



## Pipeline Safety Division Investigation Report

### Investigation regarding: Fort Wayne City Utilities

UPPAC Database Record ID: 4301

Report Date: 3/28/2013

Investigator: Howard Friend

Damage Date: 12/19/2012 9:31:58 AM

Damage Address: 820 Nuttman Ave, Wayne, Allen

### The Parties

Excavator: Fort Wayne City Utilities

Address: 415 E Wallace St, Fort Wayne, In 46803

Facility Owner: NIPSCO

### 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): \$

### Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes      Indiana 811 Ticket Number: 1212061369      Original Start Date: 12/10/12

Locate Instructions: In front of the address on the north side of the street

Follow-Up Locate Instructions (if applicable):

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

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 3/15/2013. The excavator had a valid locate request and the operator provided accurate locate markings. The service was "looped" past the main, meaning the service started out going the opposite way from the house and then circled back. The service was damaged at the loop but was still within twenty four (24) inches of the locate markings.

**Conclusion:** There was a failure to maintain clearance.

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



150 West Market Street, Suite 600  
Indianapolis, IN 46204

March 7, 2013

*Via Electronic Transmission – PipelineDamageCase@urc.in.gov*

Pipeline Safety Division – Case No. 4301  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4301

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: 12/19/2012

Event Location: 820 Nuttman Ave

City: Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: Fort Wayne City Utilities

Other Party: N/A

Pipeline Division Case No. 4301

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. 4301</b>	
Date of Event	12/19/2012
Event Location	820 Nuttman Ave
Event City	Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	Fort Wayne City Utilities
Date of IURC Information Request	2/13/2013
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Fort Wayne City Utilities
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	415 E Wallace Street
CITY/ STATE/ZIP	Fort Wayne / IN / 46803
PREFERRED TELEPHONE	(260) 427-2476
CELL PHONE TELEPHONE	
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	816 Nuttman Avenue
CITY/STATE/ZIP	Fort Wayne / IN / 46807
NEAREST INTERSECTION	Indiana Avenue
<b>PRODUCT TYPE (Select One)</b>	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
<b>FACILITY TYPE (Select One)</b>	
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) (\$)	
<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	

Trencher	
Vacuum Equipment	
Unknown/Other	
<b>TYPE OF WORK PERFORMED (Select One)</b>	
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 – Ticket# 1212190572
<b>LOCATE INFORMATION:</b>	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1212061369
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
<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)	N/A
AMBULANCE RESPONSE (YES/NO)	N/A
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
<p>Failure to use hand tools where required.</p> <p>Damage ticket was called in the day after the damage</p>	

Facility: Transmission Lines; Folder: N/A; Assigned To: N/A

NIPSCO 00422 IUPPSa 12/06/2012 11:40:26 1212061369-00A NORM NEW STRT

NORMAL NOTICE

Ticket : 1212061369 Date: 12/06/2012 Time: 11:37 Oper: BETHANN.OWENS Chan:000

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

Address : 820  
Street : NUTTMAN AVE  
Cross 1 : INDIANA AVE Within 1/4 mile: Y  
Location: IN FRONT OF THE ADDRESS ON THE NORTH SIDE OF THE STREET  
:  
Grids : 4103D8508A 4103D8509D  
Boundary: n 41.053854 s 41.052744 w -85.150279 e -85.147631

Work type : REPLACING WATER SERVICE  
Done for : FW CITY UTILITIES  
Start date: 12/10/2012 Time: 11:45 Hours notice: 96/048 Priority: NORM  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N  
Duration : 1 DAY Depth: 5FT

Company : FORT WAYNE CITY UTILITIES Type: MEMB  
Co addr : 415 E WALLACE ST  
City : FORT WAYNE State: IN Zip: 46803  
Caller : BETH ANN OWEN Phone: (260)427-2476  
Contact : BETH ANN OWEN Phone:  
BestTime:  
Fax : (260)427-1282

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

Submitted date: 12/06/2012 Time: 11:37  
Members: AEPIN CC FW ID8000 NIPSCO SM

Facility: Transmission Lines; Folder: N/A; Assigned To: N/A

NIPSCO 00141 IUPPSa 12/19/2012 09:31:57 1212190572-00A EMER DAMG STRT

DAMAGE

Ticket : 1212190572 Date: 12/19/2012 Time: 09:28 Oper: CJODOM Chan:056

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

Address : 820  
Street : NUTTMAN AVE  
Cross 1 : INDIANA AVE Within 1/4 mile: Y  
Location: IN FRONT OF THE ADDRESS ON THE NORTH SIDE OF THE STREET  
:  
Grids : 4103D8508A 4103D8509D  
Boundary: n 41.053854 s 41.052744 w -85.150279 e -85.147631

Work type : REPLACING WATER SERVICE  
Done for : FW CITY UTILITIES  
Start date: 12/19/2012 Time: 09:28 Hours notice: 0/000 Priority: EMER  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
Duration : 1 DAY Depth: 5FT

Company : FORT WAYNE CITY UTILITIES Type: MEMB  
Co addr : 415 E WALLACE ST  
City : FORT WAYNE State: IN Zip: 46803  
Caller : KURT ROBERTS Phone: (260)427-2476  
Contact : BETH ANN OWEN Phone:  
BestTime:  
Fax : (260)427-1282

Remarks : All tickets are taken and processed on Eastern Daylight Time  
PER KURT ROBERTS -- HIT A NIPSCO GAS SERVICE LINE IN THE PARK STRIP AREA --  
LINE WAS BLOWING -- NIPSCO HAS REPAIRED THE LINE -- UNSURE OF WHAT THE LINE  
LOOKED LIKE -- NO CREW ON SITE -- PREVIOUS TICKET 1212061369 -- THANK YOU  
Will you be white-lining the dig site area? NO  
:

Submitted date: 12/19/2012 Time: 09:28  
Members: AEPIN CC FW ID8000 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY  
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Ft. Wayne MAXIMO WO# M632701  
OPERATING AREA CONTACT Jason Hauer JOB ORDER# 180145201  
TRACKING NUMBER 018 2012 1218 003 LOCATE REF # 1212061369  
Locate Performed By: \_\_\_\_\_

DATE AND TIME OF ACCIDENT 12-18-12 2012 9:40 AM DATE OF REPORT 12-18-12  
PLACE OF DAMAGE (INCLUDE CITY) 816 Nuttman Ave.

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) 24" PRESSURE (PSI) 40 Lbs.

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

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

DURATION OF INTERRUPTION: TIME REPORTED 9:40 min TIME SHUT OFF 10:10 TIME RESTORED 11:30

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: cut thru

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

PARTY THAT CAUSED DAMAGES (NAME) City Water Maintenance Dept.

ADDRESS OF PARTY (INCLUDE CITY) 816 Nuttman Ave.

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE John Bloom

WITNESS NAME AND ADDRESS Thomas Gatson

WITNESS REMARKS Water Dept. cut 5/8" pl. gas service

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY \_\_\_\_\_ REPORT # \_\_\_\_\_

FIRE () AGENCY \_\_\_\_\_ 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 checked="" 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 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 checked="" 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 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 checked="" type="checkbox"/> CARELESS MACHINE OPERATOR |                                      |
| <input type="checkbox"/> NO NOTIFICATION     | <input type="checkbox"/> MARKS DISTURBED               | <input type="checkbox"/> STUB                                 | <input type="checkbox"/> OTHER _____ |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

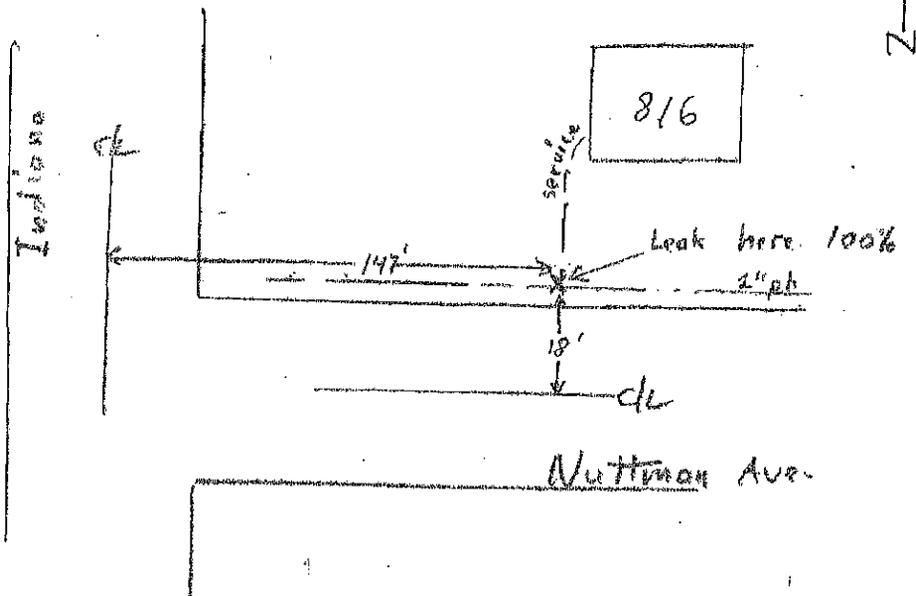
PERSON PREPARING REPORT Thomas Gatson

FIELD SUPERVISOR [Signature] 622505

FIELD MANAGER [Signature]

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

**Fact Based Investigation Report**

NOTIFICATION ID: 01820121218003

DISTRICT: Northern IN

DAMAGE DATE: 12/18/2012 10:05:00 AM

NOTIFICATION DATE: 12/18/2012 10:03:41 AM

NOTIFIED BY: Angela Shupert Facility Owner

DAMAGE ADDRESS: 820 Nuttman

CITY: FT WAYNE

ST: IN ZIP:

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DAMAGED CUSTOMER: NIPSCO

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INVESTIGATION DATE: 12/18/2012

FROM: 11:30:00

TO: 11:45:00

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EXCAVATOR INVOLVED: FORT WAYNE CITY UTILITIES

TYPE OF EXCAVATION: water service repair

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ORIG. LOCATE REQ.: 1212061369

START DATE/TIME:

TYPE OF TICKET: Routine

LOCATE REQ. INFO N/A:

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DIG UP/DAMAGE REQ.: M74031760

START DATE/TIME: 12/18/2012 11:30:00 AM

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PICTURES TAKEN BY: Kevin C Thomas DATE/TIME: 12/18/2012 11:45:00 AM

PHOTOGRAPHY TYPE: Digital

FRAME #:

---

INVESTIGATOR EMP#: 131988

INVESTIGATOR NAME: Kevin C Thomas

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

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**Fact Based Investigation Customer Information**

NOTIFICATION ID: 01820121218003

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: (optional)

---

FACILITY DESCRIPTION: LOWPROF

FACILITY ID: Gas Service

LOCATOR NAME & EMP #: Thomas Kevin - 131988

LOCATOR NOT KNOWN:

---

CHECK ALL THAT APPLY TO INVESTIGATION:

Facility Marked Accurately,  
Other

Other: Unusual pathway / no tracer

---

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

Visual, Facility Exposed At Time Of Investigation,  
Investigator Verified Existing Marks By Hooking Up,  
Investigation Results Verified By Utility Representative

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INVESTIGATOR STATEMENT/CAUSAL FACTORS:

Marks were good. Nipsco ran two services side by side. Both within 6" of each other. One single tracer for both. As the services approach the main, they came on the back side (curb side, instead of house service side) and looped around and back into the main on the curb side. Single tracer as noted, helixed around a tight curve into the main. It appears nipsco did this method of installation to avoid damaging the sidewalk as the main is about 5" south of the side walk. Unusual pathway for two services, one without a tracer. Still within 24" rule. Original ticket 1212061369 with post locate photos attached.

**NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:**

na

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

na

**LIST ANY OTHER INDIVIDUALS ON SITE:**

na

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

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

**WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS?** Yes

**EXTENT OF FACILITY DAMAGE** cut in half

**REPLACEMENT FOOTAGE** splice

**WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?** No

**WHAT CONTRACTOR EQUIPMENT WAS USED?** backhoe

**IS THE FACILITY SHOWN ON THE UTILITY RECORDS?** No

**IF YES, PLEASE LIST RECORD #(S)**



Property of United States Infrastructure Corporation  
Photo taken on 12/16/2012 11:34:38 AM



Property of United States Infrastructure Corporation  
Photo taken on 12/18/2012 11:34:30 AM



**INFORMATION REQUEST**

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

**Case Number:** 4301

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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: Fort Wayne City Utilities

Responsible Party Personal Name: Kurt Roberts

Title (if any): Superintendent

Address (number and street): 415 E. Wallace Street

City, State and ZIP Code: Fort Wayne, IN 46803

Preferred Telephone Number (area code): 260-427-2484

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

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

**Facility Information:**

Business Name: NIPSCO

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: NIPSCO \_\_\_\_\_

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*): Backhoe/Trackhoe

Type of Work Performed (*select one*): Water

**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: \_\_\_\_\_

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**Utility Line Impact**

**Location of Damage:**

Address (*number and street*): 820 Nuttman Ave

City, State and ZIP Code: Fort Wayne, IN

Nearest Intersection: \_\_\_\_\_

**Product Type (*select one*):** Natural Gas

**Facility Type (*select one*):** Distribution

**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

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**Locate Information**

**Excavator Request Locate:**     Yes         No

**Indiana 811 Locate Ticket Number:** 1212061369

- 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:** <sup>0</sup> \_\_\_\_\_

**Number of Inpatient Treated:** <sup>0</sup> \_\_\_\_\_

**Number of Fatalities:** <sup>0</sup> \_\_\_\_\_

**Fire Department Response:**  Yes  No

**Police Department Response:**  Yes  No

**Ambulance Response:**  Yes  No

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**Additional Information / Comments**

This incident occurred on or about December 19, 2012. Fort Wayne City Utilities ("FWCU") called in locates prior to excavation, locates were marked, and FWCU began excavation after two business days. Upon FWCU's excavation, a NIPSCO gas line was hit. This line had not been marked correctly by NIPSCO. The gas line was marked, but the area that was hit, the goose neck, had not been marked. After the hit, FWCU called NIPSCO and also reported the incident to 811 (No.121290572).

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 4301

Your Full Name: Lindsey M. Jackson

Full Name of Business / Entity (if applicable): Fort Wayne City Utilities

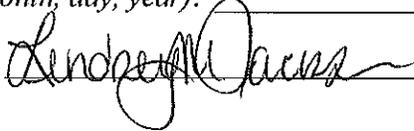
Your Business Title (if applicable): Associate City Attorney

Address (number and street): 200 E. Berry St., Ste 430

City: Fort Wayne State: IN ZIP Code: 46802

Your E-mail Address: lindsey.jackson@cityoffortwayne.org

Today's Date (month, day, year): March 15, 2013

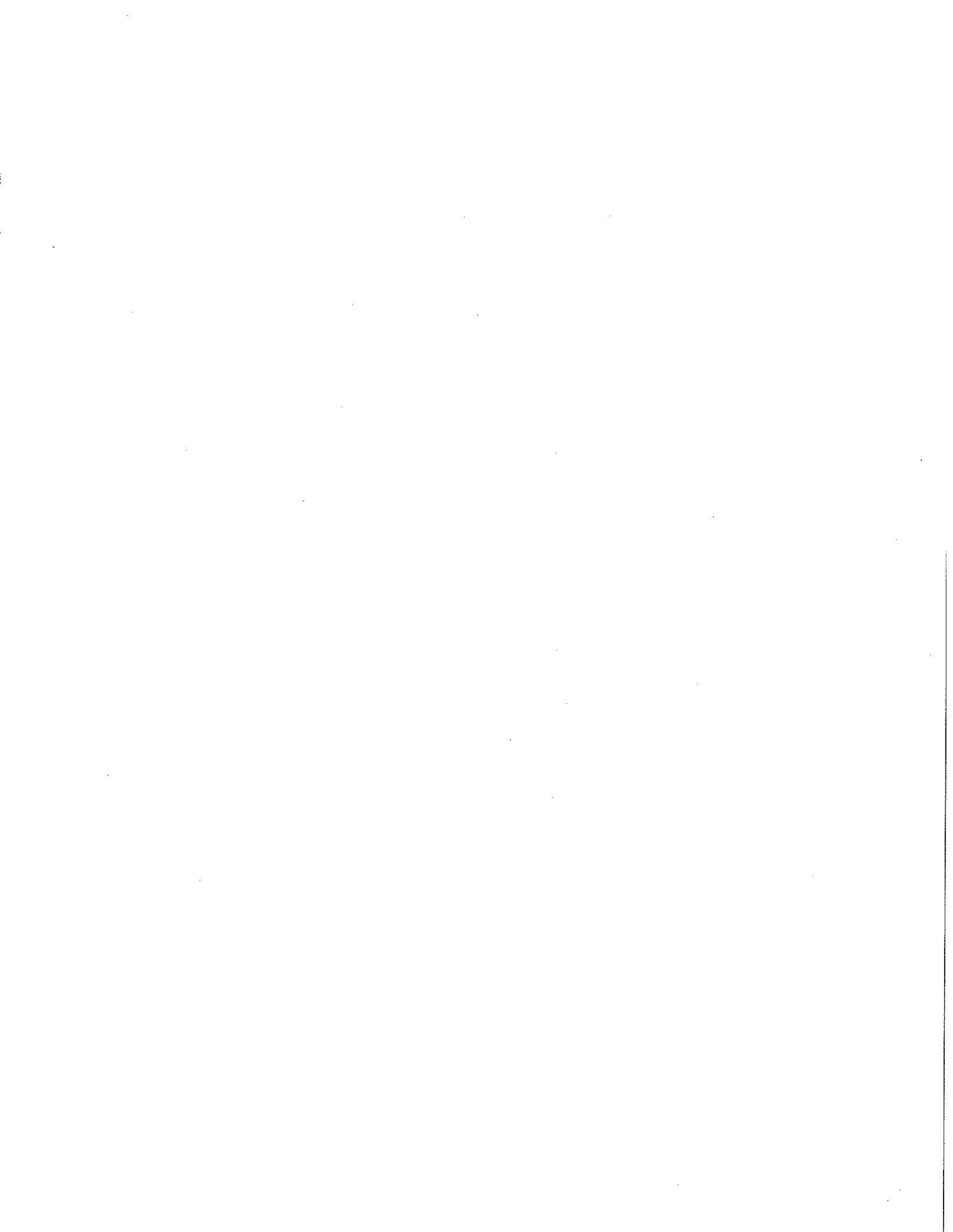
Your Signature:  Title (if any) \_\_\_\_\_

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 4301**  
**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)**



**Mary Kay Zurbrugg**

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**From:** Nancy McAfee  
**Sent:** Tuesday, December 18, 2012 9:40 AM  
**To:** Mary Kay Zurbrugg  
**Subject:** FW: 820 NUTTMAN AVE.

Nan McAfee  
Director Risk Management  
260-427-1176  
260-433-8109, mobile

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**From:** Beth Ann Owen  
**Sent:** Tuesday, December 18, 2012 9:40 AM  
**To:** Bob Hinga; John Clark; Kurt Roberts; Nancy McAfee; Norb Nagel; Peter Hill  
**Subject:** 820 NUTTMAN AVE.

PC34 HAS HIT A GAS SERVICE WHICH IS BLOWING. I HAVE CONTACTED FWFD AND NIPSCO.

PER PC34, GAS LINE GOOSENECKED AND DOES NOT FEEL IT WAS MARKED PROPERLY BY THE LOCATING COMPANY.

HAPPY DAY!

*Beth Ann Owen*  
*Water Maintenance & Service*  
*Dispatcher*  
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12/18/2012

