



## Pipeline Safety Division Investigation Report

### Investigation regarding: 3d Company

UPPAC Database Record ID: 4014

Report Date: 7/11/2013

Investigator: Mike Orr

Damage Date: 10/9/2012 5:49:19 PM

Damage Address: W Old Road 30, Warsaw, Kosciusko

### The Parties

Excavator: 3d Company

Address: 3200 East County Road 350 North, Muncie, In 47303

Facility Owner: NIPSCO

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Curb / Sidewalk

### Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

### Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1210041941

Original Start Date:

Locate Instructions: FROM THE ABOVE INTERSECTION - LOCATE GOING EAST FOR APPROX 700 FEET ON THE NORTH SIDE OF OLD ROAD 30 - STARTING AT ZIMMER RD AND ENDING AT SANTORINA

Follow-Up Locate Instructions (if applicable):

**Synopsis:** Excavator struck and damaged an underground natural gas main while performing curb/sidewalk work.

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 12/13/2012. Excavator had a valid locate ticket; however, the gas operator failed to provide an accurate locate marking.

**Conclusion:** There was a failure to provide an accurate facility locate.

**Violation:** IC 8-1-26-18(f) Operator failed to locate or provided incorrect locate markings.



150 West Market Street, Suite 600  
Indianapolis, IN 46204

January 30, 2013

*Via Electronic Transmission – [PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)*

Pipeline Safety Division – Case No. 4014  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4014

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: 10/9/2012

Event Location: W Old Road 30

Facility Owner: Northern Indiana Public Service Company

Excavator: 3d Company

Other Party: N/A

Pipeline Division Case No. 4014

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](mailto:cearle@nisource.com)

<b>IURC INFORMATION REQUEST</b>	
<b>Pipeline Safety Division Case No. 4014</b>	
Date of Event	10/9/2012
Event Location	W Old Road 30
Event City	Warsaw
Facility Owner	Northern Indiana Public Service Company
Excavator	3d Company
Date of IURC Information Request	12/5/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	3D Company Inc
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	3200 East County Road 350 North
CITY/ STATE/ZIP	Muncie, IN 47303
PREFERRED TELEPHONE	765-288-3326
CELL PHONE TELEPHONE	765-748-1303
EMAIL ADDRESS	
<b>FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:</b>	
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
<b>LOCATOR SERVICE INFORMATION</b>	
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
<b>OTHER (WITNESS, POLICE, FIRE, OTHER) INFORMATION</b>	
PERSONAL CONTACT	
BUSINESS/ORGANIZATION NAME	
TITLE (IF ANY)	

ADDRESS	
CITY/ STATE/ZIP	
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
<b>UTILITY LINE IMPACT</b>	
<b>LOCATION OF DAMAGE</b>	
ADDRESS	W Old Road 30
CITY/STATE/ZIP	Warsaw, IN 46580
NEAREST INTERSECTION	W Zimmer Rd
<b>PRODUCT TYPE (Select One)</b>	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
<b>FACILITY TYPE (Select One)</b>	
DISTRIBUTION	X
GATHERING	
SERVICE/DROP	
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	2 inch
PRESSURE (PSIG/INCHES)	50
INTERRUPTION IN SERVICE (YES/NO)	Y
NUMBER OF CUSTOMERS AFFECTED	2
EVACUATION (YES/NO)	N
IF YES, HOW MANY EVACUATED	0
REPAIR COST (IF KNOWN) (\$)	
<b>CAUSE OF DAMAGE INFORMATION:</b>	
<b>TYPE OF EQUIPMENT (Select One)</b>	
Auger	
Backhoe/Trackhoe	X
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	
Probing Device	

Trancher	
Vacuum Equipment	
Unknown/Other	
<b>TYPE OF WORK PERFORMED (Select One)</b>	
Agriculture	
Cable TV	
Curb/Sidewalk	X
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)	Y
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	Y- 1210093354
<b>LOCATE INFORMATION:</b>	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1210041941
LOCATE MARKS VISIBLE (YES/NO)	Y
LOCATE MARKS CORRECT (YES/NO)	N
EXCAVATOR "WHITE LINED" (YES/NO)	N
MAPS USED TO MARK FACILITIES (YES/NO)	Y
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	N
<b>INCIDENT IMPACT INFORMATION</b>	
NUMBER OF OUTPATIENT TREATED	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FATALITIES	0
FIRE DEPARTMENT RESPONSE (YES/NO)	Y
POLICE DEPARTMENT RESPONSE (YES/NO)	
AMBULANCE RESPONSE (YES/NO)	
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
<p>Not marked or mismarked.</p> <p>Nipsco emergency repair ticket 1210093404</p> <p>USIC was not notified of damage and will not have a damage investigation.</p>	

NIPSCO 00634 IUPPSa 10/04/2012 13:33:24 1210041941-00A NORM NEW GRID

CASE #

NORMAL NOTICE

4014

Ticket : 1210041941 Date: 10/04/2012 Time: 13:30 Oper: SMCCLURE Chan:049

State: IN Cnty: KOSCIUSKO Twp: WAYNE  
Cityname: WARSAW Inside: N Near: Y  
Subdivision:

Address :

Street : W OLD ROAD 30  
Cross 1 : N ZIMMER RD Within 1/4 mile: Y  
Location: FROM THE ABOVE INTERSECTION - LOCATE GOING EAST FOR APPROX 700 FEET ON  
THE NORTH SIDE OF OLD ROAD 30 - STARTING AT ZIMMER RD AND ENDING AT SANTORINA

Grids : 4114A8552A 4114A8553D 4114A8553C  
Boundary: n 41.248699 s 41.247398 w -85.887535 e -85.882896

Work type : INSTALL STORM SEWER PIPES  
Done for : THE STATE OF INDIANA  
Start date: 10/09/2012 Time: 13:45 Hours notice: 120/48 Priority: NORM  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N  
Duration : 3 WEEKS Depth: 5 FEET

Company : 3D COMPANY Type: CONT  
Co addr : 3200 EAST COUNTY ROAD 350 NORTH  
City : MUNCIE State: IN Zip: 47303  
Caller : BILL RHODES Phone: (765)288-3326  
Contact : BILL RHODES - CELL Phone:  
BestTime:  
Mobile : (765)748-1303  
Fax : (765)288-3344

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

Submitted date: 10/04/2012 Time: 13:30  
Members: COMCN ID2034 ID3040 ID3151 ID4162 ID4636 ID4752 ID6232 NIPSCO SM  
ID5857

CASE #  
4014

NIPSCO 01154 IUPPSa 10/09/2012 17:49:20 1210093354-00A EMER DAMG GRID

DAMAGE SEE REMARKS

Ticket : 1210093354 Date: 10/09/2012 Time: 17:47 Oper: MPLUMMER Chan:040

State: IN Cnty: KOSCIUSKO Twp: WAYNE  
Cityname: WARSAW Inside: N Near: Y  
Subdivision:

Address :

Street : W OLD ROAD 30

Cross 1 : N ZIMMER RD Within 1/4 mile: Y

Location: FROM THE ABOVE INTERSECTION - LOCATE GOING EAST FOR APPROX 700 FEET ON  
THE NORTH SIDE OF OLD ROAD 30 - STARTING AT ZIMMER RD AND ENDING AT SANTORINA

:

Grids : 4114A8552A 4114A8553D 4114A8553C

Boundary: n 41.248699 s 41.247398 w -85.887535 e -85.882896

Work type : INSTALL STORM SEWER PIPES

Done for : THE STATE OF INDIANA

Start date: 10/09/2012 Time: 17:47 Hours notice: 0/0 Priority: EMER

Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y

Duration : 3 WEEKS Depth: 5 FEET

Company : 3D COMPANY Type: CONT

Co addr : 3200 EAST COUNTY ROAD 350 NORTH

City : MUNCIE State: IN Zip: 47303

Caller : BILL RHODES Phone: (765)288-3326

Contact : BILL RHODES - CELL Phone:

BestTime:

Mobile : (765)748-1303

Fax : (765)288-3344

Remarks : All tickets are taken and processed on Eastern Daylight Time  
HIT NIPSCO GAS LINE NEAR SANTORINA GAS LINE IS BLOWING 911 AND NIPSCO HAS BEEN  
CALLED UNCERTAIN OF COLOR ETC OF LINE PREV TICKET 1210041941 CREW IS ON SITE  
Will you be white-lining the dig site area? NO

:

Submitted date: 10/09/2012 Time: 17:47

Members: COMCN ID2034 ID3040 ID3151 ID4162 ID4636 ID4752 ID6232 NIPSCO SM  
ID5857

NORTHERN INDIANA PUBLIC SERVICE COMPANY

FACILITY DAMAGE REPORT

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

(1579869) 11580224 + 11580275

REPORTING OPERATING AREA Goshen MAXIMO WO # C0709066206
OPERATING AREA CONTACT Joe Cole JOB ORDER # 547535
TRACKING NUMBER 01820121009013 LOCATE REF # 1210041941
Locate Performed By: SCIC

DATE AND TIME OF ACCIDENT 1730 10/9/12 DATE OF REPORT 10/9/12
PLACE OF DAMAGE (INCLUDE CITY) W LAURE 54. & Sautovini.

DAMAGE WAS TO:

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

OTHER (DESCRIBE) n/a.

GAS: SERVICE ( ) MAIN ( ) SIZE 2in MATERIAL: PLASTIC ( ) STEEL ( ) METER ( ) REG STATION ( ) STUB ( )
OTHER (DESCRIBE)

DEPTH OF FACILITY (Inches) 36in PRESSURE (PSI) 50 Lbs.

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

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

DURATION OF INTERRUPTION: TIME REPORTED 17:30 TIME RESTORED 02:00

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1in sq.

LOCATE MARKS ON SITE: YES ( ) DISTANCE BETWEEN FACILITY AND LOCATE MARKS NO (X)
HOW LOCATED: PAINT (X) FLAGS (X) BOTH ( ) WHITE LINED ( )

PARTY THAT CAUSED DAMAGES (NAME) 3D Company inc

ADDRESS OF PARTY (INCLUDE CITY) 3200 E. CRISON, MONROE, IN 47303

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Bill Rhodes

WITNESS NAME AND ADDRESS n/a

WITNESS REMARKS n/a.

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY REPORT #

FIRE (X) AGENCY WARSAW PD REPORT #

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

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

WORK IN PROGRESS WHEN FACILITY DAMAGED -- CHECK APPROPRIATE CHOICE BELOW

- ( ) AGRICULTURE/FARMING ( ) CABLE TV (X) CURB/SIDEWALK ( ) TELECOMMUNICATIONS
( ) BLDG CONSTRUCTION ( ) DEMOLITION ( ) DRAINAGE ( ) WATER
( ) DRIVEWAY ( ) ELECTRIC ( ) SURVEYING ( ) DRAINS/CULVERTS
( ) FENCING ( ) GRADING ( ) IRRIGATION ( ) MOWING
( ) LANDSCAPING ( ) PIPELINE ( ) MILLING ( ) OTHER
( ) POLE/SIGN POST ( ) ROAD WORK ( ) SEWER

TYPE OF EQUIPMENT USED -- CHECK APPROPRIATE CHOICE BELOW

- ( ) AUGER ( ) HAND TOOLS (X) BACKHOE/TRACKHOE
( ) MILLING EQUIPMENT ( ) PROBING DEVICE ( ) BORING / DRILLING
( ) EXPLOSIVES ( ) TRENCHER ( ) FARM EQUIPMENT
( ) VACCUUM EQUIPMENT ( ) GRADER ( ) OTHER

REASON DAMAGE OCCURRED-- CHECK APPROPRIATE CHOICE BELOW

- ( ) AUTOMOTIVE ACCIDENT ( ) EXCAVATING BEFORE LOCATES DUE ( ) CARELESS MACHINE OPERATOR
( ) NO NOTIFICATION ( ) MARKS DISTURBED ( ) STUB (X) OTHER Not located properly

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS :

None  
\_\_\_\_\_  
\_\_\_\_\_

PERSON PREPARING REPORT

BARTMAN

FIELD SUPERVISOR

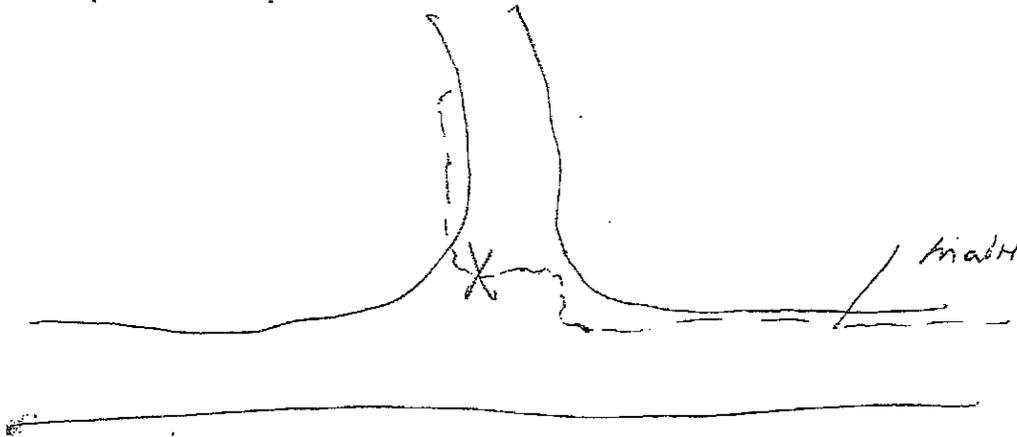
Larry King

FIELD MANAGER

Rick Coray

- 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: \_\_\_\_\_



**3D Company Inc.**

3200 East CR 350 North  
Muncie, Indiana 47303

Phone: 765-288-3326  
Fax: 765-288-3344  
www.3dcompanyinc.com

**INITIAL DOCUMENTS – EXCAVATOR**

December 13, 2012

Indiana Utility Regulatory Commission  
Attn: William Boyd  
Pipe Safety Division – Case No. 4014  
101 West Washington Street, Suite 1500 E  
Indianapolis, IN 46204  
PipelineDamageCase@urc.in.gov

To Whom It May Concern:

Please accept this written response to notice dated 11/30/12 from the Indiana State Regulatory Commission regarding pipeline safety violation. 3D Company Inc. denies all accusations of this violation. We would like to submit the following names and contact numbers for the people involved in this project and utility in question.

Bill Rhodes, 3D Company onsite superintendent 765-748-1303  
Alex Walker, The Troyer Group onsite inspector for INDOT 574-360-9807  
Dane Lawing, E&B Paving Co. 765-620-0614  
Doug Bartman, Utility Supervisor for NIPSCO, no contact information was provided

In response to the violation noted for failure to provide notice of excavation. 3D Company Inc. called in for appropriate locates and was given ticket number 12100419415 for the area in question. The ticket number received on the day the incident occurred was damage ticket number 1210093351.

In response to the violation received I have verified with my onsite superintendent that there were no locates marked in the area the 2" gas line was located and damaged. The closest marks were approximately 21 feet on the opposite side of the road. When the unmarked gas line was hit at approximately 5:15pm, 911 emergency dispatch and 811 underground utility was immediately notified. Warsaw Fire Department and NIPSCO gas both responded to the calls. The fire department evaluated the area and no excavation was required. NIPSCO gas immediately relocated and repaired the unmarked gas line. I have included a copy of 3D Company's onsite superintendent's incident report for your review and file. Pictures are available upon request.

Please feel free to contact any of the witnesses and/or parties involved that are listed above in regards to this notice. Or if you need additional information from 3D Company Inc. please do not hesitate to call.

Respectfully Submitted,

Deanna D. Case  
President



**INFORMATION REQUEST**

State Form 54909 (2-12)  
INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

**Case Number:** 4014 \_\_\_\_\_

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

*Upon completion of answers select email button for submission.*

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**The Parties**

**Excavator Information:**

Business Name: 3D Company Inc. \_\_\_\_\_

Responsible Party Personal Name: Deanna D. Case \_\_\_\_\_

Title (if any): President \_\_\_\_\_

Address (number and street): 3200 East CR 350 North \_\_\_\_\_

City, State and ZIP Code: Muncie, IN 47303 \_\_\_\_\_

Preferred Telephone Number (area code): 765-288-3326 \_\_\_\_\_

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: dcase@3dcompanyinc.com \_\_\_\_\_

**Facility Information:**

Business Name: \_\_\_\_\_

Responsible Party Personal Name: \_\_\_\_\_

Title (if any): \_\_\_\_\_

Address (number and street): \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_

Preferred Telephone Number (area code): \_\_\_\_\_

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Locator Service Information:**

Business Name: USIC \_\_\_\_\_

Responsible Party Personal Name: \_\_\_\_\_

Title (if any): \_\_\_\_\_

Address (number and street): \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_

Preferred Telephone Number (area code): \_\_\_\_\_

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

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**Cause of Damage Information**

Type of Equipment (select one): Backhoe/Trackhoe

Type of Work Performed (select one): Sewer (Sanitary/Storm)

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

Personal Contact: Alex Walker \_\_\_\_\_

Business/Organization Name: The Troyer Group \_\_\_\_\_

Title (if any): INDOT onsite inspector \_\_\_\_\_

Address (number and street): \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_

Preferred Telephone Number (area code): 574-360-9807 \_\_\_\_\_

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

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### Utility Line Impact

#### Location of Damage:

Address (*number and street*): Santorini and Lake Street \_\_\_\_\_

City, State and ZIP Code: Warsaw, IN \_\_\_\_\_

Nearest Intersection: Santorini and Lake Street \_\_\_\_\_

Product Type (*select one*): Natural Gas

Facility Type (*select one*):

Size (Diameter/etc.): <sup>2</sup> \_\_\_\_\_

Pressure (PSIG/Inches): \_\_\_\_\_

Interruption in Service:  Yes  No Number of Customers Affected: \_\_\_\_\_

Evacuation:  Yes  No If yes, How Many Evacuated? \_\_\_\_\_

Repair Cost (if known): \$ \_\_\_\_\_

Release of Product:  Yes  No

Ignition and/or Fire:  Yes  No

Excavator Notify 811:  Yes  No

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### Locate Information

Excavator Request Locate:  Yes  No

Indiana 811 Locate Ticket Number: 1210041941 and 1210093354 \_\_\_\_\_

**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

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**Incident Impact Information**

**Number of Outpatient Treated:** \_\_\_\_\_

**Number of Inpatient Treated:** \_\_\_\_\_

**Number of Fatalities:** \_\_\_\_\_

**Fire Department Response:**  Yes  No

**Police Department Response:**  Yes  No

**Ambulance Response:**  Yes  No

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**Additional Information / Comments**

See letter attached dated 12/13/12 and incident report completed in the field by 3D Company's onsite project superintendent.

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 4014

Your Full Name: Deanna D. Case

Full Name of Business / Entity (if applicable): 3D Company Inc.

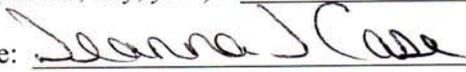
Your Business Title (if applicable): President

Address (number and street): 3200 East CR 350 North

City: Muncie State: IN ZIP Code: 47303

Your E-mail Address: dcase@3dcompanyinc.com

Today's Date (month, day, year): 12/13/12

Your Signature:  Title (if any) President

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 4014**  
**Indiana Utility Regulatory Commission**  
**101 West Washington Street, 1500E**  
**Indianapolis, IN 46204**

Or scan the statement and Email to:

[PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)



GENERAL CONTRACTOR  
 3200 E. COUNTY ROAD 350 NORTH  
 MUNCIE INDIANA 47303  
 765-288-3326 / 765-288-3344  
[www.3dcompanyinc.com](http://www.3dcompanyinc.com)

INCIDENT NUMBER

**UTILITY DAMAGE INCIDENT REPORT**

Date of Incident: 10/9/12	Time of Incident: 5:15
Date Reported to Safety: 10/9/12	Time Reported to Safety: 5:16
Superintendent / Foreman: Bill Rhodes	Division: 911 / 811
Project Manager: Don Case	Project Number: R-30880 (JOB 22410)
Location of Accident/Incident: Santorini & Lake St Warsaw, IN.	

**EMPLOYEE DATA**

Employee Name: Jim Lauer	Phone: 574 262 3133
Job Title: Operator	Years' Experience: 15
Drug Screen Administered: No	If No, Please Indicate Reason:
Type of Equipment Operated: 330 Case Backhoe	Equipment #:

**UTILITY DAMAGE**

Describe in detail the circumstances of the incident. Give a chronological sequence of events. If materials, equipment and/or vehicles were involved, start before they were brought to the incident scene and describe who, what, where, when, how, and why the incident happened in your words below.

No utility marks in area for gas excavating for manhole with 330 excavator, struck unmarked 2" gas line called 911, for fireman to control seen, & nups to gas, and 811 to report incident,

Locate # 121 004 1941 Cover Area of Damage  
 Damage # 121 009 3354 Reported Damage

Gas locate were on the east side of Santorini we were excavating on west side 21 feet from utility marks for gas



GENERAL CONTRACTOR  
 3200 E. COUNTY ROAD 350 NORTH  
 MUNCIE INDIANA 47303  
 765-288-3326 / 765-288-3344  
 WWW.3DCOMPANYINC.COM

Brief Description of Damages: Damaged 2" GAS line	Cause of Damage: Hit with 330 EXCAVATOR NO LOCATE MARKS FOR GAS Within 21 Feet
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Company Involved in Utility Incident:	
Utility Type: GAS	Estimated Amount of Damage:
Utility Owner: NIPSCO	Municipality: WARSAW
Utility Supervisor: DOUG BARTMAN	Utility Supervisor Phone Number:
Was Utility Blue Staked? NO	Blue Stake Number:
Was Utility Potholed? NO LOCATES FOR GAS	Was Utility Shown on Plans?
Distance of Marks(s) from Utility: 21'	Depth of Utility: 3'
Station # of Damage:	Line Marked by: <input type="checkbox"/> Utility Co. <input checked="" type="checkbox"/> Other:
Was Utility line repaired? YES	By Whom: USIC
Date of Repair: 10/9/12	Cost of Repair (if known):

**WITNESS INFORMATION**

Are There Any Witnesses?	Total Number of Witnesses
Note: All Witnesses MUST complete at Employee/Witness Statement – Click here to download form	

Witness 1: (Name, Address, City/State/Zip, Phone): DAVE LAWING E&B PAVING	Witness 2: (Name, Address, City/State/Zip, Phone): ALEX WALKER THE TROYER GROUP
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**ADDITIONAL NOTES / COMMENTS:**

Alex Walker, took photographs of Area



GENERAL CONTRACTOR  
 3200 E. COUNTY ROAD 350 NORTH  
 MUNCIE INDIANA 47303  
 765-288-3326 / 765-288-3344  
[WWW.3DCOMPANYINC.COM](http://WWW.3DCOMPANYINC.COM)

Incident No: \_\_\_\_\_

**UTILITY DAMAGE ACKNOWLEDGEMENT FORM**

The following information is documentation of a utility hit and/or damage to an existing utility.

Total Lost/Standby Time: \_\_\_\_\_

Utility Company Name: NIPSCO

• Representatives Name: DOUG BARTMAN Phone #: \_\_\_\_\_

Locate Company Name: USIC

• Representatives Name: DAN Phone #: \_\_\_\_\_

Blue Stake #: \_\_\_\_\_

Reason for Utility Damage:

UTILITY MARKS FOR GAS LINE WERE ON OPPOSITE SIDE OF ROAD

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Signature of Company Supervisor

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Witnesses: (i.e., inspector, owner's representative):

\_\_\_\_\_  
 Phone

**By signing below, you the utility company and/or locate company representative, acknowledge that said damage to specified utility was of no fault of \_\_\_\_\_ and/or their representatives.**

\_\_\_\_\_  
 Signature of Utility Representative

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Locate Co. Representative

\_\_\_\_\_  
 Date

*Note: If representative declines to sign, please request representative remain at jobsite until Safety Specialist arrives. Immediately request the presence of a Company Safety Specialist.*

**From:** [Deanna Case](#)  
**To:** [IURC PipelineDamageCase](#)  
**Cc:** [Don Case](#); [Brandon Buck](#)  
**Subject:** Pipeline Safety Division - CASE NO 4014  
**Date:** Thursday, December 13, 2012 3:58:35 PM  
**Attachments:** [image001.png](#)  
**Importance:** High

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Documentation for Case Number 4014 attached.

Thanks,

Deanna D. Case  
President



3D Company, Inc.  
3200 East CR 350 North  
Muncie, IN 47303

Phone: 765-288-3326  
Fax: 765-288-3344