



Pipeline Safety Division Investigation Report

Investigation regarding: Vincent Luviano

UPPAC Database Record ID: 4094

Report Date: 3/21/2013

Investigator: Howard Friend

Damage Date: 11/2/2012 5:15:06 PM

Damage Address: 1101 Carroll St, Hammond, Lake

The Parties

Excavator: Vincent Luviano

Address: 5626 Schultz, Hammond, In 46320

Facility Owner: NIPSCO

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Hand Tools

Type of Work Performed: Water

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: No

Indiana 811 Ticket Number:

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

Synopsis: A natural gas line was damaged during excavation for a water line.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 1/2/2013. The excavator/homeowner failed to provide notice of excavation.

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

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



150 West Market Street, Suite 600
Indianapolis, IN 46204

February 1, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4094
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4094

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: 11/2/2012

Event Location: 1101 Carroll St

Facility Owner: Northern Indiana Public Service Company

Excavator: Vincent Luviano

Other Party: N/A

Pipeline Division Case No. 4094

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. 4094	
Date of Event	11/2/2012
Event Location	1101 Carroll St
Event City	Hammond
Facility Owner	Northern Indiana Public Service Company
Excavator	Vincent Luviano
Date of IURC Information Request	12/5/2012
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Vicente Luviana Cazares
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	1101 Carroll St
CITY/ STATE/ZIP	Hammond, IN 46320
PREFERRED TELEPHONE	219-801-0583
CELL PHONE TELEPHONE	219-448-1149
EMAIL ADDRESS	
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	1101 Carroll St
CITY/STATE/ZIP	Hammond, IN 46320
NEAREST INTERSECTION	Columbia Ave
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"
PRESSURE (PSIG/INCHES)	
INTERRUPTION IN SERVICE (YES/NO)	Y
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	N
IF YES, HOW MANY EVACUATED	0
REPAIR COST (IF KNOWN) (\$)	
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	X
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	
Sewer (Sanitary/Storm)	
Site Development	
Steam	
Storm Drain/Culvert	
Street Light	
Telecommunications	
Traffic Signal	
Traffic Sign	
Water	X
Waterway Improvement	
Unknown/Other	
RELEASE OF PRODUCT (YES/NO)	Y
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	Y-1211022722
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	N

INDIANA 811 LOCATE TICKET NUMBER	
LOCATE MARKS VISIBLE (YES/NO)	N
LOCATE MARKS CORRECT (YES/NO)	N
EXCAVATOR "WHITE LINED" (YES/NO)	N
MAPS USED TO MARK FACILITIES (YES/NO)	N
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
POLICE DEPARTMENT RESPONSE (YES/NO)	
AMBULANCE RESPONSE (YES/NO)	
ADDITIONAL INFORMATION/COMMENTS	
<p>No notification made to the one-call center. Nipsco emergency repair ticket 1211022735 Called in ticket 1211022725 after the damage</p>	

Fact Based Investigation Report

NOTIFICATION ID: 01820121102013

DISTRICT: Northern IN

DAMAGE DATE: 11/2/2012 5:45:00 PM

NOTIFICATION DATE: 11/2/2012 5:42:17 PM

NOTIFIED BY: MARK DELOSA Facility Owner

DAMAGE ADDRESS: 1101 CARROLL ST

CITY: HAMMOND

ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 11/02/2012

FROM: 17:30:00

TO: 20:00:00

EXCAVATOR INVOLVED: HOMEOWNER

TYPE OF EXCAVATION: Unknown

ORIG. LOCATE REQ.: 1211022722

START DATE/TIME:

TYPE OF TICKET:

LOCATE REQ. INFO N/A:

DIG UP/DAMAGE REQ.: 1211022735

START DATE/TIME: 11/2/2012 7:00:00 PM

PICTURES TAKEN BY: Blaine Reider

DATE/TIME: 11/2/2012 6:45:00 PM

PHOTOGRAPHY TYPE: Digital

FRAME #: 1

INVESTIGATOR EMP#: 113202

INVESTIGATOR NAME: Blaine Reider

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820121102013

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF

FACILITY ID: Gas Service

LOCATOR NAME & EMP #: Anderson Bob - 117382

LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:

No Locate Req. By Contractor

Other:

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

Visual, Facility Exposed At Time Of Investigation,
Investigation Results Verified By Utility Representative

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

Homeowner or contractor were digging doing unknown work and cut a gas service. No previous locate ticket for this address or work. Called in a ticket after the damage. Dark during investigation, cant see anything.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

Nipsco on site made repairs as needed.

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

Homeowner on site stated no ticket.

