STATE OF INDIANA

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

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

Pipeline Safety Division Investigation Report

Investigation regarding: John Motz

UPPAC Database Record ID: 4385

Report Date: 3/27/2013 Investigator: Howard Friend

Damage Date: 11/20/2012 Damage Address: 10415 Oaktree Rd, Fort Wayne, Allen

The Parties

Excavator: **John Motz**

Address: 10415 Oaktree Rd, Fort Wayne, In 46845

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe Type of Work Performed: Water

Damage Impact

Product Release: Yes Ignition: No

Service Interruption: True Number of Customers Affected: 1

Injuries: 0 Fatalities: 0 Repair Cost (if known): $360

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes Indiana 811 Ticket Number: 1211180020 Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

Synopsis: A natural gas line was damaged during excavation for a water leak or building addition or a fence.

Findings: Reported by Tommy Buher (NIPSCo); excavator's response to initial notice was received on 3/26/2013. The excavator/homeowner reported he damaged the line while digging for a water line. He did not provide us with a locate number responding that we have it on file. The operator provided two (2) numbers that are attributed to the homeowner. The homeowner was digging prior to either number being good. The operator reported the homeowner was digging prior to the locate numbers due date.

Conclusion: There was a failure to provide notice of excavation by excavating prior to having an active locate.

Violation: 8-1-26-16(g)(prior) Failure to provide notice of excavation - damage occurred prior to two working days from request date.

150 West Market Street, Suite 600
Indianapolis, IN 46204

March 8, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov
Pipeline Safety Division – Case No. 4385
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4385

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: 11/20/2012

Event Location: 10415 Oaktree Rd

City: Fort Wayne

Facility Owner: Northern Indiana Public Service Company

Excavator: John Motz

Other Party: N/A

Pipeline Division Case No. 4385

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. 4385	
Date of Event	11/20/2012
Event Location	10415 Oaktree Rd
Event City	Fort Wayne
Facility Owner	Northern Indiana Public Service Company
Excavator	John Motz
Date of IURC Information Request	2/13/2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	John Motz
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	10415 Oaktree Rd
CITY/ STATE/ZIP	Fort Wayne, IN 46845
PREFERRED TELEPHONE	260-450-3815
CELL PHONE TELEPHONE	260-450-3815
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	1-317-538-7301
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	10415 Oaktree Road
CITY/STATE/ZIP	Fort Wayne, IN 46845
NEAREST INTERSECTION	W Dupont Rd
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.)	1/2
PRESSURE (PSIG/INCHES)	
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) ($)	
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	X
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scrapper	
Hand Tools	
Milling Equipment	

Probing Device	
Trencher	
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)	
Site Development	
Steam	
Storm Drain/Culvert	
Street Light	
Telecommunications	
Traffic Signal	
Traffic Sign	
Water	X
Waterway Improvement	
Unknown/Other	
RELEASE OF PRODUCT (YES/NO)	YES
IGNITION AND/OR FIRE (YES/NO)	NO
EXCAVATOR NOTIFY 811 (YES/NO)	NO
LOCATE INFORMATION:	

EXCAVATOR REQUEST LOCATE (YES/NO)	YES
INDIANA 811 LOCATE TICKET NUMBER	1211180020
LOCATE MARKS VISIBLE (YES/NO)	NO
LOCATE MARKS CORRECT (YES/NO)	N/A
EXCAVATOR "WHITE LINED" (YES/NO)	NO
MAPS USED TO MARK FACILITIES (YES/NO)	N/A
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	NO
INCIDENT IMPACT INFORMATION	
NUMBER OF OUTPATIENT TREATED	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FATALITIES	0
FIRE DEPARTMENT RESPONSE (YES/NO)	N/A
POLICE DEPARTMENT RESPONSE (YES/NO	N/A
AMBULANCE RESPONSE (YES/NO)	N/A
ADDITIONAL INFORMATION/COMMENTS	
Notification to one-call center made but not sufficient. Contractor dug before locates were due.	

Fact Based Investigation Report

NOTIFICATION ID: 01820121120003 **DISTRICT:** Northern IN
DAMAGE DATE: 11/20/2012 9:35:00 AM **NOTIFICATION DATE:** 11/20/2012 9:37:04 AM
NOTIFIED BY: Marcia King Facility Owner
DAMAGE ADDRESS: 10415 Oaktree Rd
CITY: Ft Wayne **ST:** IN **ZIP:**

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 11/20/2012
FROM: 11:10:00 **TO:** 11:30:00

EXCAVATOR INVOLVED: Homeowner
TYPE OF EXCAVATION: repair water line

ORIG. LOCATE REQ.: 1211180020 **START DATE/TIME:** 11/21/2012 7:00:00 AM
TYPE OF TICKET: Routine **LOCATE REQ. INFO N/A:**

DIG UP/DAMAGE REQ.: M71409519 **START DATE/TIME:**

PICTURES TAKEN BY: John Deitrick **DATE/TIME:** 11/20/2012 11:10:00 AM
PHOTOGRAPHY TYPE: Digital **FRAME #:**

INVESTIGATOR EMP#: 131108 **INVESTIGATOR NAME:** John Deitrick
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820121120003
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: *(optional)*

FACILITY DESCRIPTION: LOWPROF **FACILITY ID:** Gas Service
LOCATOR NAME & EMP #: Deitrick John - 131108
LOCATOR NOT KNOWN:

CHECK ALL THAT APPLY TO INVESTIGATION:

Contractor Dug Before Ticket Due,
Contractor Dug Outside Marking Instructions

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:
locate request for that was on side of building for a fence, and ticket was not due for that till 7am the next day and no new ticket to dig up in the front

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?	No
WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA?	No
WAS THE EXCAVATION WITHIN THE TOLERENCE ZONE OF MARKS?	No
EXTENT OF FACILITY DAMAGE	cut
REPLACEMENT FOOTAGE	1ft
WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?	No
WHAT CONTRACTOR EQUIPMENT WAS USED?	backhoe
IS THE FACILITY SHOWN ON THE UTILITY RECORDS?	No
IF YES, PLEASE LIST RECORD #(S)	

Facility: Distribution Lines; Folder: N/A; Assigned To: USIC

```
NIPSCO 00879 IUPPSa 11/20/2012 16:30:18 1211202603-00A NORM NEW  STRT

NORMAL NOTICE

Ticket : 1211202603 Date: 11/20/2012 Time: 16:16 Oper: RJOHNSON Chan:002

State: IN Cnty: ALLEN Twp: PERRY
Cityname: FORT WAYNE  Inside: Y Near: N
Subdivision: WOODMONT

Address : 10415
Street  : OAKTREE RD
Cross 1 : W DUPONT RD   Within 1/4 mile: Y
Location: AT THE ABOVE ADDRESS--LOCATE 30 FEET OFF THE ENTIRE FRONT-REAR-AND
SOUTH SIDE OF THE HOUSE
:
Grids   : 4110A8509D   4110B8509C   4110A8509C
Boundary: n 41.180962    s 41.177246    w -85.157326    e -85.153748

Work type : GARAGE ADDITION CONSTRUCTION
Done for  : MOTZ
Start date: 11/26/2012  Time: 16:30  Hours notice: 144/48  Priority: NORM
Ug/Oh/Both: U  Blasting: N  Boring: N  Railroad: N  Emergency: N
Duration  : UNKNOWN       Depth: UNKNOWN

Company : JOHN MOTZ  Type: HOME
Co addr : 10415 OAKTREE RD
City    : FORT WAYNE State: IN Zip: 46845
Caller  : DEBRORAH MOTZ Phone: (260)450-3815
Contact : JOHN MOTZ---CELL Phone:
BestTime:
Mobile  : (260)450-3815

Remarks : All tickets are taken and processed on Eastern Daylight Time
Will you be white-lining the dig site area? YES
:

Submitted date: 11/20/2012 Time: 16:16
Members: AEPIN  CC     FW     ID6111 ID8000 NIPSCO SM
```

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

```
NIPSCO 00011 IUPPSa 11/18/2012 10:32:46 1211180020-00A NORM NEW  STRT

NORMAL NOTICE

Ticket : 1211180020 Date: 11/18/2012 Time: 10:16 Oper: STURNER Chan:022

State: IN Cnty: ALLEN Twp: WASHINGTON
Cityname: FORT WAYNE  Inside: Y Near: N
Subdivision: WOODMONT

Address : 10415
Street  : OAKTREE RD
Cross 1 : IN RT 3   Within 1/4 mile: Y
Location: LOCATE SOUTHEND OF THE HOME
:
Grids   : 4110A8509D   4110B8509C   4110A8509C
Boundary: n 41.180962    s 41.177246    w -85.157326    e -85.153748

Work type : NEW FENCE
Done for  : JOHN MOTZ
Start date: 11/21/2012  Time: 07:00  Hours notice: 68/48  Priority: NORM
Ug/Oh/Both: U  Blasting: N  Boring: N  Railroad: N  Emergency: N
Duration  : 1 DAY         Depth: 3 FEET

Company : JOHN MOTZ  Type: HOME
Co addr : 10415 OAKTREE RD
City    : FORT WAYNE State: IN Zip: 46845
Caller  : JOHN MOTZ Phone: (260)450-3815
Contact : JOHN MOTZ CELL Phone:
BestTime:
Mobile  : (260)450-3815

Remarks : All tickets are taken and processed on Eastern Daylight Time
Will you be white-lining the dig site area? YES
:

Submitted date: 11/18/2012 Time: 10:16
Members: AEPIN  CC     FW     ID6111 ID8000 NIPSCO SM
```

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Angola MAXIMO WO #

OPERATING AREA CONTACT Joe Thomas JOB ORDER # JO 571337

TRACKING NUMBER 0182012112000 3 LOCATE REF # 1211180020

Locate Performed By:

DATE AND TIME OF ACCIDENT 11/20/12 2012, 8:29 M DATE OF REPORT 11/20/12

PLACE OF DAMAGE (INCLUDE CITY) 10415 Oak Tree Rd Ft Wayne 46845

DAMAGE WAS TO:

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

OTHER (DESCRIBE)

GAS: SERVICE (X) MAIN ( ) SIZE 1/2 MATERIAL: PLASTIC (X) STEEL ( ) METER ( ) REG STATION ( ) STUB ( )
OTHER (DESCRIBE)

DEPTH OF FACILITY (Inches) 27" PRESSURE (PSI) 50 Lbs.

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

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

DURATION OF INTERRUPTION: TIME REPORTED 9:29 AM TIME SHUT OFF 9:47 AM TIME RESTORED 11:00 AM

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/2

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

PARTY THAT CAUSED DAMAGES (NAME) John Motz

ADDRESS OF PARTY (INCLUDE CITY) 10415 Oak Tree Rd Ft Wayne 46845 (260) 450-3815

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE John Motz

WITNESS NAME AND ADRESS

WITNESS REMARKS

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY REPORT #

FIRE (X) AGENCY Fort Wayne REPORT #

OTHER ( ) Any Injuries? ( ) YES # (X) NO

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

WORK IN PROGRESS WHEN FACILITY DAMAGED – CHECK APPROPRIATE CHOICE BELOW

( ) AGRIGULTURE/FARMING	( ) CABLE TV	( ) CURB/SIDEWALK	( ) TELECOMMUNICATIONS
( ) BLDG CONSTRUCTION	( ) DEMOLITION	( ) DRAINAGE	(X) WATER
( ) DRIVEWAY	( ) ELECTRIC	( ) SURVEYING	( ) DRAINS/CULVERTS
( ) FENCING	( ) GRADING	( ) IRRIGATION	( ) MOWING
( ) LANDSCAPING	( ) PIPELINE	( ) MILLING	( ) OTHER
( ) POLE/SIGN POST	( ) ROAD WORK	( ) SEWER	

TYPE OF EQUPMENT USED – CHECK APPROPRIATE CHOICE BELOW

( ) AUGER	( ) HAND TOOLS	(X) 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	(X) EXCAVATING BEFORE LOCATES DUE	( ) CARELESS MACHINE OPERATOR	
( ) NO NOTIFICATION	( ) MARKS DISTURBED	( ) STUB	( ) OTHER

- **SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM**

SIN #110601 Rev. 6-12

COMMENTS: Working before locates were good.

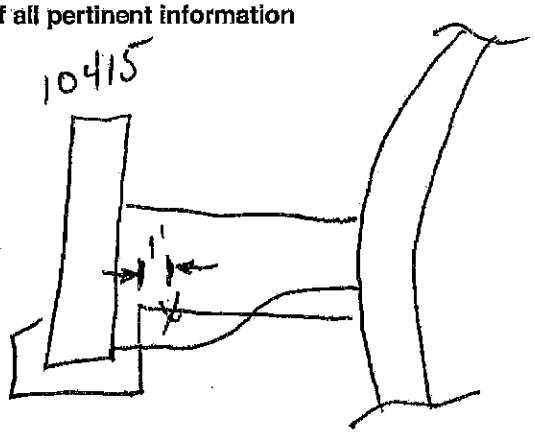
PERSON PREPARING REPORT Todd Hanes

FIELD SUPERVISOR Joe Thomas 11-26-12

FIELD MANAGER Randall 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: _____

DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Jan 24, 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: John Motz

Business address *(number and street)*: 10415 Oaktree Rd

City, State, and ZIP code: Fort Wayne, IN 46845

Telephone number *(area code)*: 260-450-3815

Fax number *(area code)*: N/A

E-mail address: N/A

Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Water

Date and Location of Damage

Date of damage (*month, day, year*): Nov 20, 2012

County: Allen

City: Fort Wayne

Street address (*number and street, city, state, and ZIP code*):
10415 Oaktree Rd, Fort Wayne, IN 46845

Nearest intersection: W Dupont Rd

Right of way where damage occurred: Private - Land Owner

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? 1

Time to restore service (*in hours*): 1.5

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

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? 27

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1211180020

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: Other

If other, please specify: no locate marks

Was site marked by "White Lining"? Yes

Were special instructions part of the locate request? Unknown/Other

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? Yes

Description of Cause

Select from the list the most accurate cause for the damage: --Notification to one-call center made but not sufficient

Additional Comments

Dug before locates were due.
1211180020 was for a fence and not due until 11-21-12.
1211202603 was for a garage and not due until 11-26-12.

Property of United States Infrastructure Corporation
Photo taken on 11/30/2012 11:03:32 AM

INFORMATION REQUEST
State Form 54909 (2-12)
INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

RECEIVED
MAR 2 6 2013
INDIANA UTILITY
REGULATORY COMMISSION

Case Number: 4385

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: —

Responsible Party Personal Name: John P. Motz

Title (*if any*):

Address (*number and street*): 10415 Oaktree Rd

City, State and ZIP Code: Fort Wayne IN 46845

Preferred Telephone Number (area code): 260-450-3815

Cellular Telephone Number (area code):

Email Address: jpmotz@comcast.net

Facility Information:

Business Name: NIPSCO

Responsible Party Personal Name: John P. Motz

Title (*if any*):

Address (*number and street*): 10415 Oaktree Rd

City, State and ZIP Code: Fort Wayne IN 46845

Preferred Telephone Number (area code): 260- 450- 3815

Cellular Telephone Number (area code): _____

Email Address: _____

Locator Service Information:

Business Name: _____

Responsible Party Personal Name: _____

Title (*if any*): Same

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)*****:**

Type of Work Performed ***(select one)*****:** dig to find water line break under drive in front of house

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*): 10415 Oaktree Rd

City, State and ZIP Code: Fort Wayne IN 46845

Nearest Intersection: Lima Rd & Dupont Rd

Product Type ***(select one)*****:** Nipsco gas line

Facility Type ***(select one)*****:** Residential

Size (Diameter/etc.): _____

Pressure (PSIG/Inches): _____

Interruption in Service: ☑ Yes ☐ No **Number of Customers Affected:** 1 Just us.

Evacuation: ☑ Yes ☐ No **If yes, How Many Evacuated?** Just us

Repair Cost (if known): $ $360 —

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: You have # on file

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 thought utilities were properly marked so dug in another area in front of house to find water ~~leaking~~ line break

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4385

Your Full Name: John P. Motz

Full Name of Business / Entity (*if applicable*): —

Your Business Title (*if applicable*): —

Address (*number and street*): 10415 Oaktree Rd

City: Fort Wayne State: IN ZIP Code: 46845

Your E-mail Address: _____

Today's Date *(month, day, year)*: 02/26/13

Your Signature: John P. Motz Title (*if any*) _____

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 4385
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov