



Pipeline Safety Division Investigation Report

Investigation regarding: Cicero Municipal Utilities

UPPAC Database Record ID: 4239

Report Date: 9/16/2013

Investigator: Mike Orr

Damage Date: 11/26/2012 8:29:14 AM

Damage Address: 16 Morse Ct, Cicero, Hamilton

The Parties

Excavator: **Cicero Municipal Utilities**

Address: Po Box 391, Cicero, In 46034

Facility Owner: **Vectren**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

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): \$472

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1211240057

Original Start Date:

Locate Instructions: LOCATE THE EAST SIDE AND THE FRONT OF THE PROPERTY

Follow-Up Locate Instructions (if applicable):

Synopsis: Excavator struck and damaged an underground natural gas service while performing water work.

Findings: Reported by Indiana 811; excavator did not respond to initial notice mailed 2/14/2013. Excavator had a valid locate ticket; however, the gas operator self reported a failure to provide facility locate markings.

Conclusion: There was a failure to provide facility locate markings.

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



DAMAGE INFORMATION REPORT – PIPELINE SAFETY

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

INITIAL DOCUMENTS -
OPERATOR
CASE # 4239

Submitted to IURC-Pipeline Safety on: 2-19-2013

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: Cicero Municipal Utilities

Business address (number and street): PO Box 391

City, State, and ZIP code: Cicero, IN 46031

Telephone number (area code): 317-984-4833

Fax number (area code): 317-984-7310

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Utility

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Water

Date and Location of Damage

Date of damage (*month, day, year*): 11-26-2012

County: Hamilton

City: Cicero

Street address (*number and street, city, state, and ZIP code*):
16 Morris Court, Cicero, IN

Nearest intersection: Unknown

Right of way where damage occurred: Private - Land Owner

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*): 8

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 472.44

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: 1211240057-Emergency

Was the locate request completed within two working days? No

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? No

Were facilities marked correctly? No

Type of markings used: Other

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

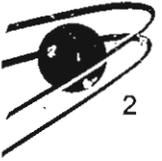
Did the excavator notify 911 in the event of a release of product? Unknown/Other

Description of Cause

Select from the list the most accurate cause for the damage: --Facility was not located or marked

Additional Comments

1/2" plastic service severed by hoe. Not Marked.



2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH

NOW DUE

\$472.44

PAID

USIC INC
9045 N RIVER ROAD, SUITE 300
INDIANAPOLIS, IN 46240

Type: GAS
Invoice: FDS0017251
BillToID: 32827
Billing Date: 12/28/2012
Date of Loss: 11/26/2012
5830 103.0510

Please return this portion with your remittance.



Mail Payment To: VECTREN ENERGY DELIVERY OF INDIANA - NORTH
Vectren Utilities Holding Group, Inc.
1239 Reliable Parkway
Chicago, IL 60666-0012
Inquiries: 1-877-902-2934, Mon.-Fri., 8-5
Risk Management/Claims Department

NOW DUE

\$472.44

Type: GAS

USIC INC
9045 N RIVER ROAD, SUITE 300
INDIANAPOLIS, IN 46240

Invoice: FDS0017251
BillToID: 32827
Billing Date: 12/28/2012
Date of Loss: 11/26/2012

Invoice For Costs to Repair and Reconstruct Damaged Property

Address: 16 MORRIS CT, CICERO

1/2" PLASTIC SERVICE SVERED BY HOE. NOT MARKED.

Material:	\$100.05
Company Labor:	\$341.81
Contract Labor:	\$0.00
Transportation/Equipment:	\$27.50
Misc:	\$0.00
Gas Loss:	\$3.08
Adjustments:	\$0.00
Payments:	\$0.00
<hr/> Total:	\$472.44

Paid \$387.25 2/7/13
Negotiated \$85.19 2/7/13
\$472.44

5830 103.0510

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

FACILITIES DAMAGE REPORT GAS

Task No.: 103,0510 Capital O&M (circle one)

FDS cr. 17251...

FACILITY TYPE

- DISTRIBUTION
PROPANE
SERVICE
STORAGE
TRANSMISSION (include supplemental report)

TIME OCCURRED: 8:30 AM/PM
TIME FOUND: 8:40 AM/PM

DATE OF DAMAGE: 11/26/12

LATITUDE 40.132680
LONGITUDE -86.028080

Cost Center No.: 5830

DAMAGE SITE ADDRESS: 16 MORSE CT LOT #

COUNTY HAMILTON CITY: CICERO STATE: IN TOWNSHIP JACKSON

Table with columns: FACILITIES DAMAGED, ORIFICE SIZE(S), (1), (2), (3). Rows include Farm Tap, Heater, Main, Meter Residential, etc.

- VISUAL OBSERVATION AT DAMAGE SITE
VISUAL OBSERVATION ABOVE GROUND
LOCATE APPLICABLE?
FACILITIES PROPERLY MARKED
MARKING METHODS
LOCATOR ERROR

Table with columns: TYPE OF MATERIAL, DAMAGE TYPE, PRESSURE. Rows include Cast Iron, Plastic (HDPE), Plastic (MDPE), Steel.

- WERE FACILITY MARKS VISIBLE
WAS AREA WHITE LINED?
POSITIVE RESPONSE
TOLERANCE ZONE VIOLATED
PART OF PROJECT

PROTECTION IN PLACE
BUILDING
FENCE
NONE
POST
RAIL
VAULT
N/A

DURATION OF ESCAPING GAS
MINUTES 10 MIN

LEAK REPORT NUMBER #
EFV ACTIVATED YES NO
N/S

COMPANY REPRESENTATIVE ON SITE YES NO
OBSERVATION BY:
NAME OF LOCATOR:
LOCATING ORGANIZATION:
CONTRACT LOCATOR
UNKNOWN/ OTHER
UTILITY OWNER

FEED TYPE
ONE-WAY FEED
TWO-WAY FEED

SERVICE ORDER # 543729

COPY OF MARKOUT REQUEST PROVIDED WITHIN 2 WORKING DAYS
YES NO N/S

- DAMAGED BY: COMPANY CREW, CONTRACTOR, COUNTY, DEVELOPER, FARMER, MUNICIPALITY, PROPERTY OWNER/TENANT, RAILROAD, STATE, UNKNOWN, UTILITY, VEHICULAR ACCIDENT, IF OTHER
TYPE OF CONSTRUCTION: AGRICULTURE, BLDG. CONSTRUCTION, BLDG. DEMOLITION, CABLE TV, CURBS/SIDEWALKS, DRAINAGE, DRIVEWAY, ELECTRIC, ENGINEERING/SURVEYING, FENCING, GRADING, IRRIGATION, LANDSCAPE, LIQUID PIPELINE, MILLING, NATURAL GAS, POLE, PUBLIC TRANSIT AUTHORITY, RAILROAD MAINTENANCE, IF OTHER WATER LINE REPAIR

NOTIFICATION AND OTHER DETAILS OF LOCATE
LOCATE TICKET #
DATE: 11-26-12 TIME: 8:30 AM/PM
REGULAR REQUEST EMERGENCY REQUEST

WORKING FOR: CITY COUNTY DEVELOPER
PROPERTY OWNER STATE
UTILITY
IF OTHER

CONTACT NAME:
TIME CALLED:
TIME LOCATOR ARRIVED AT SITE 7:40 AM/PM
LOCATE COMPANY NOTIFIED YES NO N/S
COMPANY NOTIFIED OF LOCATE NEAR CRITICAL FACILITIES
YES NO N/S

ONE CALL CENTER
IUP'S
OUPS
UNKNOWN

TYPE OF EQUIPMENT	DAMAGING CAUSE
<input type="checkbox"/> AUGER	<input type="checkbox"/> ABANDON FACILITY
<input checked="" type="checkbox"/> BACKHOE/TRACKHOE	<input type="checkbox"/> DETERIORATED FACILITY
<input type="checkbox"/> BORING	<input type="checkbox"/> FACILITY COULD NOT BE FOUND/LOCATED
<input type="checkbox"/> DRILLING	<input type="checkbox"/> FACILITY WAS NOT LOCATED/MARKED
<input type="checkbox"/> EXPLOSIVES	<input type="checkbox"/> FAILURE TO MAINTAIN CLEARANCE
<input type="checkbox"/> FARM EQUIPMENT	<input type="checkbox"/> FAILURE TO MAINTAIN MARKS
<input type="checkbox"/> GRADER/SCRAPER	<input type="checkbox"/> FAILURE TO SUPPORT EXPOSED FACILITY
<input type="checkbox"/> HAND TOOLS	<input type="checkbox"/> FAILURE TO USE HAND TOOLS WHERE REQ
<input type="checkbox"/> MILLING EQUIPMENT	<input type="checkbox"/> IMPROPER BACKFILLING
<input type="checkbox"/> PLOW	<input type="checkbox"/> INCORRECT RECORDS/MAPS
<input type="checkbox"/> PROBING DEVICE	<input type="checkbox"/> MARKING OR LOCATIONS NOT SUFFICIENT
<input type="checkbox"/> TRENCHER	<input type="checkbox"/> NO NOTIFICATION MADE TO ONE-CALL CENT
<input type="checkbox"/> VACUUM EQUIPMENT	<input type="checkbox"/> ONE-CALL NOTIFICATION ERROR
<input type="checkbox"/> VEHICLE	<input type="checkbox"/> PREVIOUS DAMAGE
	<input type="checkbox"/> WRONG INFORMATION PROVIDED
<input type="checkbox"/> IF OTHER _____	<input type="checkbox"/> IF 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: _____
OF REGULAR HOURS _____
OF OVERTIME HOURS _____
OF REGULAR HOURS _____
CREW TYPE _____

MATERIALS OR ROAD WORK

METER WAS REPLACED _____ (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

EVACUATION REQUIRED? YES NO

MEDIA AT SITE? YES NO

WAS THERE IGNITION OF GAS? YES NO

INVOICE: YES NO N/S

DAMAGING PARTY
NAME: RICEBO MUNICIPAL UTILITIES

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

PREPARED BY: KALK DATE: 11-26-12

PARTY TO INVOICE
NAME: USIC INC

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

REVIEWED BY FIELD SUPERVISOR: _____ DATE: _____

LOGSIE WAS CALLED IN
ON FRIDAY AS EMERGENCY
FOR 8:30 AM ON 11/26/12

PER MICE WITH USIC,
THEIR FAULT FOR
NOT BEING ON TIME

EMERGENCY

Ticket : 1211240057 Date: 11/24/2012 Time: 10:51 Oper: SDOERFLEIN Chan:029

State: IN Cnty: HAMILTON Twp: JACKSON
 Cityname: CICERO Inside: Y Near: N
 Subdivision: HIDDEN BAY

Address : 16
 Street : MORSE CT
 Cross 1 : TIMBERLINE DR Within 1/4 mile: Y
 Location: LOCATE THE EAST SIDE AND THE FRONT OF THE PROPERTY
 :
 Grids : 4007A8601B 4008D8601B

Work type : WATER LEAK REPAIR
 Done for : TOWN OF CICERO WATER
 Start date: 11/26/2012 Time: 08:00 Hours notice: 45/001 Priority: EMER
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
 Duration : 4 HOURS Depth: 5 FEET

Company : CICERO MUNICIPAL UTILITIES Type: MEMB
 Co addr : PO BOX 391
 City : CICERO State: IN Zip: 46034
 Caller : JOE HIGGINS Phone: (317)984-4833
 Contact : JOE HIGGINS--CELL Phone:
 BestTime:
 Mobile : (317)379-9640
 Fax : (317)984-7310
 Email : JEH56402003@YAHOO.COM

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

Submitted date: 11/24/2012 Time: 10:51
 Members: ID0002 ID0103 ID0660 ID4833 ID8000 SM

Member Name	Facility Types
CICERO MUNICIPAL UTILITIES	SEWER, STORM & WATER
COMCAST NORTHEAST (NOBLESVILLE)	CABLE TV
DUKE ENERGY / FORMERLY CINERGY	ELECTRIC
FRONTIER	TELEPHONE
VECTREN - NOBLESVILLE #1	GAS

DAMAGE DAMAGE

Ticket : 1211260417 Date: 11/26/2012 Time: 08:25 Oper: DWILSON Chan:006

State: IN Cnty: HAMILTON Twp: JACKSON
 Cityname: CICERO Inside: Y Near: N
 Subdivision: HIDDEN BAY

Address : 16
 Street : MORSE CT
 Cross 1 : TIMBERLINE DR Within 1/4 mile: Y
 Location: LOCATE THE EAST SIDE AND THE FRONT OF THE PROPERTY
 :
 Grids : 4007A8601B 4008D8601B

Work type : WATER LEAK REPAIR
 Done for : TOWN OF CICERO WATER
 Start date: 11/26/2012 Time: 08:26 Hours notice: 0/000 Priority: EMER
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
 Duration : 4 HOURS Depth: 5 FEET

Company : CICERO MUNICIPAL UTILITIES Type: MEMB
 Co addr : PO BOX 391
 City : CICERO State: IN Zip: 46034
 Caller : JOE HIGGINS Phone: (317)984-4833
 Contact : JOE HIGGINS--CELL Phone:
 BestTime:
 Mobile : (317)379-9640
 Fax : (317)984-7310
 Email : JEH56402003@YAHOO.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
 VECTREN GAS LINE HAS BEEN DAMAGED--GAS IS BLOWING CAN SMELL AND HEAR IT--LINE
 WAS DAMAGED ON EAST SIDE OF THE PROPERTY--CANNOT DESCRIBE THE LINE AT THIS
 TIME--DID CALL 911--DID CALL VECTREN--CREW IS ON SITE--PREVIOUS TICKET
 1211240057--

Will you be white-lining the dig site area? NO
 :

Submitted date: 11/26/2012 Time: 08:25
 Members: ID0002 ID0103 ID0660 ID4833 ID8000 SM

Member Name	Facility Types
CICERO MUNICIPAL UTILITIES	SEWER, STORM & WATER
COMCAST NORTHEAST (NOBLESVILLE)	CABLE TV
DUKE ENERGY / FORMERLY CINERGY	ELECTRIC
FRONTIER	TELEPHONE
VECTREN - NOBLESVILLE #1	GAS

Service Order Status

Friday, November 30, 2012

Enter Service Order Number:

5437929



Clear Form

Refresh Data

Banner Instance: CS03PROD CS01PROD CS02PROD

Order Number: N5437929

Order Type: LEAK

Order Status: Completed

Customer: 621258043 - THORNHILL BEN

Prem: 5179526 - 16 MORSE CT

Technician: 2563 - Hottinger, Randy

Order Dates and Times

Need Date: 11/26/2012 8:32:00 AM
Time Created: 11/26/2012 8:20:45 AM
Time Dispatched: 11/26/2012 8:20:45 AM
Time In Route: 11/26/2012 8:36:41 AM
Time On-Site: 11/26/2012 8:51:05 AM
Tech Complete: 11/26/2012 9:52:52 AM
Time Closed: 11/26/2012 9:52:00 AM

Events Performed/Completion Code

LKOT - CMP

Meter Information

Current Read Status

Old Meter: 0 Inactive
New Meter:

Completion Notes

steve made it safe. crew will come back and fix after water co leave.

Request Notes

HIT 1/2" SL PER CARRIE WITH CICERO FIRE DEPT...INROUTE...XST; TIMBERLINE DRCONT 317-846*-2525

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	11/26/2012 8:33:46 AM	Hottinger, Randy
AsnAssignmentEnRoute_evt	11/26/2012 8:36:41 AM	Hottinger, Randy
AsnAssignmentOnSite_evt	11/26/2012 8:51:05 AM	Hottinger, Randy
OrdOrderComplete_evt	11/26/2012 9:52:52 AM	Hottinger, Randy

NOTE: The Reporting database replicates in near real-time; it has been approximately 5219 minute(s) since the last transaction replicated.