



INDIANA UTILITY REGULATORY COMMISSION
101 W. WASHINGTON STREET, SUITE 1500E
INDIANAPOLIS, INDIANA 46204-3407

<http://www.in.gov/iurc>
Office: (317) 232-2701
Facsimile: (317) 232-6758

Pipeline Safety Division Investigation Report

Investigation regarding: Rodney Frohock

UPPAC Database Record ID: 4313

Report Date: 7/31/2013

Investigator: Mike Orr

Damage Date: 1/5/2013 3:34:45 PM

Damage Address: N 408 E, Lincoln, Newton

The Parties

Excavator: **Rodney Frohock**

Address: 717 Blue Jay Way, Dyer, In 46311

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Landscaping

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: False

Number of Customers Affected: 0

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: LOCATE-- THE FRONT OF THE PROPERTY -- THIS IS A VACANT LOT BETWEEN ADDRESSES 9318-- 9349 N 408 E --

Follow-Up Locate Instructions (if applicable):

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

Findings: Reported by Indiana 811; excavator did not respond to initial notice mailed 2/14/2013. The excavator failed request a locate prior to excavating damaging gas facility.

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

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



150 West Market Street, Suite 600
Indianapolis, IN 46204

March 7, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4313
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4313

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: 1/5/2013

Event Location: N 408 E

City: Lincoln

Facility Owner: Northern Indiana Public Service Company

Excavator: Rodney Frohock

Other Party: N/A

Pipeline Division Case No. 4313

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. 4313	
Date of Event	1/5/2013
Event Location	N 408 E
Event City	Lincoln
Facility Owner	Northern Indiana Public Service Company
Excavator	Rodney Frohock
Date of IURC Information Request	2/13/2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	
RESPONSIBLE PARTY PERSONAL NAME	Rodney Frohock
TITLE (IF ANY)	
ADDRESS	717 Blue Jay Way
CITY/ STATE/ZIP	Dyer / IN / 46311
PREFERRED TELEPHONE	(219) 689-3531
CELL PHONE TELEPHONE	
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	9349 N 408E
CITY/STATE/ZIP	Lake Village / IN / 46349
NEAREST INTERSECTION	949N
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	0
EVACUATION (YES/NO)	N
IF YES, HOW MANY EVACUATED	
REPAIR COST (IF KNOWN) (\$)	
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	X
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
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	X
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 1301050159
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	N

INDIANA 811 LOCATE TICKET NUMBER	
LOCATE MARKS VISIBLE (YES/NO)	N
LOCATE MARKS CORRECT (YES/NO)	
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	
NUMBER OF INPATIENT TREATED	
NUMBER OF FATALITIES	
FIRE DEPARTMENT RESPONSE (YES/NO)	N/A
POLICE DEPARTMENT RESPONSE (YES/NO)	N/A
AMBULANCE RESPONSE (YES/NO)	N/A
ADDITIONAL INFORMATION/COMMENTS	
<p>No notification made to the one-call center (no locate requested by homeowner).</p> <p>Emergency Ticket# 1301050176</p>	

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

NIPSCO 00040 IUPPSa 01/05/2013 15:34:48 1301050159-00A EMER DAMG STRT

DAMAGE

Ticket : 1301050159 Date: 01/05/2013 Time: 15:23 Oper: AHUNTER Chan:037

State: IN Cnty: NEWTON Twp: LINCOLN
Cityname: ROSELAWN Inside: Y Near: N
Subdivision: OAKWOOD ESTATES

Address :

Street : N 408 E

Cross 1 : 942N Within 1/4 mile: Y

Location: LOCATE-- THE FRONT OF THE PROPERTY -- THIS IS A VACANT LOT BETWEEN
ADDRESSES 9318-- 9349 N 408 E --

:

Grids : 4108C8718A 4108D8718A 4108D8718B

Boundary: n 41.137539 s 41.135892 w -87.313865 e -87.312375

Work type : REMOVING TREES

Done for : RODNEY FROHOCK

Start date: 01/05/2013 Time: 15:27 Hours notice: 0/000 Priority: EMER

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

Duration : 6 MONTHS Depth: 3 FEET

Company : RODNEY FROHOCK Type: HOME

Co addr : 717 BLUE JAY WAY

City : DYER State: IN Zip: 46311

Caller : RODNEY FROHOCK Phone: (219)689-3531

Contact : RODNEY FROHOCK--CELL Phone:

BestTime:

Mobile : (219)689-3531

Remarks : All tickets are taken and processed on Eastern Daylight Time

A NIPSCO GAS LINE HAS BEEN CUT IN THE FRONT OF THE PROPERTY-- GAS LINE IS NOT

BLOWING--- CAN NOT BE HEARD OR SMELT-- LINE IS 3/4 YELLOW PLASTIC LINE--

ADVISED CALLER TO CALL 911-- CREW IS ON SITE-- ADVISED CALLER TO CALL UTILITY

COMPANY-- NO PREVIOUS TICKET NUMBER

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

:

Submitted date: 01/05/2013 Time: 15:23

Members: ID2009 ID2189 NIPSCO SM

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

NIPSCO 00052 IUPPSa 01/05/2013 16:18:05 1301050176-00A EMER NEW GRID

EMERGENCY

Ticket : 1301050176 Date: 01/05/2013 Time: 16:15 Oper: AHUNTER Chan:037

State: IN Cnty: NEWTON Twp: LINCOLN
Cityname: LAKE VILLAGE Inside: N Near: Y
Subdivision: TIMBER RIDGE

Address : 9318
Street : N 408 E
Cross 1 : E 946 N Within 1/4 mile: Y
Location: LOCATE-- THE ENTIRE PROPERTY
:
Grids : 4108D8718A 4108D8718B
Boundary: n 41.137507 s 41.134825 w -87.313835 e -87.312298

Work type : REPAIR GAS LEAK
Done for : NIPSCO
Start date: 01/05/2013 Time: 16:15 Hours notice: 0/000 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 1 DAY Depth: 6 FEET

Company : NIPSCO Type: MEMB
Co addr : 801 EAST 86TH AVENUE
City : MERRILLVILLE State: IN Zip: 46410
Caller : EMILY LUCY Phone: (800)322-2806
Contact : NO Phone:
BestTime:
Fax : (219)647-4764
Email : ELUCY@NISOURCE.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
CREW EN ROUTE

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

Submitted date: 01/05/2013 Time: 16:15
Members: ID2009 ID2189 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Crown Point MAXIMO WO # _____

OPERATING AREA CONTACT M. Schrock JOB ORDER # 583877

TRACKING NUMBER 019-2013-01-05002 LOCATE REF # _____
Locate Performed By _____

DATE AND TIME OF ACCIDENT 15/13 14:07 20 15 M DATE OF REPORT 15/13

PLACE OF DAMAGE (INCLUDE CITY) 9349 N. 408 E Lake Village

DAMAGE WAS TO:

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

OTHER (DESCRIBE) _____

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

DEPTH OF FACILITY (inches) 18" PRESSURE (PSI) 45 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 _____

DURATION OF INTERRUPTION: TIME REPORTED 14:07 TIME SHUT OFF 15:00 TIME RESTORED 19:00

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

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) RODNEY FROHOCK

ADDRESS OF PARTY (INCLUDE CITY) 717 BLUE JAY WAY Dyer, IN 46311

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Rodney Frohock

WITNESS NAME AND ADDRESS Christy Hutton - co employee

WITNESS REMARKS no notes

AGENCIES NOTIFIED / ON SITE: POLICE () AGENCY _____

FIRE () AGENCY _____

OTHER () _____

REPORT # _____

REPORT # _____

Any injuries? () YES # _____ (X) NO

PHOTOS TAKEN: YES () NO (X) TAKEN BY: _____
MEDIA ON SITE: YES () NO (X)

(ATTACH PHOTOS TO REPORT)

WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW

- () AGRICULTURE/FARMING
- () BLDG CONSTRUCTION
- () DRIVEWAY
- () FENCING
- (X) LANDSCAPING
- () POLE/SIGN POST
- () CABLE TV
- () DEMOLITION
- () ELECTRIC
- () GRADING
- () PIPELINE
- () ROAD WORK

CHECK APPROPRIATE CHOICE BELOW

- () CURB/SIDEWALK
- () DRAINAGE
- () SURVEYING
- () IRRIGATION
- () MILLING
- () SEWER
- () TELECOMMUNICATIONS
- () WATER
- () DRAINS/CULVERTS
- () MOWING
- () OTHER _____

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW

- () AUGER
- () MILLING EQUIPMENT
- () EXPLOSIVES
- () VACUUM EQUIPMENT
- () HAND TOOLS
- () PROBING DEVICE
- () TRENCHER
- () GRADER

CHECK APPROPRIATE CHOICE BELOW

- (X) BACKHOE/BACKHOE
- () BORING / DRILLING
- () FARM EQUIPMENT
- () OTHER _____

REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW

- () AUTOMOTIVE ACCIDENT
- (X) NO NOTIFICATION
- () EXCAVATING BEFORE LOCATES DUE
- () CARELESS MACHINE OPERATOR
- () STUB
- () OTHER _____

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS: No locates

PERSON PREPARING REPORT

Eric Garcia 122175

FIELD SUPERVISOR

Schieske

FIELD MANAGER

- 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: 01820130105003

DISTRICT: Northern IN

DAMAGE DATE: 1/5/2013 3:34:48 PM

NOTIFICATION DATE: 1/5/2013 3:40:14 PM

NOTIFIED BY: RODNEY FROHOCK

DAMAGE ADDRESS: N 408 E

CITY: ROSELAWN

ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 01/05/2013

FROM: 17:15:00

TO: 17:35:00

EXCAVATOR INVOLVED: Homeowner

TYPE OF EXCAVATION: tree-removal

ORIG. LOCATE REQ.:

START DATE/TIME:

TYPE OF TICKET:

LOCATE REQ. INFO N/A: Yes

DIG UP/DAMAGE REQ.: 1301050159

START DATE/TIME: 1/5/2013 3:25:00 PM

PICTURES TAKEN BY: TimBednarz

DATE/TIME: 1/5/2013 5:20:00 PM

PHOTOGRAPHY TYPE: Digital

FRAME #:

INVESTIGATOR EMP#: 116288

INVESTIGATOR NAME: TimBednarz

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820130105003

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: *(optional)*

FACILITY DESCRIPTION: LOWPROF FACILITY ID: Gas Service

LOCATOR NAME & EMP #:

LOCATOR NOT KNOWN: Yes

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,
Investigator Verified Existing Marks By Hooking Up

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

Contractor-digging-out-trees-on-lot.Hitting-a-gas-service-which-crosses-the-front-of-lot-going-to-gas-main.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

Eric-on-site

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

Not-on-site

LIST ANY OTHER INDIVIDUALS ON SITE:

None

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-thru

REPLACEMENT FOOTAGE splice 1-2ft

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED?

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)