



Pipeline Safety Division Investigation Report

Investigation regarding: Three Men Crew Incorporated

UPPAC Database Record ID: 3873

Report Date: 6/2/2013

Investigator: Mike Orr

Damage Date: 9/26/2012 11:07:07 AM

Damage Address: Brookhaven Dr, Franklin, Johnson

The Parties

Excavator: **Three Men Crew Incorporated**

Address: 334 Blackfoot Drive, Bolingbrook, Il 60490

Facility Owner: **Vectren**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment:

Type of Work Performed: installing fiber

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$358

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1209183396

Original Start Date:

Locate Instructions: FROM THE INTERSECTION OF BROOKHAVEN DR AND CEDARMILL DR LOCATE BOTH SIDES OF BROOKHAVEN DR GOING 700 FEET WEST

Follow-Up Locate Instructions (if applicable):

Synopsis: A natural gas service line was damaged while boring for telecommunications.

Findings: Reported by Indiana 811; excavator did not respond to initial notice mailed 11/30/2012. The excavator had a valid locate and the gas operator provided accurate facility markings; however, the excavator failed to expose the facility with hand tools to avoid damage.

Conclusion: There was a failure to maintain two feet clearance with mechanized equipment.

Violation: IC 8-1-26-20(a)(2) Failure to maintain two (2) feet clearance with mechanized equipment.



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)
INDIANA UTILITY REGULATORY COMMISSION

INITIAL DOCUMENTS -
OPERATOR
CASE 3873

Submitted to IURC-Pipeline Safety on: 12-7-2012

Who is submitting this information?

Name of person providing this information: Darlene Kulhanek
Business address (number and street): 1 Main Street
City, State, and ZIP code: Evansville, IN 47711
Telephone number (area code): 812-491-4227
Fax number (area code): 812-491-4504
E-mail address: dkulhanek@vectren.com

Excavator Information, if known

Full name: Three Man Crew
Business address (number and street): 334 Blackfoot Drive
City, State, and ZIP code: Bolingbrook, IL 60490
Telephone number (area code): 630-669-0062
Fax number (area code): 630-312-8966
E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Contractor
Excavation or demolition equipment: Boring
Type of work performed: Telecommunications

Date and Location of Damage

Date of damage (*month, day, year*): 9-26-2012

County: Johnson

City: Franklin

Street address (*number and street, city, state, and ZIP code*):

950 Brookhaven Drive, Franklin, IN

Nearest intersection: Unknown

Right of way where damage occurred: Dedicated Public Utility Easement

Was there a release of product? Yes

If yes, was there an ignition of product? No

Were evacuations necessary as a result of release? No

If yes, how many evacuated? 0

Was there a customer service interruption? Yes

If yes, how many affected? 1

Time to restore service (*in hours*): 1

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 357.75

Affected Facility Information

What type of pipeline was damaged? Natural Gas

What was the affected facility? Service/Drop

What was the depth of the facility, in inches? _____

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1209183396

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 and Flags

If other, please specify: None

Was site marked by "White Lining"? No

Were special instructions part of the locate request? Unknown/Other

Were maps used to complete the locate request? Unknown/Other

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? Unknown/Other

Description of Cause

Select from the list the most accurate cause for the damage: --Failure to use hand tools where required

Additional Comments

1" plastic service damaged by bore. Not hand exposed.



2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH

NOW DUE

\$357.75

THREE MAN CREW
334 BLACKFOOT DRIVE
BOLINGBROOK, IL 60490

Type: GAS
Invoice: FDS0016999
BillToID: 32575
Billing Date: 10/31/2012
Date of Loss: 9/26/2012
5835 103.0510

Please return this portion with your remittance.



Mail Payment To:
Vectren Utilities Holdings Group, P.O. Box 1000, DELIVERY OF INDIANA - NORTH
1239 Reliable Parkway
Chicago, IL 60686-0012
Inquiries: 1-877-902-2934, Mon.-Fri., 8-5
Risk Management/Claims Department

NOW DUE
\$357.75

THREE MAN CREW
334 BLACKFOOT DRIVE
BOLINGBROOK, IL 60490

Type: GAS
Invoice: FDS0016999
BillToID: 32575
Billing Date: 10/31/2012
Date of Loss: 9/26/2012

Invoice For Costs to Repair and Reconstruct Damaged Property

Address: 950 BROOKHAVEN DR, FRANKLIN
1" PLASTIC SERVICE DAMAGED BY BORE. NOT HAND EXPOSED.

Material:	\$78.13
Company Labor:	\$176.49
Contract Labor:	\$0.00
Transportation/Equipment:	\$103.13
Misc:	\$0.00
Gas Loss:	\$0.00
Adjustments:	\$0.00
Payments:	\$0.00
Total:	\$357.75

5835 103.0510

Remember, call two (2) working days before digging. Contact I.U.P.P.S. at 1-800-382-5544.

Task No: 103.0510 Capital / O & M (circle one)
Date of Damage 9 / 26 / 12
Cost Center # 5835
Time Occurred 11:15 (am/pm)
Time Found 11:25 (am/pm)
Latitude 39.503360 Longitude: -86.043120

Vectren Claim Number: _____
Police Report / MO #: _____

FACILITIES DAMAGE REPORT

GAS

Vectren Claims Camera:
VE02650
4

DAMAGE SITE:
Address 950 Brookhaver Dr Lot # _____
County Johnson City Franklin State IN. Township Franklin

FACILITY TYPE:
 Distribution Propane
 Service Storage
 Transmission: (include supplemental report)

FACILITIES DAMAGED:	ORIFICE SIZE(S):	(1)	(2)	(3)
<input type="checkbox"/> Farm Tap	0.50 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Heater	5/8 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Main	0.75 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Meter (Residential)	1.00 inch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Meter (Industrial / Commercial)	1.25 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Odorizer	2.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Regulator Station	3.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Relief Valve	4.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Riser	5.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Service Line	6.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Valve	10.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	16.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	20.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VISUAL OBSERVATION AT DAMAGE SITE:
Visual Observation: Above Ground Below Ground
Locate Applicable: Yes No N/S
Facilities Properly Marked: Yes No N/S
Marking Methods: Conventional Flags None
 Offset Paint Stakes Whiskers
Locate Marking Faded: Yes No N/S
Wrong Address Requested: Yes No N/S

Facilities Improperly Located:
 Qualified Locator Could Not Have Accurately Located
 Inaccurate Maps / Cards
 Broken or No Tracer Wire (Plastic)
 Insulation Preventing Accurate Locate

Locator Error:
 Failure to Follow Policy
 Inappropriate Site Markings
 Incomplete Locate
 No Locates Performed
 Qualified Locator Could Have Accurately Located
 Wrong Address Located
 Marking Off By: _____ (Feet / Inches)

Were Facility Marks Visible: Yes No
Was Area White Lined: Yes No Destroyed
Positive Response: Yes No Destroyed
Tolerance Zone Violated: Yes No
Part of Project: Yes No
Company Representative On-Site: Yes No

TYPE OF MATERIAL: Cast Iron Plastic (HDPE) Plastic (MDPE) Steel
DAMAGE TYPE: Severed Not Cut Severed Punctured
Size 1/4" x 1/2"
PRESSURE: 25 PSIG 40 PSIG 50 PSIG 55 PSIG 60 PSIG 6 WC (.2163) 7 WC (252) Other _____

PROTECTION IN PLACE: Building Fence None Post Rail Vault N/A Other _____
DURATION OF ESCAPING GAS:
Minutes: 30 min

LEAK REPORT NUMBER: _____
EFV Activated Yes No N/S

FEED TYPE: One-Way Feed Two-Way Feed
Number of Customers Affected: 1
Total Hours Service Was Off: 1

SERVICE ORDER NUMBER: _____

DAMAGED BY: Company Crew Contractor County Developer Farmer Municipality Property Owner/ Tenant Railroad State Unknown Utility Vehicle Accident Other _____
TYPE OF CONSTRUCTION: Agriculture Building Construction Building Demolition Cable TV Curbs / Sidewalk Drainage Driveway Electric Engineering / Surveying Fencing Grading Irrigation Landscaping Liquid Pipeline Milling Pole Natural Gas Public Transit Authority Railroad Maintenance Other _____

WORKING FOR: City County Developer State Property Owner Utility

Observation by (ID#): D. Johnson
Name of Locator: John Cairns
LOCATING ORGANIZATION:
 Contract Locator Unknown / Other Utility Owner

NOTIFICATIONS AND OTHER DETAILS OF LOCATE:
 Locate Ticket: 1209183396 / 1209261563
Date: 9-18-12 Time: 9:21 (am/pm)

TYPE OF REQUEST: Regular Request Emergency Request
 Locate Company Notified
Contact Name: E.S. Julca
Time Called: 11:15 (am/pm)
Time Locator Arrived at the Site: 11:45 (am/pm)

Company Notified of Locate Near Critical Facilities: Yes No N/S
Copy of Mark Out Request Provided Within 2 Working Days: Yes No N/S

ONE-CALL CENTER: JUPPS OUPS Unknown

OCT 1 2012

Vectren Claim Number: _____

TYPE OF EQUIPMENT:

- Auger
- Backhoe / Track hoe
- Boring
- Drilling
- Explosives
- Farm Equipment
- Grader / Scraper
- Hand Tools
- Milling Equipment
- Plow
- Probing Device
- Trencher
- Vacuum Equipment
- Vehicle
- Other _____

ROOT DAMAGING CAUSE:

- Abandoned Facility
- Deteriorated Facility
- Facility Could Not be Found/ Located
- Facility Was Not Located / Marked
- Failure to Maintain Clearance
- Failure to Maintain Marks
- Failure to Support Exposed Facility
- Failure to Use Hand Tools Where Required
- Improper Backfilling
- Incorrect Records / Maps
- Marking or Location Not Sufficient
- No Notification Made to One-Call
- One-Call Notification Error
- Previous Damage
- Wrong Information Provided
- Other _____

CONTRACTOR REPAIRS:

- Contractor Working for Vectren Made Repairs at Own Expense
 Yes No N/S
- Contractor Repaired Damage
 Yes No N/S

Name of Contractor: N/A
 # of Regular Hours; _____
 # of Overtime Hours; _____
 # of Regular Hours; _____
 Crew Type: _____

MATERIALS OR ROAD WORK:

- Meter was replaced N/A (Stores Code)
- Regulator Was Replaced _____ (Stores Code)
- Temporary Asphalt Repair: _____ (sq. ft.)
- Permanent Asphalt Repair: _____ (sq. ft.)

RIGHT OF WAY:

- Dedicated Utility Easement
- Federal Utility Easement
- Pipeline
- Power / Transmission Line
- Private - Business
- Private - Easement
- Private - Land Owner
- Public - County Road
- Public - Interstate Highway
- Public - Other
- Public - State Highway
- Public - City Street
- Unknown

- Did Excavator Notify You Yes No
- Excavation Required Yes No
- Media at Site Yes No
- Was There Ignition of Gas? Yes No

INVOICE: Yes No N/S

DAMAGING PARTY:

Name: Three Man Crew Inc.
 Address: 334 Blackfoot Dr
 City/ State/ Zip: Bainbrook Ill. 60490
 Phone: 630 669 0062
 Prepared / Investigated By: [Signature] Date: 9-26-12

PARTY TO INVOICE:

Name: SAMO
 Address: _____
 City/ State/ Zip: _____
 Phone: _____
 Reviewed by Field Supervisor: [Signature] Date: 9-27-12

NORMAL NOTICE REMARK

Ticket : 1209183396 Date: 09/18/2012 Time: 22:31 Oper: MPLUMMER Chan:040

State: IN Cnty: JOHNSON Twp: FRANKLIN
 Cityname: FRANKLIN Inside: Y Near: N
 Subdivision: HERITAGE

Address :
 Street : BROOKHAVEN DR
 Cross 1 : CEDARMILL DR Within 1/4 mile: Y
 Location: FROM THE INTERSECTION OF BROOKHAVEN DR AND CEDARMILL DR LOCATE BOTH
 SIDES OF BROOKHAVEN DR GOING 700 FEET WEST
 ***Boring Where = BROOKHAVEN DRIVE
 :
 Grids : 3930D8602C 3930D8602B

Work type : INSTALLING FIBER
 Done for : METRONET
 Start date: 09/21/2012 Time: 07:00 Hours notice: 56/048 Priority: NORM
 Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: N
 Duration : 2 WEEKS Depth: 4 FEET

Company : THREE MEN CREW INCORPORATED Type: CONT
 Co addr : 334 BLACKFOOT DRIVE
 City : BOLINGBROOK State: IL Zip: 60490
 Caller : E J JULCA Phone: (630)669-0062
 Contact : E J JULCA - CELL Phone:
 BestTime:
 Mobile : (630)669-0062
 Fax : (630)312-8966
 Email : THREEMENCREW2012@HOTMAIL.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
 REMARK AS NEEDED DUE TO WEATHER ---PREVIOUS TICKET 1208223860---THANK YOU
 Will you be white-lining the dig site area? YES

Submitted date: 09/18/2012 Time: 22:31
 Members: ID0002 ID0270 ID1683 ID2034 ID3640 ID7131 ID7288 ID5857 SM

Member Name	Facility Types
CENTURYLINK	TELEPHONE
CINERGY METRONET, INC.	FIBER OPTIC
COMCAST CENTRAL (GREENWOOD)	CABLE TV
DUKE ENERGY / FORMERLY CINERGY	ELECTRIC
FRANKLIN DPW, CITY OF	
IN AMERICAN WATER JOHNSON COUNTY WATER	
VECTREN - FRANKLIN	GAS

[View Map](#) | [Close Map](#)

DAMAGE SEE REMARKS

Ticket : 1209261563 Date: 09/26/2012 Time: 11:04 Oper: BLIEVERTZ Chan:025

State: IN Cnty: JOHNSON Twp: FRANKLIN
 Cityname: FRANKLIN Inside: Y Near: N
 Subdivision: HERITAGE

Address :
 Street : BROOKHAVEN DR
 Cross 1 : CEDARMILL DR Within 1/4 mile: Y
 Location: FROM THE INTERSECTION OF BROOKHAVEN DR AND CEDARMILL DR LOCATE BOTH
 SIDES OF BROOKHAVEN DR GOING 700 FEET WEST
 ***Boring Where = BROOKHAVEN DRIVE
 :
 Grids : 3930D8602C 3930D8602B

Work type : INSTALLING FIBER
 Done for : METRONET
 Start date: 09/26/2012 Time: 11:04 Hours notice: 0/000 Priority: EMER
 Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: Y
 Duration : 2 WEEKS Depth: 4 FEET

Company : THREE MEN CREW INCORPORATED Type: CONT
 Co addr : 334 BLACKFOOT DRIVE
 City : BOLINGBROOK State: IL Zip: 60490
 Caller : E J JULCA Phone: (630)669-0062
 Contact : E J JULCA - CELL Phone:
 BestTime:
 Mobile : (630)669-0062
 Fax : (630)312-8966
 Email : THREEMENCREW2012@HOTMAIL.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
 A VECTREN GAS LINE WAS HIT IN THE STREET IN FRONT OF THE PROPERTY AT 950
 BROOKHAVEN DR - GAS LINE IS BLOWING - CALLER CAN SMELL IT - LINE IS 3/4
 INCH/YELLOW/POLLY PIPE - ADVISED CALLER TO CALL 911 - CALLERS CREW IS ON SITE -
 ADVISED TO CALL VECTREN TO REPORT THE DAMAGE - PREVIOUS TICKET NUMBER IS
 1209183396 - THANK YOU
 Will you be white-lining the dig site area? YES
 :

Submitted date: 09/26/2012 Time: 11:04
 Members: ID0002 ID0270 ID1683 ID2034 ID3640 ID7131 ID7288 ID5857 SM

Member Name	Facility Types
CENTURYLINK	TELEPHONE
CINERGY METRONET, INC.	FIBER OPTIC
COMCAST CENTRAL (GREENWOOD)	CABLE TV
DUKE ENERGY / FORMERLY CINERGY	ELECTRIC
FRANKLIN DPW, CITY OF	
IN AMERICAN WATER JOHNSON COUNTY WATER	
VECTREN - FRANKLIN	GAS

[View Map](#) | [Close Map](#)



Property of United States Infrastructure Corporation
Photo taken on 9/26/2012 11:47:50 AM



Property of United States Infrastructure Corporation
Photo taken on 9/26/2012 11:47:42 AM



Property of United States Infrastructure Corporation
Photo taken on 9/26/2012 11:47:46 AM

Service Order Status

Enter Service Order Number:

5377991



Clear Form

Refresh Data

Banner Instance: CS03PROD CS01PROD CS02PROD

Order Number: N5377991

Order Type: LEAK

Order Status: Completed

Customer: 600141105 - FOUTS TINA

Prem: 5756138 - 950 BROOKHAVEN DR

Technician: 5476 - Johnson, David

Order Dates and Times

Need Date: 9/26/2012 11:25:00 AM
Time Created: 9/26/2012 11:16:20 AM
Time Dispatched: 9/26/2012 11:16:20 AM
Time In Route: 9/26/2012 11:16:34 AM
Time On-Site: 9/26/2012 11:25:11 AM
Tech Complete: 9/26/2012 11:55:54 AM
Time Closed: 9/26/2012 11:55:54 AM

Events Performed/Completion Code

LKOT - CMP

Meter Information

Current Read Status

Old Meter: 5750 Inactive

New Meter:

Completion Notes

contractor putting in cable tv hit 1" gas line, EFV was activated, crew on site to fix and do relite or leave call tag, everything ok

Request Notes

9-26-12 AMBER W/ 811 REPORTING HIT GAS LINE BLOWING CONT# 317-893-1416 3 MEN CREW INC. ONSITE 3/4" P OLY PIPE HIT XST CEDAR MILL-PERSON WHO HIT LINE IS EJJULCA W/QC COMMUNICATION-PH# 630-669-0062-HERIT AGE SUBDIVISION-GAS IS ENTERING

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	9/26/2012 11:16:34 AM	Johnson, David
AsnAssignmentEnRoute_evt	9/26/2012 11:16:34 AM	Johnson, David
AsnAssignmentOnSite_evt	9/26/2012 11:25:11 AM	Johnson, David
OrdOrderComplete_evt	9/26/2012 11:55:54 AM	Johnson, David

NOTE:The Reporting database replicates in near real-time; it has been approximately 0 minute(s) since the last transaction replicated.