



Pipeline Safety Division Investigation Report

Investigation regarding: Fort Wayne City Utilities

UPPAC Database Record ID: 4338

Report Date: 7/16/2013

Investigator: Mike Orr

Damage Date: 1/24/2013 9:40:50 AM

Damage Address: 3925 Ironwood Ct, St Joseph, Allen

The Parties

Excavator: Fort Wayne City Utilities

Address: 415 East Wallace Street, Fort Wayne, In 46803

Facility Owner: NIPSCO

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Sewer

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 2

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

Excavator Activities/Cause of Damage Information:

Excavator Request Locates:

Indiana 811 Ticket Number: 1301171580

Original Start Date:

Locate Instructions: IN FRONT OF THE ADDRESS ON THE EAST SIDE OF THE STREET

Follow-Up Locate Instructions (if applicable):

Synopsis: Excavator struck and damaged an underground natural gas main while performing sewer work.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 3/14/2013. The excavator had a valid locate ticket; however, the gas operator self reported a failure to accurately locate the facility.

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

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

March 7, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4338
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4338

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: 1/24/2013

Event Location: 3925 Ironwood Ct

City: St Joseph

Facility Owner: Northern Indiana Public Service Company

Excavator: Fort Wayne City Utilities

Other Party: N/A

Pipeline Division Case No. 4338

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. 4338	
Date of Event	1/24/2013
Event Location	3925 Ironwood Ct
Event City	St Joseph
Facility Owner	Northern Indiana Public Service Company
Excavator	Fort Wayne City Utilities
Date of IURC Information Request	2/13/2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Fort Wayne City Utilities
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	415 East Wallace Street
CITY/ STATE/ZIP	Fort Wayne / IN / 46803
PREFERRED TELEPHONE	(260) 427-2476
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	3925 Ironwood Court
CITY/STATE/ZIP	Fort Wayne / IN / 46815
NEAREST INTERSECTION	Nottingham Drive
PRODUCT TYPE (Select One)	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
FACILITY TYPE (Select One)	
DISTRIBUTION	X
GATHERING	
SERVICE/DROP	
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	2"
PRESSURE (PSIG/INCHES)	
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) (\$)	
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	
Liquid Pipeline	
Milling	
Natural Gas	
Pole	
Public Transit Authority	
Railroad Maintenance	
Road Work	
Sewer (Sanitary/Storm)	X
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 1301240522
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1301171580
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
INCIDENT IMPACT INFORMATION	
NUMBER OF OUTPATIENT TREATED	
NUMBER OF INPATIENT TREATED	
NUMBER OF FATALITIES	
FIRE DEPARTMENT RESPONSE (YES/NO)	Y
POLICE DEPARTMENT RESPONSE (YES/NO)	N
AMBULANCE RESPONSE (YES/NO)	N
ADDITIONAL INFORMATION/COMMENTS	
<p>Facility marking or location not sufficient (mismarked).</p> <p>Emergency Ticket# 1301240808</p>	

Fact Based Investigation Report

NOTIFICATION ID: 01820130124001

DISTRICT: Northern IN

DAMAGE DATE: 1/24/2013 9:35:00 AM

NOTIFICATION DATE: 1/24/2013 9:36:12 AM

NOTIFIED BY: Laura Kosena Facility Owner

DAMAGE ADDRESS: 3825 Ironwood Ct (ALLEN CTY)

CITY: FT WAYNE(ST. JOSEPH TOWNSHIP) ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 01/24/2013

FROM: 10:10:00

TO: 10:35:00

EXCAVATOR INVOLVED: FORT WAYNE CITY UTILITIES

TYPE OF EXCAVATION: Repair water valve

ORIG. LOCATE REQ.: 1301171580

START DATE/TIME: 1/18/2013 12:00:00 AM

TYPE OF TICKET: Routine

LOCATE REQ. INFO N/A:

DIG UP/DAMAGE REQ.: M76845368

START DATE/TIME: 1/24/2013 10:30:00 AM

PICTURES TAKEN BY: Karl Jones DATE/TIME: 1/24/2013 10:30:00 AM

PHOTOGRAPHY TYPE: Digital FRAME #:

INVESTIGATOR EMP#: 131988

INVESTIGATOR NAME: Karl Jones / Kevin Thomas

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820130124001

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF

FACILITY ID: Gas Main

LOCATOR NAME & EMP #: Deitrick John - 131108

LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:

Other

Other: Mismarked

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

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

marks were 27" off from the actual 2" main.

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

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? No

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? Yes

IF YES, PLEASE LIST RECORD #(S) nipsco

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

NIPSCO 00415 IUPPSa 01/17/2013 14:44:31 1301171580-00A NORM NEW STRT

NORMAL NOTICE

Ticket : 1301171580 Date: 01/17/2013 Time: 14:38 Oper: BETHANN.OWENS Chan:000

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

Address : 3925
Street : IRONWOOD CT
Cross 1 : NOTTINGHAM DR Within 1/4 mile: Y
Location: IN FRONT OF THE ADDRESS ON THE EAST SIDE OF THE STREET
:
Grids : 4106A8502A 4106A8503D
Boundary: n 41.115773 s 41.113579 w -85.050597 e -85.049103

Work type : WATER SERVICE REPAIRS
Done for : FW CITY UTILITIES
Start date: 01/22/2013 Time: 15:00 Hours notice: 120/048 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 1DAY Depth: 5FT

Company : FORT WAYNE CITY UTILITIES Type: MEMB
Co addr : 415 EAST WALLACE STREET
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: 01/17/2013 Time: 14:38
Members: AEPIN CC FW ID4866 ID8000 NIPSCO SM

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

NIPSCO 00114 IUPPSa 01/24/2013 09:40:53 1301240522-00A EMER DAMG STRT

DAMAGE SEE REMARKS

Ticket : 1301240522 Date: 01/24/2013 Time: 09:37 Oper: KREED Chan:090

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

Address : 3925
Street : IRONWOOD CT
Cross 1 : NOTTINGHAM DR Within 1/4 mile: Y
Location: IN FRONT OF THE ADDRESS ON THE EAST SIDE OF THE STREET
:
Grids : 4106A8502A 4106A8503D
Boundary: n 41.115773 s 41.113579 w -85.050597 e -85.049103

Work type : WATER SERVICE REPAIRS
Done for : FW CITY UTILITIES
Start date: 01/24/2013 Time: 09:38 Hours notice: 0/000 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 1DAY Depth: 5 FEET

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

Remarks : All tickets are taken and processed on Eastern Daylight Time
HIT NIPSCO GAS SERVICE LINE - GAS IS BLOWING AND IT CAN BE HEARD AND SMELLED -
LINE HIT IN THE FRONT OF THE PROPERTY - CANNOT DESCRIBE LINE - HAVE CALLED 911
AND FIRE DEPARTMENT IS ON SITE - CREW ON SITE - HAVE CALLED NIPSCO AND THEY ARE
EN ROUTE - PREVIOUS TICKET 1301171580

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

Submitted date: 01/24/2013 Time: 09:37
Members: AEPIN CC FW ID4866 ID8000 NIPSCO SM

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

NIPSCO 00177 IUPPSa 01/24/2013 11:11:48 1301240808-00A EMER NEW STRT

EMERGENCY

Ticket : 1301240808 Date: 01/24/2013 Time: 11:09 Oper: LPORTER Chan:046

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

Address : 3925
Street : IRONWOOD CT
Cross 1 : BLUE BEECH DR Within 1/4 mile: Y
Location: LOCATE ENTIRE PROPERTY
:
Grids : 4106A8502A 4106A8503D
Boundary: n 41.115773 s 41.113579 w -85.050597 e -85.049103

Work type : REPAIR GAS LINE
Done for : NIPSCO
Start date: 01/24/2013 Time: 11:10 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 : TANISHA GHOLSTON Phone: (800)322-2806
Contact : ROGER BROWN--CELL Phone:
BestTime:
Mobile : (260)433-6622

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

Submitted date: 01/24/2013 Time: 11:09
Members: AEPIN CC FW ID4866 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 # M 658230
OPERATING AREA CONTACT Roger Brown JOB ORDER # ~~1077122~~ 564474
TRACKING NUMBER ~~049012-012400~~ LOCATE REF # 130124806
Locate Performed By: _____ 1301171580

DATE AND TIME OF ACCIDENT 1/24/13 2013 M DATE OF REPORT 1/24/13
PLACE OF DAMAGE (INCLUDE CITY) 3925 DRAVWOOD CT Fort Wayne, IN 46815

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

GAS: SERVICE () MAIN SIZE 2" MATERIAL: PLASTIC STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE) _____
DEPTH OF FACILITY (Inches) 28" PRESSURE (PSI) 45 Lbs.

RELEASE OF GAS: YES NO () IGNITION OF GAS: YES () NO EVACUATION REQUIRED: YES () # _____ NO
INTERRUPTION OF SERVICE: YES NO () NUMBER OF CUSTOMERS LOST: 2
DURATION OF INTERRUPTION: TIME REPORTED 9:28 AM TIME SHUT OFF 11:04 AM TIME RESTORED 12:50
DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/4"

LOCATE MARKS ON SITE: YES DISTANCE BETWEEN FACILITY AND LOCATE MARKS 36" NO ()
HOW LOCATED: PAINT FLAGS BOTH () WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) Ft. Wayne City Water Rick
ADDRESS OF PARTY (INCLUDE CITY) 200 E Berry St - FT WAYNE - IN 46802

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE _____
WITNESS NAME AND ADDRESS D. SPILGEN, P. TAYLOR, N. BAUER
WITNESS REMARKS MISLOCATED

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY _____ REPORT # _____
FIRE AGENCY Ft. Wayne 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 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 checked="" 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 type="checkbox"/> CARELESS MACHINE OPERATOR |
| <input type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED | <input checked="" type="checkbox"/> OTHER <u>MISLOCATED</u> |

COMMENTS: MIS LOCATED - MARKS OFF BY 36"

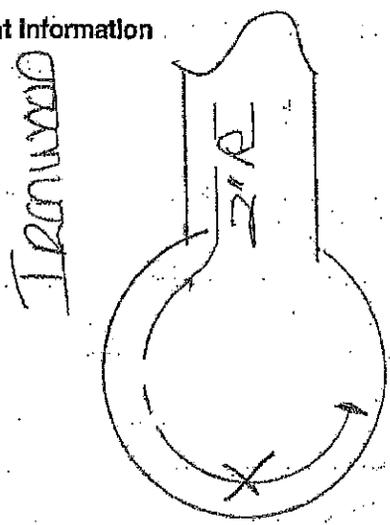
PERSON PREPARING REPORT A. TAYLOR

FIELD SUPERVISOR [Signature] #100707

FIELD MANAGER Rodell Dunn

- 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: _____



Property of United States Infrastructure Corporation
Photo taken on 1/24/2013 10:26:33 AM



Property of United States Infrastructure Corporation
Photo taken on 1/24/2013 10:26:15 AM



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 4338

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: 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*): Traffic Signal

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*): 3925 Ironwood Court _____

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

Locate Information

Excavator Request Locate: Yes No

Indiana 811 Locate Ticket Number: 1301171580 _____

- 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: ⁰ _____

Number of Inpatient Treated: ⁰ _____

Number of Fatalities: ⁰ _____

Fire Department Response: Yes No

Police Department Response: Yes No

Ambulance Response: Yes No

Additional Information / Comments

This incident occurred on or about January 24, 2013. 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 distribution gas line was hit. This line had been mis-marked by approximately 3.5". FWCU called NIPSCO and also reported the incident to 811.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4338

Your Full Name: Lindsey M. Jackson

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

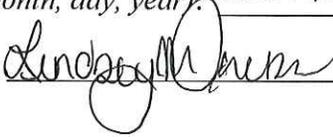
Your Business Title (if applicable): Associate City Attorney

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 14, 2013

Your Signature:  Title (if any) _____

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 4338
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov



