



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Jim Mills**

UPPAC Database Record ID: 4381

Report Date: 3/21/2013

Investigator: Howard Friend

Damage Date: 11/16/2012

Damage Address: 11332 Trentman Rd., Fort Wayne, Allen

### The Parties

Excavator: **Jim Mills**

Address: 11332 Trentman Rd., Fort Wayne, In 46816

Facility Owner: **NIPSCO**

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Pole

### Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries:

Fatalities:

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 excavation to install a light pole.

**Findings:** Reported by Carrie Ludwig (NIPSCO); excavator's response to initial notice was received on 3/18/2013. The homeowner reported he requested locates 1 ½ to 2 years ago. He hit the line then and he did not need to call in this time because he remembered the location from last time.

**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 8, 2013

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

Pipeline Safety Division – Case No. 4381  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4381

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: 11/16/2012

Event Location: 11332 Trentman Rd.

City: Fort Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: Jim Mills

Other Party: N/A

Pipeline Division Case No. 4381

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. 4381</b>	
Date of Event	11/16/2012
Event Location	11332 Trentman Rd.
Event City	Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	Jim Mills
Date of IURC Information Request	2/13/2013
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Jim Mills
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	11332 Trentman Rd
CITY/ STATE/ZIP	Fort Wayne, IN 46816
PREFERRED TELEPHONE	260-639-0791
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	1-317-538-7301
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	11332 Trentman Rd
CITY/STATE/ZIP	Fort Wayne, IN 46816
NEAREST INTERSECTION	Hidden Hills Ln
<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)	30
INTERRUPTION IN SERVICE (YES/NO)	YES
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	NO
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	
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	
Waterway Improvement	
Unknown/Other	X-Light Post
RELEASE OF PRODUCT (YES/NO)	YES
IGNITION AND/OR FIRE (YES/NO)	NO
EXCAVATOR NOTIFY 811 (YES/NO)	NO
<b>LOCATE INFORMATION:</b>	

EXCAVATOR REQUEST LOCATE (YES/NO)	NO
INDIANA 811 LOCATE TICKET NUMBER	N/A
LOCATE MARKS VISIBLE (YES/NO)	NO
LOCATE MARKS CORRECT (YES/NO)	NO
EXCAVATOR "WHITE LINED" (YES/NO)	N/A
MAPS USED TO MARK FACILITIES (YES/NO)	NO
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	NO
<b>INCIDENT IMPACT INFORMATION</b>	
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)	
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
No notification made to the one-call center	

NORTHERN INDIANA PUBLIC SERVICE COMPANY  
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA 220 FtW MAXIMO WO # M608688  
OPERATING AREA CONTACT Jason Heimer JOB ORDER # 564922  
TRACKING NUMBER 0182012116010 LOCATE REF # N/A  
Locate Performed By: 431C CIS 760625200

DATE AND TIME OF ACCIDENT 11-16-12 20:13:23 PM DATE OF REPORT 11-16-12  
PLACE OF DAMAGE (INCLUDE CITY) 11332 Treatment ED FT Wayne In 46816

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) 30" PRESSURE (PSI) 30 Lbs.

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

INTERRUPTION OF SERVICE: YES  NO ( ) NUMBER OF CUSTOMERS LOST: 1

DURATION OF INTERRUPTION: TIME REPORTED 13:23p TIME RESTORED 14:45p

DIAMETER MEASUREMENT OF HOLE IN GAS FACILITY: 2 1/2"  
5/8"

LOCATE MARKS ON SITE: YES ( ) DISTANCE BETWEEN FACILITY AND LOCATE MARKS \_\_\_\_\_ NO

HOW LOCATED: PAINT ( ) FLAGS ( ) BOTH ( ) WHITE LINED ( )

PARTY THAT CAUSED DAMAGES (NAME) Jim Mills

ADDRESS OF PARTY (INCLUDE CITY) 11332 Treatment ED

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Jim Mills

WITNESS NAME AND ADDRESS Jim Mills 11332 Treatment ED

WITNESS REMARKS \_\_\_\_\_

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 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 checked="" 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 checked="" type="checkbox"/> HAND TOOLS | <input 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 checked="" type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED               | <input type="checkbox"/> STUB <input checked="" type="checkbox"/> OTHER <u>no locates</u> |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS: Customer putting in light post, Hit 5/8 pl. Service.  
no locates

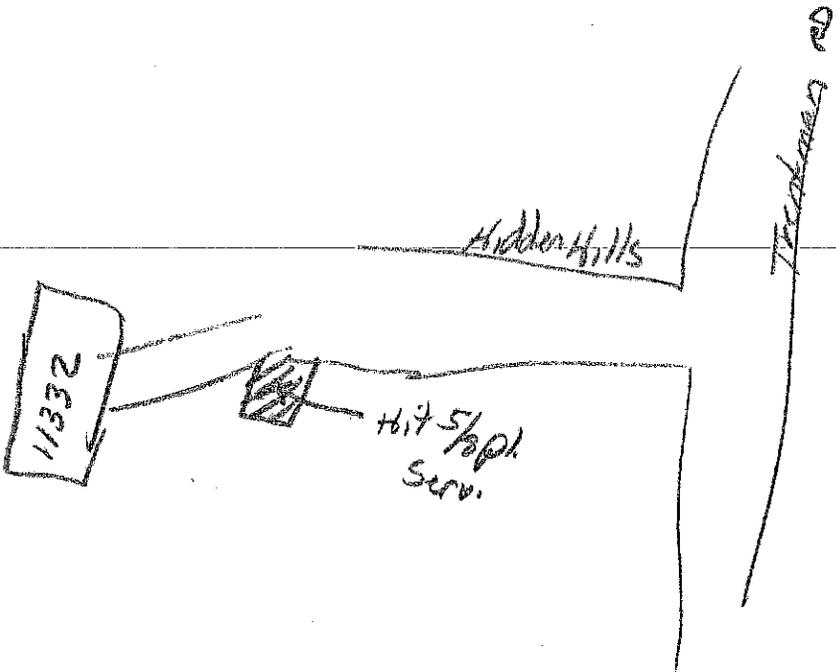
PERSON PREPARING REPORT Tomms 068135

FIELD SUPERVISOR [Signature]

FIELD MANAGER Randell Dumm

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

# LEAK INVESTIGATION FORM

## Section 1 - To be Completed by the First Responder (information known during initial investigation)

CIS Ticket Number: 760625200 Date Reported: 11-16-12 Time Leak Reported (Military): 13:23  
 MO DAY YR HR MIN  
 LOA: 220 71 Wayne GPS Coordinates: Latitude \_\_\_\_\_ N Longitude \_\_\_\_\_ W  
 City Name: FTW  
 Address or Location: 11332 Treatman RD 236837

### Leak Location:

1.  No Leak Found
2.  Customer Equip.
3.  Main
4.  Service
5.  Meter Loop  
(Lockwing and above)
6.  Regulator Station

### For Services Only:

Re-tested at 90 PSIG  
 for 15 minutes

### Leak Grade:

1.  Hazardous
2.  Non-Hazardous, Scheduled Repairs
3.  Non-Hazardous, Monitored

Leak Resolution M 608632

1.  Leak Repaired
2.  Pipe Replaced } Leak Closed
3.  Pipe Retired } M 608688
4.  Grade 2 or 3 Leak Not Repaired }  
To be scheduled for re-evaluation/repair

If marked and not making repairs you must complete **bold box** below.  
 If repairs are made, complete all Section 2.

Residual Gas Present:  Yes  No  
 (Grade 1 Leak Only)

1st Responder: User ID: 068135 Jemms Leak Referred to: Serv  
 (FIRST NAME) (MI) (LAST NAME)

## Section 2 - To be Completed by the Person Making Repairs to a Grade 1, 2 or 3 Leak

Comments: 1 bit 5/8 pt. serv. repaired on site.  
TRK # 0182012116010

Repaired/Inspected: 11-16-12 Time: 15:30 (Military) User ID: 068135 Jemms  
 MO DAY YR HR MIN (FIRST NAME) (MI) (LAST NAME)

### Cause of Leak:

#### A. Material or Welds

1. Faulty weld, dent, gouge, excess stress
2. Manufacturing defect

#### B. Corrosion

1. External
2. Internal
3. Stress Corrosion Cracking  
(must be confirmed by Corrosion group)

#### C. Weather/Outside Forces

1. Natural Forces (weather, washouts, frost heave, frozen equipment etc.)
2. Other Outside Forces (fire, explosion, vandalism etc.)  
(explain in comments)

#### D. Excavation

1. Company Crew
2. Contractor Crew
3. Third Party

Identification: Home owner

Contractor Crew: \_\_\_\_\_

Third Party Name: Sum Mills

#### E. Equipment Failure and Operations

1. Inadequate or failure to follow correct procedures
2. Equipment Malfunction (i.e. gasket/o-ring failure, stripped threads etc.)

#### F. Other (Explain in comments) (includes thread leaks)

1.  No Locate Request
2.  Request, No Locate
3.  Mislocated
4.  Accurate Locate

CIS Grid Number: \_\_\_\_\_ Pipe Size: 5/2 inches Soil Condition: a dry  moist  wet

Corrosion CP Section Number (Steel): \_\_\_\_\_ Transmission Line section \_\_\_\_\_

## Section 3 - For Reporting Results of a Scheduled Re-inspection or Repair ONLY.

### Re-evaluated Leak Resolution

1.  Leak Repaired
  2.  Pipe Replaced
  3.  Pipe Retired
  4.  No Leak Found
  5.  Leak Re-classified
  6.  Grade 2 or 3 Leak, Schedule for repair/re-evaluation
- } Leak Closed

### Re-classified Leak Grade:

1.  Hazardous
2.  Non-Hazardous, Scheduled Repairs
3.  Non-Hazardous, Monitored

### Material:

1.  Coated Steel
2.  Bare Steel
3.  Plastic
4.  Cast Iron
5.  Copper
6.  Wrought Iron

### Pipeline Identifier:

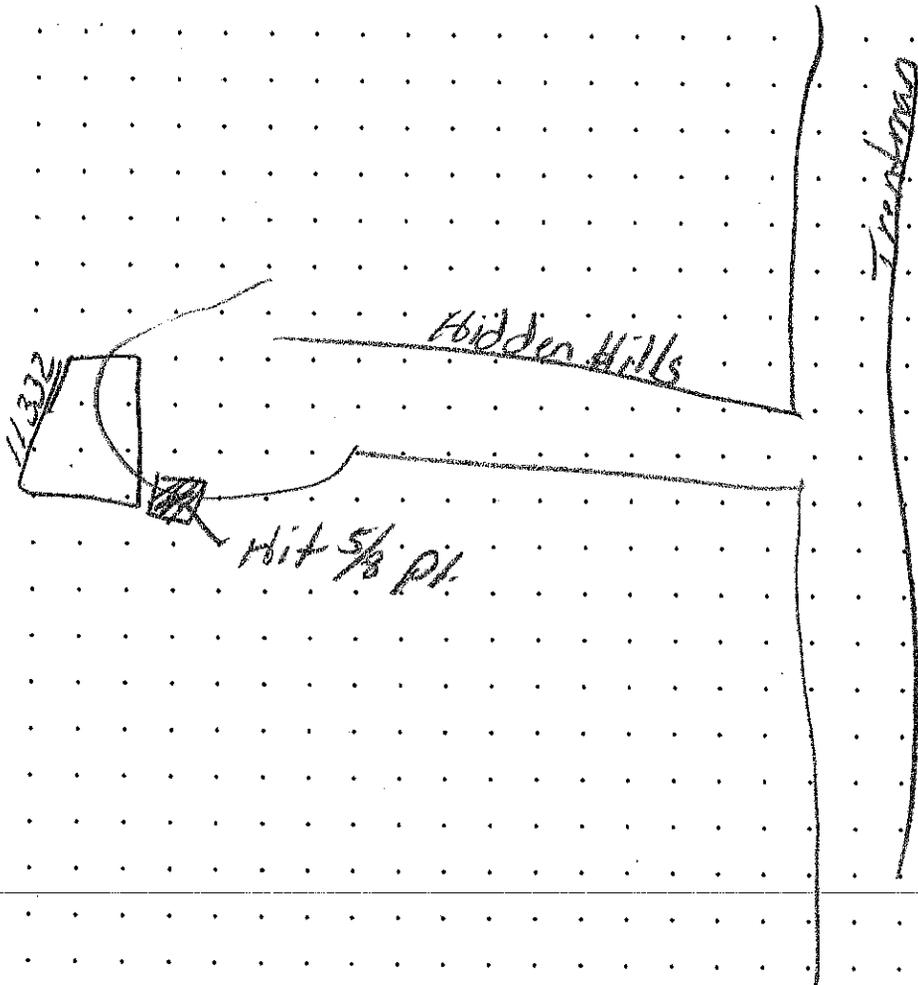
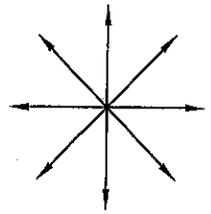
1.  Distribution
2.  Transmission
3.  Transmission HCA

**METER #**

Re-evaluation Comments: \_\_\_\_\_

Repaired/Re-evaluated: \_\_\_\_\_ Time: \_\_\_\_\_ (Military) User ID: \_\_\_\_\_  
 MO DAY YR HR MIN (FIRST NAME) (MI) (LAST NAME)

Indicate North



Instructions:

1. Locate leak point and mark with X
2. Provide dimensions from centerlines, utility poles, curb lines etc.
3. Outline leak migration perimeter, provide dimensions and indicate % gas from leak point to 0%.

LEGEND

- X Centered Leak
- O Valve or Curb Box
- △ Manhole
- △ Conduit Manhole
- Catch Basin
- ⊕ Utility Pole
- ▨ Leak Area

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee ID Number: U068135 NAME: Rodney Tomms DATE: 1/16/12 HRI NUMBER: 605-212-200 SUPV. NO. AUTH. JFR

JOB DETAIL

DEPT. SERVICE

ACTUAL HOURS	LOC	ACCOUNT NUMBER	ACTIVITY NUMBER	UPGRADE JOB NO.	HOURS	BONUS CODES				UNITS	VARIANCE	EQUIP. HRS.
						MULT CODE	1	2	3			
07 30	1	Safety meeting	1586035		10/31							
07 45	2	ROR / SOND'S	2016524		10/31							
09 15	3	111625 Houghton	2016585		10/31							
10 00	4	Leak			10/31							
11 30	5	Leak			10/31							
12 30	6	Leak			10/31							
13 30	7	Leak			10/31							
15 30	8	Leak			15/50							
16 15	9	Leak										
	A											
	B											
	C											
	D											
	E											
TOTAL		8 25										

CLOCK HOURS TO BE PAID @ 10 8 00 12 15 20 25 75 3/22/1

AUTOMOTIVE EQUIPMENT # Q EQUIPMENT NUMBER ODOMETER READINGS HOUR METER READINGS CODE SP. RATES CD RATE DAY 1 1 1 DAY 1 1 1 NO. OF HOLIDAYS

REPEATED RECORDS

SIN 112006





TRACKING # / 11332 TRENTMAN RD, FT WAYNE  
Amber Ferguson to: Nipsco - USIC Fort Wayne  
Cc: SLC Distribution Clerks

11/16/2012 02:05 PM

**INDIANA 811 AND TRACKING NUMBERS FOR HIT LINES**  
**EFFECTIVE 2/15/12**

**ADDRESS: 11332 TRENTMAN RD**

**CITY: FT WAYNE**

**RESPONDING SERVICEMAN: RODNEY TIMMS**

**CIS SITE ID #: 878745004**

**USIC TRACKING NUMBER: 018 2012 1116 010**

**WMC ASSIGNER/DISPATCHER NAME: DAN LOPEZ**

**INDIANA 811 LOCATE # (if applicable):**

**MAXIMO #**

**Updated 2/15/12**

Amber Ferguson | WMC – Distribution Clerk  
NIPSCO | 801 E. 86<sup>th</sup> Avenue, Merrillville, IN 46410

760625200

236837

608632

608688

Wmc  
↑  
Created

la  
M  
M



# DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)  
INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jan 16, 2013

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## Who is submitting this information?

Name of person providing this information: Carrie Ludwig

Business address (*number and street*): 3511 East 15th Avenue

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: Jim Mills

Business address (*number and street*): 11332 Trentman Rd.

City, State, and ZIP code: Fort Wayne, IN 46816

Telephone number (*area code*): (260) 639-0791

Fax number (*area code*): \_\_\_\_\_

E-mail address: \_\_\_\_\_

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## Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Hand Tools

Type of work performed: Pole

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**Date and Location of Damage**

Date of damage (*month, day, year*): Nov 16, 2012

County: Allen

City: Fort Wayne

Street address (*number and street, city, state, and ZIP code*):  
11332 Trentman Rd., Fort Wayne, IN 46816

Nearest intersection: \_\_\_\_\_

Right of way where damage occurred: Private - Land Owner

Was there a release of product? No

If yes, was there an ignition of product? No

Were evacuations necessary as a result of release? No

If yes, how many evacuated? \_\_\_\_\_

Was there a customer service interruption? Yes

If yes, how many affected? 1

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? 30

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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? Unknown/Other

If locates were performed, were they done so by a contractor or pipeline employee? Unknown/Other

If a contractor locator, enter the company name, if known: \_\_\_\_\_

Were facility marks visible in the area of excavation? No

Were facilities marked correctly? Unknown/Other

Type of markings used:

If other, please specify: \_\_\_\_\_

Was site marked by "White Lining"?

Were special instructions part of the locate request?

Were maps used to complete the locate request?

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

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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**

**Fact Based Investigation Report**

NOTIFICATION ID: 01820121116010

DISTRICT: Northern IN

DAMAGE DATE: 11/16/2012 11:30:00 AM

NOTIFICATION DATE: 11/16/2012 2:03:35 PM

NOTIFIED BY: AMBER Facility Owner

DAMAGE ADDRESS: 11332 TRENTMAN RD X HIDDEN HILLS LN

CITY: FORT WAYNE

ST: IN ZIP:

---

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 11/16/2012

FROM: 15:45:00

TO: 16:15:00

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EXCAVATOR INVOLVED: Homeowner

TYPE OF EXCAVATION: UNKNOWN

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ORIG. LOCATE REQ:

START DATE/TIME:

TYPE OF TICKET:

LOCATE REQ. INFO N/A: Yes

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DIG UP/DAMAGE REQ: M71160578

START DATE/TIME:

---

PICTURES TAKEN BY: KARL JONES

DATE/TIME: 11/16/2012 4:15:00 PM

PHOTOGRAPHY TYPE: Digital

FRAME #: N/A

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INVESTIGATOR EMP#: 131772

INVESTIGATOR NAME: KARL JONES

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

**Fact Based Investigation Customer Information**

NOTIFICATION ID: 01820121116010

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: (optional)

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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:

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

Visual, Facility Exposed At Time Of Investigation

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INVESTIGATOR STATEMENT/CAUSAL FACTORS:

11-19-2012 / JACK LANE / KARL JONES INVESTIGATED THE DAMAGE ON 11-16-2012 HOME OWNER DIGGING WITHOUT A TICKET CUT NIPSCO SERVICE. DAMAGE PHOTOS ATTACHED TO THE DAMAGE TICKET.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:  
NONE

NAMES OF EXCAVATOR'S REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:  
NONE

LIST ANY OTHER INDIVIDUALS ON SITE:  
NONE

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WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL? No

WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA? Yes

WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS? No

EXTENT OF FACILITY DAMAGE CUT SERVICE

REPLACEMENT FOOTAGE UNKNOWN

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)



Property of United States Infrastructure Corporation  
Photo taken on 11/16/2012 3:03:26 PM



**INFORMATION REQUEST**

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

RECEIVED

MAR 18 2013

INDIANA UTILITY  
REGULATORY COMMISSION

Case Number: 4381

*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:** Homeowner

Business Name: NONE

Responsible Party Personal Name: Jim Mills

Title (if any): Home Owner

Address (number and street): 11332 Trentman Rd.

City, State and ZIP Code: Ft. Wayne IN. 46816

Preferred Telephone Number (area code): 260 341-1503

Cellular Telephone Number (area code): Same

Email Address: Mills - Mills @ Comcast.net

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

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

**Cause of Damage Information**

Type of Equipment (select one): *small back hoe*

Type of Work Performed (select one): *Digging a hole 3'x3' for a Post*

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

Personal Contact: *NONE*

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): Same 11332 Trentman Rd

City, State and ZIP Code: Ft. Wayne In. 46816

Nearest Intersection: Monroeville / Trentman

**Product Type (select one):**

**Facility Type (select one):**

Size (Diameter/etc.): maybe 3/4 plastic

Pressure (PSIG/Inches): not sure

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

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

Repair Cost (if known): \$ None by owner

Release of Product:  Yes  No for about 15 seconds then pinched off

Ignition and/or Fire:  Yes  No

Excavator Notify 811:  Yes  No

**Locate Information**

Excavator Request Locate:  Yes  No

Indiana 811 Locate Ticket Number: Reason because 1 1/2 - 2 years ago I the home owner called 811 and they marked it wrong and i hit the line. This time i did not call them because of there mark last time showed that i would be alright.

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 *last time*  
 Operator Employees On-site during Excavation:  Yes  No

**Incident Impact Information**

Number of Outpatient Treated: None  
 Number of Inpatient Treated: None  
 Number of Fatalities: None

Fire Department Response:  Yes  No  
 Police Department Response:  Yes  No  
 Ambulance Response:  Yes  No

**Additional Information / Comments**

If the homeowner hit the line and closed it off because i have seen them pinched off before. I had it marked before and they marked it wrong. This time i did not call for one because of the last time. what should i do, I hit it marked and then i hit it not marked. I am sorry but it hurt no one I

have been told before how to handle them.

I do not do this for a living

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: \_\_\_\_\_

Your Full Name: James R. Mills

Full Name of Business / Entity (if applicable): NONE

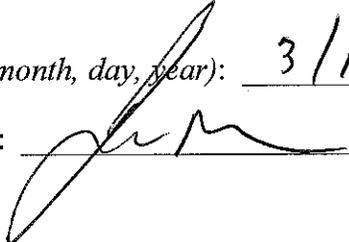
Your Business Title (if applicable): NONE

Address (number and street): 11332 Trendman Rd

City: Ft. Wayne State: IN ZIP Code: 46816

Your E-mail Address: Mills-mills@comcast.net

Today's Date (month, day, year): 3/11/13

Your Signature:  Title (if any) Home Owner

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number \_\_\_\_\_**  
**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)**