



## Pipeline Safety Division Investigation Report

### Investigation regarding: Garcia Concrete Const.

UPPAC Database Record ID: 4370

Report Date: 3/25/2013

Investigator: Howard Friend

Damage Date: 10/31/2012

Damage Address: 372 Commercial St, Roanoke, Huntington

### The Parties

Excavator: Garcia Concrete Const.

Address: 2316 Southyard Ct, Fort Wayne, In 46818

Facility Owner: NIPSCO

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Hand Tools

Type of Work Performed: Curb / Sidewalk

### Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$608

### 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 excavation with a concrete form stake.

**Findings:** Reported by Tommy Buher (NIPSCO); excavator's response to initial notice was received on 2/28/2013. The excavator did not provide notice of excavation. The operator provided accurate locate markings for a different excavator. The excavator reported the gas line was only six (6) inches deep. The operator reported the line being twelve (12) inches deep.

**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](mailto:PipelineDamageCase@urc.in.gov)*

Pipeline Safety Division – Case No. 4370  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4370

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: 10/31/2012

Event Location: 372 Commercial St

City: Roanoke

Facility Owner: Northern Indiana Public Service Company

Excavator: Garcia Concrete Const.

Other Party: N/A

Pipeline Division Case No. 4370

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. 4370</b>                 |  |
| Date of Event   | 10/31/2012   |
| Event Location  | 372 Commercial St  |
| Event City  | Roanoke  |
| Facility Owner  | Northern Indiana Public Service Company                                    |
| Excavator   | Garcia Concrete Const.   |
| Date of IURC Information Request                              | 2/13/2013  |
| <b>THE PARTIES</b>  |  |
| <b>EXCAVATOR:</b>   |  |
| BUSINESS NAME   | Garcia Concrete Construction   |
| RESPONSIBLE PARTY PERSONAL NAME                               |  |
| TITLE (IF ANY)  |  |
| ADDRESS   | 2316 Southyard Ct  |
| CITY/ STATE/ZIP   | Fort Wayne, IN 46818   |
| PREFERRED TELEPHONE   | 260-637-1818   |
| CELL PHONE TELEPHONE  | 260-209-0872   |
| EMAIL ADDRESS   | garciaconcrete@frontier.com  |
| <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   | <a href="mailto:morganthompson@usicinc.com">morganthompson@usicinc.com</a> |
| <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                               | 372 Commercial St    |
| CITY/STATE/ZIP                        | Roanoke, IN 46783    |
| NEAREST INTERSECTION                  | E 4 <sup>th</sup> St |
| <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                      |                      |
| Boring/Drilling                       |                      |
| Directional Drilling                  |                      |
| Explosives                            |                      |
| Farm Equipment                        |                      |
| Grader/Scraper                        |                      |
| Hand Tools                            | X                    |
| Milling Equipment                     |                      |
| Probing Device                        |                      |

|  |   |
|--|---|
| Trancher                                   |   |
| Vacuum Equipment                           |   |
| Unknown/Other                              |   |
| <b>TYPE OF WORK PERFORMED (Select One)</b> |   |
| Agriculture                                |   |
| Cable TV                                   |   |
| Curb/Sidewalk                              | X |
| 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                                      |   |
| Waterway Improvement                       |   |
| Unknown/Other                              |   |
|  |   |
| RELEASE OF PRODUCT (YES/NO)                | Y |
| IGNITION AND/OR FIRE (YES/NO)              | N |
| EXCAVATOR NOTIFY 811 (YES/NO)              | N |
| <b>LOCATE INFORMATION:</b>                 |   |
| EXCAVATOR REQUEST LOCATE (YES/NO)          | N |

|   |     |
|---|-----|
| INDIANA 811 LOCATE TICKET NUMBER  | N/A |
| 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)   |     |
| AMBULANCE RESPONSE (YES/NO)   |     |
| <b>ADDITIONAL INFORMATION/COMMENTS</b>  |     |
| <p>No notification made to the one-call center</p> <p>Locates onsite for different contractor ticket 1210190512</p> |     |

**Fact Based Investigation Report**

NOTIFICATION ID: 01820121031005

DISTRICT: Northern IN

DAMAGE DATE: 10/31/2012 11:00:00 AM

NOTIFICATION DATE: 10/31/2012 11:01:46 AM

NOTIFIED BY: Tenielle Facility Owner

DAMAGE ADDRESS: 372 Commercial St

CITY: ROANOKE

ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 10/31/2012

FROM: 11:40:00

TO: 12:05:00

EXCAVATOR INVOLVED: EARTH CONSTRUCTION

TYPE OF EXCAVATION: SIDEWALK REPLACE

ORIG. LOCATE REQ.: 1210190512

START DATE/TIME: 10/23/2012 9:15:00 AM

TYPE OF TICKET: Ongoing Project

LOCATE REQ. INFO N/A:

DIG UP/DAMAGE REQ.: 1210311089

START DATE/TIME: 10/31/2012 10:50:00 AM

PICTURES TAKEN BY: CLINT SLUSS DATE/TIME: 10/31/2012 11:50:00 AM

PHOTOGRAPHY TYPE: Digital

FRAME #:

INVESTIGATOR EMP#: 117331

INVESTIGATOR NAME: CLINT SLUSS

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

**Fact Based Investigation Customer Information**

NOTIFICATION ID: 01820121031005

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: (optional)

FACILITY DESCRIPTION: LOWPROF

FACILITY ID: Gas Service

LOCATOR NAME & EMP #: Esslinger Zack - 131325

LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:

Facility Marked Accurately

Other:

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

Visual, Facility Exposed At Time Of Investigation

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

CONTRACTOR WAS DRIVING IN STAKES FOR SIDEWALK FORMS AND HIT A PLASTIC GAS SERVICE , MARKS WERE LESS THAN A FOOT OFF BUT WITHIN OUR 24" TOLERANCE ZONE.

**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?** Yes  
**WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS?** Yes  
**EXTENT OF FACILITY DAMAGE** HOLE IN SERVICE  
**REPLACEMENT FOOTAGE** 1 FT  
**WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?** No  
**WHAT CONTRACTOR EQUIPMENT WAS USED?** NA  
**IS THE FACILITY SHOWN ON THE UTILITY RECORDS?** No  
**IF YES, PLEASE LIST RECORD #(S)** RONOAKE



WERE LESS THAN A FOOT OFF BUT WITHIN OUR 24" TOLERANCE ZONE.

**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?** Yes

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

**EXTENT OF FACILITY DAMAGE** HOLE IN SERVICE

**REPLACEMENT FOOTAGE** 1 FT

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

**WHAT CONTRACTOR EQUIPMENT WAS USED?** NA

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

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

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA FORT WAYNE MAXIMO WO# M 596140
OPERATING AREA CONTACT JASON HANER JOB ORDER # 564452
TRACKING NUMBER 018 2012 1031 005 LOCATE REF # NOT ON SITE
Locate Performed By:

DATE AND TIME OF ACCIDENT 10-31-12 10:22:55 AM DATE OF REPORT 10-31-12
PLACE OF DAMAGE (INCLUDE CITY) 372 COMMERCIAL ST ROANOK, IN 46783

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

OTHER (DESCRIBE)
GAS: SERVICE (X) MAIN ( ) SIZE 3/8" MATERIAL: PLASTIC (X) STEEL ( ) METER ( ) REG STATION ( ) STUB ( )
OTHER (DESCRIBE)

DEPTH OF FACILITY (inches) 12 PRESSURE (PSI) 35 Lbs.
RELEASE OF GAS: YES ( ) NO ( ) IGNITION OF GAS: YES ( ) NO (X) EVACUATION REQUIRED: YES ( ) # NO (X)
INTERRUPTION OF SERVICE: YES (X) NO ( ) NUMBER OF CUSTOMERS LOST: 1
DURATION OF INTERRUPTION: TIME REPORTED 11:45 TIME SHUT OFF 12:00 TIME RESTORED 12:45
DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/4" hole

LOCATE MARKS ON SITE: YES (X) DISTANCE BETWEEN FACILITY AND LOCATE MARKS 6" NO ( )
HOW LOCATED: PAINT ( ) FLAGS ( ) BOTH (X) WHITE LINED ( )

PARTY THAT CAUSED DAMAGES (NAME) GARCIA CONCRETE CONSTRUCTION
ADDRESS OF PARTY (INCLUDE CITY) 2316 SOUTH YARD CT FW IN 46818

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE DAN BECK
WITNESS NAME AND ADDRESS DAN BECK - SAME

WITNESS REMARKS THOUGHT SERVICE WAS DEEPER

AGENCIES NOTIFIED /ONSITE: POLICE ( ) AGENCY REPORT #
FIRE (X) AGENCY REPORT #
OTHER ( ) Any Injuries? ( ) YES # (X) NO

PHOTOS TAKEN: YES ( ) NO (X) TAKEN BY: (ATTACH PHOTOS TO REPORT)
MEDIA ON SITE YES ( ) NO (X)

- WORK IN PROGRESS WHEN FACILITY DAMAGED -- CHECK APPROPRIATE CHOICE BELOW
( ) AGRICULTURE/FARMING ( ) CABLE TV (X) CURB/SIDEWALK ( ) TELECOMMUNICATIONS
( ) BLDG CONSTRUCTION ( ) DEMOLITION ( ) DRAINAGE ( ) WATER
(X) DRIVEWAY ( ) ELECTRIC ( ) SURVEYING ( ) DRAINS/CULVERTS
( ) FENCING ( ) GRADING ( ) IRRIGATION ( ) MOWING
( ) LANDSCAPING ( ) PIPELINE ( ) MILLING ( ) OTHER
( ) POLE/SIGN POST ( ) ROAD WORK ( ) SEWER

- TYPE OF EQUIPMENT USED -- CHECK APPROPRIATE CHOICE BELOW
( ) AUGER (X) HAND TOOLS ( ) BACKHOE/TRACKHOE
( ) MILLING EQUIPMENT ( ) PROBING DEVICE ( ) BORING / DRILLING
( ) EXPLOSIVES ( ) TRENCHER ( ) FARM EQUIPMENT
( ) VACCUUM EQUIPMENT ( ) GRADER ( ) OTHER

- REASON DAMAGE OCCURRED-- CHECK APPROPRIATE CHOICE BELOW
( ) AUTOMOTIVE ACCIDENT ( ) EXCAVATING BEFORE LOCATES DUE (X) CARELESS MACHINE OPERATOR
( ) NO NOTIFICATION ( ) MARKS DISTURBED ( ) STUB ( ) OTHER

COMMENTS : CONTRACTOR DRIVING STAKE FOR SIDEWALK  
FORMS . HIT 3/8" PL SERVICE TO 372 COMMERCIAL S

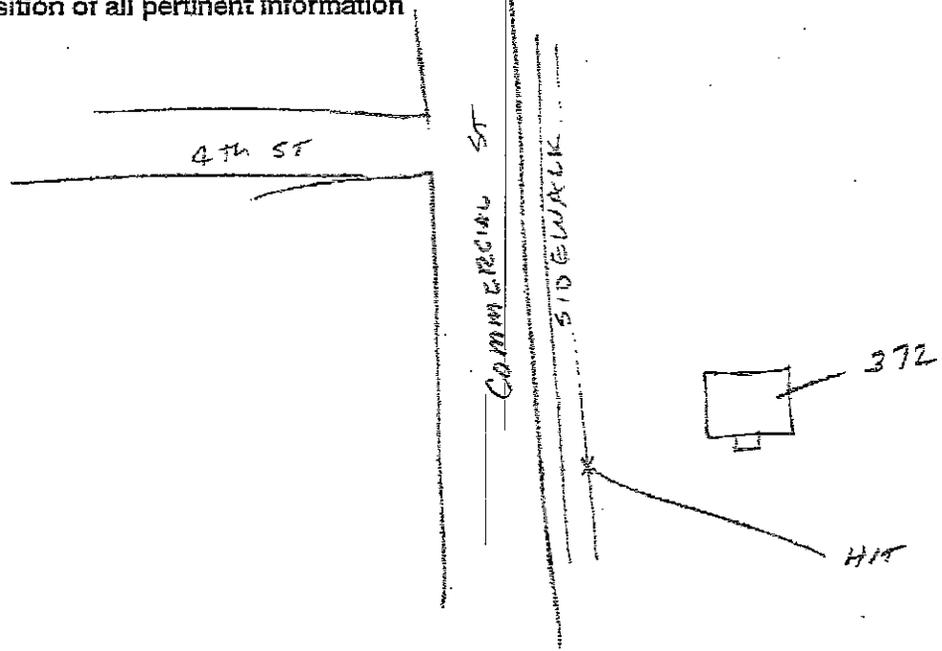
PERSON PREPARING REPORT F SAUCEDO

FIELD SUPERVISOR JRP

FIELD MANAGER Ranillo Duran

- 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

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### 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

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### Excavator Information, if known

Full name: Garcia Concrete Const.

Business address (*number and street*): 2316 Southyard Ct

City, State, and ZIP code: Fort Wayne, IN 46818

Telephone number (*area code*): 260-637-1818

Fax number (*area code*): 260-637-7007

E-mail address: garciaconcrete@frontier.com

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### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Hand Tools

Type of work performed: Curb/Sidewalk

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**Date and Location of Damage**

Date of damage (*month, day, year*): Oct 31, 2012

County: Huntington

City: Roanoke

Street address (*number and street, city, state, and ZIP code*):  
372 Commercial St, Roanoke, IN 46783

Nearest intersection: N/A

Right of way where damage occurred: Public - City Street

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? 0

Time to restore service (*in hours*): 1

Enter number of injuries, if applicable and known: \_\_\_\_\_

Enter number of fatalities, if applicable and known: \_\_\_\_\_

Property damage, Estimate \$ \_\_\_\_\_

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**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? 12

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**Notification, Locating, Marking**

Did excavator request locates prior to commencing work? No

Enter Indiana 811 ticket number, if known: \_\_\_\_\_

Was the locate request completed within two working days? Yes

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? Yes

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? Yes

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### **Description of Cause**

Select from the list the most accurate cause for the damage: --No notification made to the one-call center

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### **Additional Comments**

Locates on-site for a different contractor.

Nipsco emergency repair ticket -- 1210311089



## INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

**Case Number:** 4370

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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: Garcia Concrete Construction, Inc.

Responsible Party Personal Name: Manuel Garcia

Title (if any): President

Address (number and street): 2316 Southyard Court

City, State and ZIP Code: Fort Wayne, IN 46818

Preferred Telephone Number (area code): (260) 637-1818

Cellular Telephone Number (area code): (260) 609-0872

Email Address: garciaconcrete@frontier.com

#### Facility Information:

Business Name: Northern Indiana Public Service Company

Responsible Party Personal Name: \_\_\_\_\_

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

Address (number and street): 801 E. 86TH AVENUE

City, State and ZIP Code: MERRIVILLE, IN 46410-6271

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

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

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

**Locator Service Information:**

Business Name: \_\_\_\_\_

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: \_\_\_\_\_

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**Cause of Damage Information**

**Type of Equipment (select one):** Hand Tools

**Type of Work Performed (select one):** Curb/Sidewalk

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

Personal Contact: Daniel Beck

Business/Organization Name: Garcia Concrete Construction, Inc.

Title (if any): Foreman

Address (number and street): 11011 S. 550 East

City, State and ZIP Code: LaOtto, In46763

Preferred Telephone Number (area code): (260) 609 0873

Cellular Telephone Number (area code): (260) 609-0873

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

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### Utility Line Impact

#### Location of Damage:

Address (*number and street*): 372 Commercial Street

City, State and ZIP Code: Roanoke, In 46783

Nearest Intersection: 4th Street and Commercial St.

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Service/Drop

Size (Diameter/etc.): 1/2"

Pressure (PSIG/Inches): \_\_\_\_\_

Interruption in Service:      Yes      No     Number of Customers Affected: 1

Evacuation:      Yes      No     If yes, How Many Evacuated? \_\_\_\_\_

Repair Cost (if known): \$ 608.21

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: \_\_\_\_\_

- 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**

Gas line not at proper depth (6" from surface)

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 4370

Your Full Name: Manuel Garcia

Full Name of Business / Entity (if applicable): Garcia Concrete Construction, Inc.

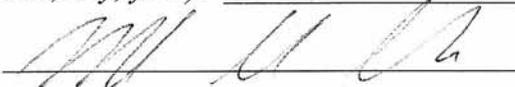
Your Business Title (if applicable): President

Address (number and street): 2316 Southyard Court

City: Fort Wayne State: IN ZIP Code: 46818

Your E-mail Address: garciaconcrete@frontier.com

Today's Date (month, day, year): 02/27/2013

Your Signature:  Title (if any) President

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 4370**  
**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)