0
FIRE DEPARTMENT RESPONSE (YES/NO)	Y Fort Wayne FD
POLICE DEPARTMENT RESPONSE (YES/NO)	
AMBULANCE RESPONSE (YES/NO)	
ADDITIONAL INFORMATION/COMMENTS	
<p>Failure to support exposed facilities Chunk of concrete debris cut gas service</p>	

Fact Based Investigation Report

NOTIFICATION ID: 01820120830011 **DISTRICT:** Northern IN
DAMAGE DATE: 8/30/2012 11:07:07 AM **NOTIFICATION DATE:** 8/30/2012 11:10:15 AM
NOTIFIED BY: JOE HIPSKIND
DAMAGE ADDRESS: CRYSTAL SPRING DR
CITY: FORT WAYNE **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 08/30/2012
FROM: 11:20:00 **TO:** 11:40:00

EXCAVATOR INVOLVED: HIPSKIND CONCRETE
TYPE OF EXCAVATION: ROAD REPAIR

ORIG. LOCATE REQ.: 1208132472 **START DATE/TIME:**
TYPE OF TICKET: **LOCATE REQ. INFO N/A:**

DIG UP/DAMAGE REQ.: 1208301609 **START DATE/TIME:**

PICTURES TAKEN BY: RON STEPHENS **DATE/TIME:** 8/30/2012 11:30:00 AM
PHOTOGRAPHY TYPE: Digital **FRAME #:** n/a

INVESTIGATOR EMP#: 123132 **INVESTIGATOR NAME:** RON STEPHENS
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820120830011
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** Gas Service
LOCATOR NAME & EMP #: Stephens Ron - 123132
LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:

Contractor Damaged Exposed Facility,
Facility Marked Accurately

Other:

CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):

Visual, Facility Exposed At Time Of Investigation

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

paint marks line up with damage contractor damaged exposed service

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

mark confirmed marks were good

NAMES OF EXCAVATOR'S REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

N/A

LIST ANY OTHER INDIVIDUALS ON SITE:

N/A

WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL? Yes

WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA? Yes

WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS? Yes

EXTENT OF FACILITY DAMAGE CUT PLASTIC SERVICE

REPLACEMENT FOOTAGE 2

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? N/A

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S) N/A

NIPSCO 00419 IUPPSa 08/30/2012 11:07:07 1208301609-00A EMER DAMG STRT

DAMAGE

#369A

Ticket : 1208301609 Date: 08/30/2012 Time: 11:02 Oper: SWOODFORD Chan:058

State: IN Cnty: ALLEN Twp: ABOITE
Cityname: FORT WAYNE Inside: Y Near: N
Subdivision: HAVERHILL

Address :

Street : CRYSTAL SPRING DR
Cross 1 : LOCUST SPRING PL Within 1/4 mile: Y
Location: ON CRYSTAL SPRING DRIVE FROM WINTERFIELD RUN TO LOCUST SPRING PL
LOCATE ENTIRE RIGHT OF WAY

Grids : 4102B8515B 4102B8515A 4102B8516D
Boundary: n 41.043770 s 41.041737 w -85.269951 e -85.261726

Work type : REMOVE AND REPLACE CONCRETE STREET
Done for : CITY OF FT. WAYNE
Start date: 08/30/2012 Time: 11:02 Hours notice: 0/0 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 4 WEEKS Depth: 2 FEET

Company : HIPSKIND CONCRETE Type: CONT
Co addr : 5502 MASON DRIVE
City : FORT WAYNE State: IN Zip: 46809
Caller : JOE HIPSKIND Phone: (260)747-1340
Contact : PAT HIPSKIND Phone:
BestTime:
Mobile : (260)410-4710
Fax : (260)747-7227
Email : JHIPSKIND@COMCAST.NET

Remarks : All tickets are taken and processed on Eastern Daylight Time
PER JOE HIPSKIND A NIPSCO GAS LINE HAS BEEN DAMAGED--THE LINE IS BLOWING--THIS
LINE IS APPROX 3/4 INCHE IN SIZE THIS IS A WHITISH/YELLOWISH COLOR PLASTIC
SERVICE LINE--WAS DIGGING IN THE STREET ON CRYSTAL SPRING DR--CREW IS ON
SITE--NIPSCO AND 911 HAS ALREADY BEEN CONTACTED--RICK GARLAND WILL BE THE SITE
CONTACT AT 260-410-4706--PREVIOUS TICKET NUMBER 1208132472.
Will you be white-lining the dig site area? NO

Submitted date: 08/30/2012 Time: 11:02
Members: AQUA CC FW ID5792 ID6111 ID8000 NIPSCO SM

NIPSCO 00737 IUPPSa 08/13/2012 13:51:06 1208132472-00A NORM NEW STRT

NORMAL NOTICE JOB EXTENSION

3694

Ticket : 1208132472 Date: 08/13/2012 Time: 13:50 Oper: JOE.HIPSKIND Chan:000
Old Tkt: 1208012726 Date: 08/01/2012 Time: 15:28 Oper: JOE.HIPSKIND Rev: 00A

State: IN Cnty: ALLEN Twp: ABOITE
Cityname: FORT WAYNE Inside: Y Near: N
Subdivision: HAVERHILL

Address :

Street : CRYSTAL SPRING DR
Cross 1 : LOCUST SPRING PL Within 1/4 mile: Y
Location: ON CRYSTAL SPRING DRIVE FROM WINTERFIELD RUN TO LOCUST SPRING PL
LOCATE ENTIRE RIGHT OF WAY

:
Grids : 4102B8515B 4102B8515A 4102B8516D
Boundary: n 41.043770 s 41.041737 w -85.269951 e -85.261726

Work type : REMOVE AND REPLACE CONCRETE STREET
Done for : CITY OF FT. WAYNE
Start date: 08/15/2012 Time: 14:00 Hours notice: 48/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 4 WEEKS Depth: 2 FEET

Company : HIPSKIND CONCRETE Type: CONT
Co addr : 5502 MASON DRIVE
City : FORT WAYNE State: IN Zip: 46809
Caller : JOE HIPSKIND Phone: (260)747-1340
Contact : PAT HIPSKIND Phone:
BestTime:
Mobile : (260)410-4710
Fax : (260)747-7227
Email : JHIPSKIND@COMCAST.NET

Remarks : All tickets are taken and processed on Eastern Daylight Time
Will you be white-lining the dig site area? NO
:

Submitted date: 08/13/2012 Time: 13:50
Members: AQUA CC FW ID5792 ID6111 ID8000 NIPSCO SM

**NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT**

** COMPLETE FORM FOR ALL DAMAGES TO NIPSCO FACILITIES **

REPORTING OPERATING AREA 220 MAXIMO WO # M 545865
 OPERATING AREA CONTACT 220 JOB ORDER # 573837
 TRACKING NUMBER ? LOCATE REF # _____
 Locate Performed By: ?

DATE AND TIME OF ACCIDENT 8-30 2012 M DATE OF REPORT 8-30-12
 PLACE OF DAMAGE (INCLUDE CITY) 9216 Crystal Springs Dr FTW 46804

DAMAGE WAS TO:

ELECTRIC - POLE / TRANSFORMER: # _____ SIZE _____ YEAR INSTALLED _____ BROKEN YES () NO ()

OTHER (DESCRIBE) _____

GAS: SERVICE MAIN () SIZE 5/8 MATERIAL: PLASTIC STEEL () METER () REG STATION () STUB ()
 OTHER (DESCRIBE) _____

DEPTH OF FACILITY (inches) 14" PRESSURE (PSI) 45 Lbs.

RELEASE OF GAS: YES NO () IGNITION OF GAS: YES () NO EVACUATION REQUIRED: YES () # _____ NO

INTERRUPTION OF SERVICE: YES NO () NUMBER OF CUSTOMERS LOST: 1

DURATION OF INTERRUPTION: TIME REPORTED 11:00 TIME SHUT OFF 11:30 TIME RESTORED 13:15

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: cut in half

LOCATE MARKS ON SITE: YES DISTANCE BETWEEN FACILITY AND LOCATE MARKS 1" NO ()

HOW LOCATED: PAINT FLAGS () BOTH () WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) Hipskind Concrete 260-747-1340

ADDRESS OF PARTY (INCLUDE CITY) 5502 Mason Dr Ft Wayne IN 46809

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE _____

WITNESS NAME AND ADDRESS _____

WITNESS REMARKS _____

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY _____ REPORT # _____

FIRE AGENCY FWFD REPORT # _____

OTHER () _____ Any Injuries? () YES # _____ () NO

PHOTOS TAKEN: YES () NO TAKEN BY: _____ (ATTACH PHOTOS TO REPORT)
 MEDIA ON SITE YES () NO

WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> AGRICULTURE/FARMING | <input type="checkbox"/> CABLE TV | <input type="checkbox"/> CURB/SIDEWALK | <input type="checkbox"/> TELECOMMUNICATIONS |
| <input type="checkbox"/> BLDG CONSTRUCTION | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> DRAINAGE | <input type="checkbox"/> WATER |
| <input type="checkbox"/> DRIVEWAY | <input type="checkbox"/> ELECTRIC | <input type="checkbox"/> SURVEYING | <input type="checkbox"/> DRAINS/CULVERTS |
| <input type="checkbox"/> FENCING | <input type="checkbox"/> GRADING | <input type="checkbox"/> IRRIGATION | <input type="checkbox"/> MOWING |
| <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> PIPELINE | <input type="checkbox"/> MILLING | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> POLE/SIGN POST | <input checked="" type="checkbox"/> ROAD WORK | <input type="checkbox"/> SEWER | |

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW

- | | | |
|--|--|--|
| <input type="checkbox"/> AUGER | <input type="checkbox"/> HAND TOOLS | <input type="checkbox"/> BACKHOE/TRACKHOE |
| <input type="checkbox"/> MILLING EQUIPMENT | <input type="checkbox"/> PROBING DEVICE | <input type="checkbox"/> BORING / DRILLING |
| <input type="checkbox"/> EXPLOSIVES | <input type="checkbox"/> TRENCHER | <input type="checkbox"/> FARM EQUIPMENT |
| <input type="checkbox"/> VACCUUM EQUIPMENT | <input checked="" type="checkbox"/> GRADER | <input type="checkbox"/> OTHER _____ |

REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW

- | | | |
|--|--|---|
| <input type="checkbox"/> AUTOMOTIVE ACCIDENT | <input type="checkbox"/> EXCAVATING BEFORE LOCATES DUE | <input type="checkbox"/> CARELESS MACHINE OPERATOR |
| <input type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED | <input type="checkbox"/> STUB |
| | | <input checked="" type="checkbox"/> OTHER <u>see other side</u> |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS: chunk of concrete cut service as
contractor graded road way
could have removed debris before grading

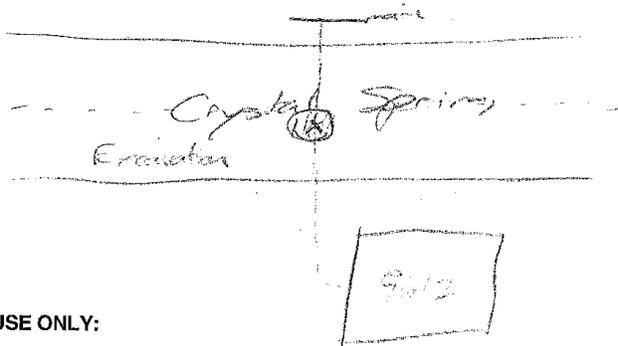
PERSON PREPARING REPORT Brian Faust

FIELD SUPERVISOR JRP

FIELD MANAGER Randall Dunn

- ORIGINAL REPORT AND SUPPORTING INFORMATION IS TO BE SENT TO FACILITY DAMAGE RECOVERY
- COPY OF REPORT IS TO BE SENT TO DAMAGE PREVENTION

SKETCH: - Show position of all pertinent information



FOR OFFICE USE ONLY:

- | | | |
|---|-----|----|
| • DID EXCAVATION OCCUR BEFORE LOCATES WERE DUE | YES | NO |
| • NO IN 811 LOCATE CALLED IN | YES | NO |
| • DAMAGE CAUSED FROM EXCAVATION WITHIN 24" ZONE | YES | NO |
| • EXPIRED LOCATE | YES | NO |
| • WAS WHITE LINING INDICATED ON LOCATE REQUEST | YES | NO |

COMPLETED BY: _____ DATE: _____



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 64122 (R2 / 7-11)
INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Sep 27, 2012

Who is submitting this information?

Name of person providing this information: Tommy Buher

Business address (*number and street*): 3511 E. 15th Ave.

City, State, and ZIP code: Gary, IN 46403

Telephone number (*area code*): 219-962-0422

Fax number (*area code*): 219-962-0404

E-mail address: cludwig@nisource.com

Excavator Information, if known

Full name: Hipskind Concrete

Business address (*number and street*): 5502 Mason Dr

City, State, and ZIP code: Fort Wayne, IN 46809

Telephone number (*area code*): 260-747-1340

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Grader/Scraper

Type of work performed: Road Work

Date and Location of DamageDate of damage (*month, day, year*): Aug 30, 2012County: AllenCity: Fort WayneStreet address (*number and street, city, state, and ZIP code*):
9216 Crystal Spring Dr, Fort Wayne IN 46804Nearest intersection: Locust Spring DrRight of way where damage occurred: Public - City StreetWas there a release of product? YesIf yes, was there an ignition of product? NoWere evacuations necessary as a result of release? No

If yes, how many evacuated? _____

Was there a customer service interruption? YesIf yes, how many affected? 1Time to restore service (*in hours*): 2Enter number of injuries, if applicable and known: 0Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ _____

Affected Facility InformationWhat type of pipeline was damaged? Natural GasWhat was the affected facility? Service/DropWhat was the depth of the facility, in inches? 14

Notification, Locating, MarkingDid excavator request locates prior to commencing work? YesEnter Indiana 811 ticket number, if known: 1208132472

Was the locate request completed within two working days? Yes

If locates were performed, were they done so by a contractor or pipeline employee? Contract Locator

If a contractor locator, enter the company name, if known: USIC _____

Were facility marks visible in the area of excavation? Yes

Were facilities marked correctly? Yes

Type of markings used: Paint

If other, please specify: _____

Was site marked by "White Lining"? No

Were special instructions part of the locate request? No

Were maps used to complete the locate request? Yes

Were pipeline company representatives on site during excavation? No

Did the excavator notify the operator in the event of this damage? Yes

Did the excavator notify Indiana 811 in the event of this damage? Yes

Did the excavator notify 911 in the event of a release of product? Yes

Description of Cause

Select from the list the most accurate cause for the damage: --Failure to support exposed facilities

Additional Comments

811 Damage ticket 1208301609

Chunk of concrete debris cut gas service