LIST ANY OTHER INDIVIDUALS ON SITE:

N/A

WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL? No

WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA? No

WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS? No

EXTENT OF FACILITY DAMAGE Cut gas service

REPLACEMENT FOOTAGE N/A

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)

NIPSCO 00670 IUPPSa 11/02/2012 17:15:17 1211022722-00A EMER DAMG GRID

DAMAGE DAMAGE

Ticket : 1211022722 Date: 11/02/2012 Time: 17:06 Oper: KLEWIS Chan:032

State: IN Cnty: LAKE Twp: NORTH
Cityname: HAMMOND Inside: Y Near: N
Subdivision:

Address : 1101
Street : CARROLL ST
Cross 1 : COLUMBIA AVE Within 1/4 mile: Y
Location: LOCATE THE BACK OF THE PROPERTY
:
Grids : 4136B8729A 4136B8730D 4136B8730C
Boundary: n 41.610809 s 41.609604 w -87.504364 e -87.499191

Work type : REPAIR WATER LINE
Done for : LUVIANO
Start date: 11/02/2012 Time: 17:12 Hours notice: 0/0 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 2 DAYS Depth: UNKNOWN

Company : VINCENT LUVIANO Type: HOME
Co addr : 1101 CARROLL ST
City : HAMMOND State: IN Zip: 46320
Caller : ISABELLE LUVIANO Phone: (219)801-0583
Contact : VIRGINIA LUVIANO - CELL Phone:
BestTime:
Mobile : (219)448-1149

Remarks : All tickets are taken and processed on Eastern Daylight Time
PER ISABELLE- HIT NIPSCO GAS LINE IN BACK OF PROPERTY BY ALLEY - UNKNOWN SIZE
COLOR AND MATERIAL OF LINE - THE LINE IS BLOWING - ALREADY CONTACTED NIPSCO AND
911 - CREW IS ON SITE - NO PREVIOUS TICKET NUMBER
Will you be white-lining the dig site area? NO
:

Submitted date: 11/02/2012 Time: 17:06
Members: COMCN IB ID6405 ID6428 NIPSCO SM

CASE #
4094

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Hammond MAXIMO WO #
OPERATING AREA CONTACT JOB ORDER # 478171
TRACKING NUMBER 01820121102013 LOCATE REF #
Locate Performed By:

DATE AND TIME OF ACCIDENT NOVEMBER 2 2012 M DATE OF REPORT 11-2-12
PLACE OF DAMAGE (INCLUDE CITY) 1101 CARROLL ST. HAMMOND

DAMAGE WAS TO:
ELECTRIC - POLE / TRANSFORMER: # SIZE YEAR INSTALLED BROKEN YES () NO ()

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

DEPTH OF FACILITY (Inches) 20" PRESSURE (PSI) 45 Lbs.

RELEASE OF GAS: YES (X) NO () IGNITION OF GAS: YES () NO (X) EVACUATION REQUIRED: YES (X) # 1 NO ()

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

DURATION OF INTERRUPTION: TIME REPORTED 16:00 TIME RESTORED 18:00

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 5/8" SERVICE CUT IN HALF

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

PARTY THAT CAUSED DAMAGES (NAME) VICENTE LUVIANO CAZARES

ADDRESS OF PARTY (INCLUDE CITY) 5626 SCHULTZ ST HAMMOND

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE VICENTE LUVIANO CAZARES

WITNESS NAME AND ADDRESS NONE

WITNESS REMARKS NONE

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY REPORT #
FIRE (X) AGENCY Hammond Fire Dept. REPORT #
OTHER () Any Injuries? () YES # () NO

PHOTOS TAKEN: YES () NO () 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 () CURB/SIDEWALK () TELECOMMUNICATIONS
() BLDG CONSTRUCTION () DEMOLITION () DRAINAGE () WATER
() DRIVEWAY () ELECTRIC () SURVEYING () DRAINS/CULVERTS
() FENCING () GRADING () IRRIGATION () MOWING
() LANDSCAPING () PIPELINE () MILLING (X) OTHER HOME OWNER
() POLE/SIGN POST () ROAD WORK () SEWER DUE WATER LINE REPAIR

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW
() AUGER (X) HAND TOOLS () 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 (X) EXCAVATING BEFORE LOCATES DUE () CARELESS MACHINE OPERATOR
(X) NO NOTIFICATION () MARKS DISTURBED () STUB () OTHER



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

RECEIVED

JAN 02 2019

INDIANA UTILITY
REGULATORY COMMISSION

Case Number: 4094 _____

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.

The Parties

Excavator Information:

Business Name: _____

Responsible Party Personal Name: Vicente Luviano _____

Title (if any): _____

Address (number and street): 5626 Schultz _____

City, State and ZIP Code: hammond indiana _____

Preferred Telephone Number (area code): 219-448-1149 _____

Cellular Telephone Number (area code): _____

Email Address: _____

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: _____

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: _____

Cause of Damage Information

Type of Equipment (*select one*):

Type of Work Performed (*select one*): Natural Gas

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

Personal Contact: _____

Business/Organization 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: _____

Utility Line Impact

Location of Damage:

Address (number and street): 1101 Carroll

City, State and ZIP Code: hammond indiana 46320

Nearest Intersection: calumet ave

Product Type (select one): Natural Gas

Facility Type (select one):

Size (Diameter/etc.): _____

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

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: _____

Number of Inpatient Treated: _____

Number of Fatalities: _____

Fire Department Response: Yes No

Police Department Response: Yes No

Ambulance Response: Yes No

Additional Information / Comments

the city was digging outside and then Vicente continued to do the digging inside the yard and he hit a line. he informed his daughter Isabel and she called Nipsco, the police department and 811.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4094

Your Full Name: Vicente Iuviano

Full Name of Business / Entity (if applicable): _____

Your Business Title (if applicable): _____

Address (number and street): 5626 Schultz

City: hammond State: in ZIP Code: 46320

Your E-mail Address: _____

Today's Date (month, day, year): 12/28/12

Your Signature: _____ Title (if any) _____

Please return your Narrative Statement to:

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

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov