



Pipeline Safety Division Investigation Report

Investigation regarding: Krooswyk Trucking And Excavating Inc

UPPAC Database Record ID: 4364

Report Date: 3/13/2013

Investigator: Howard Friend

Damage Date: 9/26/2012

Damage Address: 2011 Main St, Highland, Lake

The Parties

Excavator: **Krooswyk Trucking And Excavating Inc**

Address: 9731 Indianapolis Blvd, Highland, In 46322

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Demolition

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:

Follow-Up Locate Instructions (if applicable):

Synopsis: A natural gas service was damaged during demolition of a building.

Findings: Reported by Tommy Buher (NIPSCO); excavator's response to initial notice was received on 3/7/2013. The excavator failed to provide notice of excavation and reported the contractor that hired him was responsible to provide notice of excavation. He also reported the operator should have retired the facility. The operator reported the line was located, but for a different contractor.

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

March 7, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4364
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4364

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: 9/26/2012

Event Location: 2011 Main St

City: Highland

Facility Owner: Northern Indiana Public Service Company

Excavator: Terry Krooswyk--krooswyk Trucking

Other Party: N/A

Pipeline Division Case No. 4364

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. 4364	
Date of Event	9/26/2012
Event Location	2011 Main St
Event City	Highland
Facility Owner	Northern Indiana Public Service Company
Excavator	Terry Krooswyk--krooswyk Trucking
Date of IURC Information Request	2/13/2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Krooswyk Trucking
RESPONSIBLE PARTY PERSONAL NAME	Terry Krooswyk
TITLE (IF ANY)	
ADDRESS	12241 North 900 West
CITY/ STATE/ZIP	Demotte, IN 46310
PREFERRED TELEPHONE	219 987 3865
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	2011 Main St
CITY/STATE/ZIP	Highland, IN 46322
NEAREST INTERSECTION	Burlwood Ct
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.)	¾" steel
PRESSURE (PSIG/INCHES)	40
INTERRUPTION IN SERVICE (YES/NO)	N
NUMBER OF CUSTOMERS AFFECTED	0
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	X
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	
Waterway Improvement	
Unknown/Other	
RELEASE OF PRODUCT (YES/NO)	Y
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	N
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	N

INDIANA 811 LOCATE TICKET NUMBER	Excavator working off of our ticket # 1209122816
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
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	
<p>No notification made to the one-call center Excavator was working off of NIPSCO ticket #: 1209122816 Nipsco emergency repair ticket #: 1209262634</p>	

Fact Based Investigation Report

Notification ID 01820120926014
Damage Date 09/26/2012 15:20
Notified By JOEL DEJESUS (Other)
Damage Address 2011 MAIN ST BURLWOOD CT(LAKE CTY)
HIGHLAND, IN
District Northern Indiana
Notification Date 09/26/2012 15:22

Damaged Customer NIPSCO

Investigation Date From 09/26/2012 15:50:00 **To** 09/26/2012 16:10:00

Excavator Involved Terry Krooswyk Trucking
Type of Excavation N/A

Orig. Locate Request 1209122816 **Start Date** 09/15/2012 11:25
Type of Ticket Routine **Locate Req. Info** N/A

Damage Request # 1209262634 **Start Date** 09/26/2012 15:50

Pictures Taken By Nathan Wolf **Date** 09/26/2012 16:00
Photography Type Digital **Frame #**

Investigator Emp. # 134728 **Investigator Name** Nathan Wolf
Based on your investigation, is further investigation needed? Possibly

Fact Based Investigation Customer Information
Facility Description Low Profile **Facility ID** Gas Service
Locator Name & EMP # Wolf Nathan - 134728 **Locator Not Known**

Investigation Findings
Facility Marked Accurately
No Locate Req. By Contractor
Other Notes

Investigation Methods
Visual, Facility Exposed At Time Of Investigation

Investigator Statement/Causal Factors
This was for a gas leak no damage ticket had been called in as a result of this leak. NIPSCO notified us that the contractor that damaged this line was Terry Krooswyk Trucking. Contractor did not have locate.

Names of Utility Representatives Contacted or on Site and Statement

N/A

Names of Excavator's Representatives Contacted or on Site and Statement

N/A

Other individuals on site

N/A

Were any markings visible on the damage site upon arrival? Yes

Were any other indicators of facility present in the area? Yes

Was the excavation within the tolerance zone of marks?	Yes
Extent of facility damage	N/A
Replacement Footage	N/A
Was contractor assistance required? If yes, who?	No
What contractor equipment was used?	
Is the facility shown on the utility records?	No
If yes, list record numbers	

FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA HAMMOND MAXIMO WO # _____
OPERATING AREA CONTACT Gas Ops JOB ORDER # 583075
TRACKING NUMBER 018-2012-0926-014 LOCATE REF # _____
Locate Performed By: _____

DATE AND TIME OF ACCIDENT 9/26/12 20 14:00 M DATE OF REPORT 9/26/12
PLACE OF DAMAGE (INCLUDE CITY) 2011 Main ST, Highland

DAMAGE WAS TO:

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

OTHER (DESCRIBE) _____

GAS: SERVICE MAIN () SIZE 3/4" 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: 0-7* svc was retired.
DURATION OF INTERRUPTION: TIME REPORTED N/A TIME RESTORED _____

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: cut in 2

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

PARTY THAT CAUSED DAMAGES (NAME) TERRY KROOSWYK

ADDRESS OF PARTY (INCLUDE CITY) unknown

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE LON 712-7943

WITNESS NAME AND ADDRESS _____

WITNESS REMARKS _____

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY N/A 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 checked="" 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 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"/> VACUUM 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 type="checkbox"/> STUB |
| | | <input checked="" type="checkbox"/> OTHER <u>Thought service was Retired</u> |

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS :

PERSON PREPARING REPORT BRUCE P. FRITZSCHE

FIELD SUPERVISOR Tommy Smully

FIELD MANAGER Karima Hasan Bay

- 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: _____



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jan 21, 2013

Who is submitting this information?

Name of person providing this information: Tommy Buher

Business address (*number and street*): 3511 E. 15th Ave.

City, State, and ZIP code: Gary, IN 46403

Telephone number (*area code*): 219-962-0422

Fax number (*area code*): 219-962-0404

E-mail address: cludwig@nisource.com

Excavator Information, if known

Full name: Terry Krooswyk--Krooswyk Trucking

Business address (*number and street*): 9731 Indianapolis Blvd

City, State, and ZIP code: Highland, IN 46322

Telephone number (*area code*): 219-924-5605

Fax number (*area code*): 219-924-5977

E-mail address: krooswytk@aol.com

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Bldg. Demolition

Date and Location of Damage

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

County: Lake

City: Highland

Street address (*number and street, city, state, and ZIP code*):
2011 Main St, Highland, IN 46322

Nearest intersection: Woodhollow Dr

Right of way where damage occurred: Private - Business

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? No

If yes, how many affected? 0

Time to restore service (*in hours*): _____

Enter number of injuries, if applicable and known: _____

Enter number of fatalities, if applicable and known: _____

Property damage, Estimate \$ _____

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? 24

Notification, Locating, Marking

Did excavator request locates prior to commencing work? No

Enter Indiana 811 ticket number, if known: N/A

Was the locate request completed within two working days? Unknown/Other

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? Yes

Were facilities marked correctly? Yes

Type of markings used: Paint and Flags

If other, please specify: _____

Was site marked by "White Lining"? No

Were special instructions part of the locate request? No

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? No

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: --No notification made to the one-call center

Additional Comments

Accurate locates on-site for a different contractor.
Nipsco emergency repair ticket -- 1209262634



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jan 21, 2013

Who is submitting this information?

Name of person providing this information: Tommy Buher (NIPSCo)

Business address (*number and street*): 3511 E. 15th Ave.

City, State, and ZIP code: Gary, IN 46403

Telephone number (*area code*): 219-962-0422

Fax number (*area code*): 219-962-0404

E-mail address: cludwig@nisource.com

Excavator Information, if known

Full name: Terry Krooswyk--Krooswyk Trucking

Business address (*number and street*): 9731 Indianapolis Blvd

City, State, and ZIP code: Highland, IN 46322

Telephone number (*area code*): 219-924-5605

Fax number (*area code*): 219-924-5977

E-mail address: krooswytk@aol.com

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Bldg. Demolition

Date and Location of Damage

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

County: Lake

City: Highland

Street address (*number and street, city, state, and ZIP code*):
2011 Main St

Nearest intersection: Woodhollow Dr

Right of way where damage occurred: Private - Business

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? No

If yes, how many affected? 0

Time to restore service (*in hours*): _____

Enter number of injuries, if applicable and known: _____

Enter number of fatalities, if applicable and known: _____

Property damage, Estimate \$ _____

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? 24

Notification, Locating, Marking

Did excavator request locates prior to commencing work? No

Enter Indiana 811 ticket number, if known: N/A

Was the locate request completed within two working days? Unknown/Other

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? Yes

Were facilities marked correctly? Yes

Type of markings used: Paint and Flags

If other, please specify: _____

Was site marked by "White Lining"? No

Were special instructions part of the locate request? No

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? No

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: --No notification made to the one-call center

Additional Comments

Accurate locates on-site for a different contractor.
Nipsco emergency repair ticket -- 1209262634



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 4364 _____

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: KROOSWYK TRUCKING & EXCAVATING, INC. _____

Responsible Party Personal Name: TERRY KROOSWYK _____

Title (if any): PRESIDENT _____

Address (number and street): 9731 INDIANAPOLIS BLVD _____

City, State and ZIP Code: HIGHLAND, IN 46322 _____

Preferred Telephone Number (area code): 219-924-5605 _____

Cellular Telephone Number (area code): 219-712-7943 _____

Email Address: TERRY@INDIANASALT.COM _____

Facility Information:

Business Name: JAMES AERTS CONSTRUCTION _____

Responsible Party Personal Name: JIM AERTS _____

Title (if any): OWNER _____

Address (number and street): 10046 SOMERSET _____

City, State and ZIP Code: MUNSTER, IN 46321

Preferred Telephone Number (area code): 219-743-5461

Cellular Telephone Number (area code): 219-743-5461

Email Address: CAERTS@AOL.COM

Locator Service Information:

Business Name: JAMES AERTS CONSTRUCTION

Responsible Party Personal Name: JIM AERTS

Title (if any): OWNER

Address (number and street): 10046 SOMERSET

City, State and ZIP Code: MUNSTER, IN 46321

Preferred Telephone Number (area code): 219-743-5461

Cellular Telephone Number (area code): 219-743-5461

Email Address: CAERTS@AOL.COM

Cause of Damage Information

Type of Equipment (select one): Backhoe/Trackhoe

Type of Work Performed (select one): Bldg. Demolition

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

Personal Contact: LARRY RUSSELL

Business/Organization Name: NIPSCO

Title (if any): _____

Address (number and street): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): 219-730-4142

Cellular Telephone Number (area code): _____

Email Address: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): 2011 MAIN STREET _____

City, State and ZIP Code: HIGHLAND, IN 46322 _____

Nearest Intersection: WHITE OAK AVENUE AND MAIN _____

Product Type (*select one*): Unknown/Other

Facility Type (*select one*): Unknown/Other

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: don't know - Jim Aerts responsible

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

We were working for James Aerts Construction who called for locates and NIPSCO for termination of service. Gas meter and electric was removed from house. Jim Aerts gave us the "all clear". Find a small line and Jim Aerts himself called Larry Russell of NIPSCO and they said "we should have removed that". NIPSCO admitted they are responsible. That was back in September and now we're getting this claim. Larry Russell's number at NIPSCO is 219-730-4142. We handled everything correctly and Jim Aerts is the General Contractor and responsible for all permits, etc.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4364

Your Full Name: TERRY L. KROOSWYK

Full Name of Business / Entity (if applicable): KROOSWYK TRUCKING & EXCAVATING, INC.

Your Business Title (if applicable): PRESIDENT

Address (number and street): 9731 INDIANAPOLIS BLVD

City: HIGHLAND State: IN ZIP Code: 46322

Your E-mail Address: TERRY@INDIANASALT.COM

Today's Date (month, day, year): 03/07/2013

Your Signature:  Title (if any) PRESIDENT

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 4364
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov