



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: Jeremy Young--homeowner

UPPAC Database Record ID: 4424

Report Date: 8/12/2013

Investigator: Mike Orr

Damage Date: 12/10/2012

Damage Address: 7004 E 1000 N, Syracuse, Kosciusko

The Parties

Excavator: **Jeremy Young--homeowner**

Address: 7004 E 1000 N, Syracuse, In, 46567

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Auger

Type of Work Performed: Landscaping

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

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: Excavator/homeowner struck and damaged an underground natural gas service while performing landscaping work.

Findings: Reported by Steve Noffsinger (NIPSCO); excavator/homeowner did not respond to initial notice mailed 2/14/2013. Excavator/homeowner failed to provide notice of excavation prior to excavating deeper than twelve (12) inches.

Conclusion: There was a failure to provide notice of excavation.

Violation: IC 8-1-26-16(g) Failure to provide notice of excavation.



150 West Market Street, Suite 600
Indianapolis, IN 46204

March 13, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4424
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4424

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: 12/10/2012

Event Location: 7004 E 1000 N

City: Syracuse

Facility Owner: Northern Indiana Public Service Company

Excavator: Jeremy Young--homeowner

Other Party: N/A

Pipeline Division Case No. 4424

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. 4424	
Date of Event	12/10/2012
Event Location	7004 E 1000 N
Event City	Syracuse
Facility Owner	Northern Indiana Public Service Company
Excavator	Jeremy Young--homeowner
Date of IURC Information Request	2/13/2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Jeremy Young – Homeowner
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	7004 E 1000 N
CITY/ STATE/ZIP	Syracuse / IN / 46567
PREFERRED TELEPHONE	(574) 457-8082
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	7004 E 1000 N
CITY/STATE/ZIP	Syracuse / IN / 46567
NEAREST INTERSECTION	N 700 E
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 1/8"
PRESSURE (PSIG/INCHES)	
INTERRUPTION IN SERVICE (YES/NO)	Y
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	N
IF YES, HOW MANY EVACUATED	
REPAIR COST (IF KNOWN) (\$)	
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	X
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
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	X
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	
LOCATE MARKS VISIBLE (YES/NO)	
LOCATE MARKS CORRECT (YES/NO)	
EXCAVATOR "WHITE LINED" (YES/NO)	N
MAPS USED TO MARK FACILITIES (YES/NO)	N
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)	N/A
POLICE DEPARTMENT RESPONSE (YES/NO)	N/A
AMBULANCE RESPONSE (YES/NO)	N/A
ADDITIONAL INFORMATION/COMMENTS	
<p>No notification made to the one-call center (no locate requested).</p> <p>Emergency ticket# 1212102057.</p>	

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

NIPSCO 00700 IUPPSa 12/10/2012 14:30:31 1212102057-00A EMER NEW STRT

EMERGENCY

Ticket : 1212102057 Date: 12/10/2012 Time: 14:25 Oper: BTHOMPSON Chan:084

State: IN Cnty: KOSCIUSKO Twp: TURKEY CREEK

Cityname: SYRACUSE Inside: Y Near: N

Subdivision:

Address : 7004

Street : E 1000 N

Cross 1 : N 700 E Within 1/4 mile: Y

Location: LOCATE THE ENTIRE PROPERTY

:

Grids : 4122A8542B 4122A8542C 4122A8542D 4122B8542B 4122B8542C

Grids : 4122B8542D

Boundary: n 41.380116 s 41.378869 w -85.711923 e -85.700920

Work type : REPAIRING GAS LINE

Done for : NIPSCO

Start date: 12/10/2012 Time: 14:27 Hours notice: 0/000 Priority: EMER

Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y

Duration : 1 DAY Depth: 6 FEET

Company : NIPSCO Type: MEMB

Co addr : 801 EAST 86TH AVENUE

City : MERRILLVILLE State: IN Zip: 46410

Caller : ANGELA SCHUFFERT Phone: (800)322-2806

Contact : MARK KNISLEY CELL Phone:

BestTime:

Mobile : (574)535-3001

Fax : (219)647-4764

Remarks : All tickets are taken and processed on Eastern Daylight Time

CREW IS ENROUTE

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

:

Submitted date: 12/10/2012 Time: 14:25

Members: ID2034 ID3188 ID5857 ID7634 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Goshen MAXIMO WO # 2096 MG25142
OPERATING AREA CONTACT Joe Cole JOB ORDER # _____
TRACKING NUMBER 018 2012 1810 009 LOCATE REF # 1212102057 this is the emergency
Locate Performed By: JVIC ticket # _____

DATE AND TIME OF ACCIDENT 12-10- 2012, 14:00 M DATE OF REPORT 12-10-12
PLACE OF DAMAGE (INCLUDE CITY) 7004 E 1000N, Syracuse, IN

DAMAGE WAS TO:

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

OTHER (DESCRIBE) N/A

GAS: SERVICE MAIN () SIZE 1 1/8 MATERIAL: PLASTIC STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE) _____

DEPTH OF FACILITY (Inches) 18" PRESSURE (PSI) 49 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 14:00 TIME RESTORED 17:00

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: cut

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

PARTY THAT CAUSED DAMAGES (NAME) ? Jeremy Young, Homeowner

ADDRESS OF PARTY (INCLUDE CITY) ? 7004 E 1000N, Syracuse, IN

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE ?

WITNESS NAME AND ADDRESS N/A

WITNESS REMARKS N/A

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY N/A REPORT # N/A

FIRE () AGENCY N/A REPORT # N/A

OTHER () N/A Any Injuries? () YES # _____ NO

PHOTOS TAKEN: YES () NO () TAKEN BY: N/A (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 checked="" 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 checked="" type="checkbox"/> AUGER | <input 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 type="checkbox"/> OTHER _____ |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS: Contractor Not on site

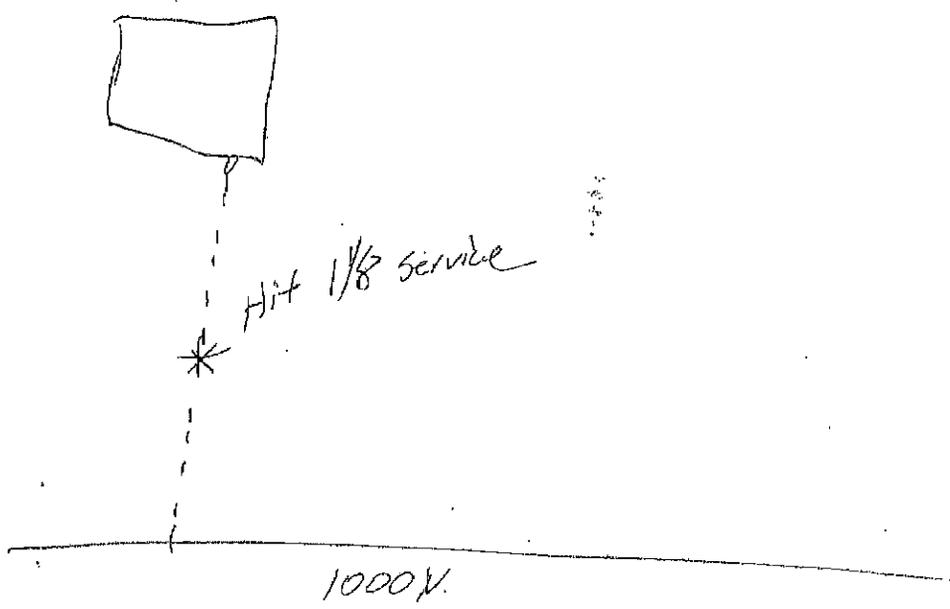
PERSON PREPARING REPORT Scott McDonald

FIELD SUPERVISOR Joe Cole

FIELD MANAGER Rick Gray

- 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: Steve Noffsinger

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: Jeremy Young--homeowner

Business address (*number and street*): 7004 E 1000 N

City, State, and ZIP code: Syracuse, IN, 46567

Telephone number (*area code*): 574-457-8082

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Auger

Type of work performed: Landscaping

Date and Location of Damage

Date of damage (*month, day, year*): Dec 10, 2012

County: Kosciusko

City: Syracuse

Street address (*number and street, city, state, and ZIP code*):
7004 E 1000 N, Syracuse, IN, 46567

Nearest intersection: N 700 E

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*): 3

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? 18

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: Other

If other, please specify: No Locates _____

Was site marked by "White Lining"? No

Were special instructions part of the locate request? No

Were maps used to complete the locate request? No

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

Nipsco emergency repair ticket 1212102057

Fact Based Investigation Report

NOTIFICATION ID: 01820121210009

DISTRICT: Northern IN

DAMAGE DATE: 12/10/2012 1:10:00 PM

NOTIFICATION DATE: 12/10/2012 2:37:12 PM

NOTIFIED BY: ANGELA SHIPART Facility Owner

DAMAGE ADDRESS: 7004 E 1000 N

CITY: SYRACUSE

ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 12/10/2012

FROM: 14:55:00

TO: 15:20:00

EXCAVATOR INVOLVED: HOME OWNER

TYPE OF EXCAVATION: planting trees/bushes

ORIG. LOCATE REQ.:

START DATE/TIME:

TYPE OF TICKET:

LOCATE REQ. INFO N/A: Yes

DIG UP/DAMAGE REQ.: 1212102057

START DATE/TIME: 12/10/2012 2:30:00 PM

PICTURES TAKEN Andrew
BY: Cunningham

DATE/TIME: 12/10/2012 2:55:00
PM

PHOTOGRAPHY
TYPE: Digital

FRAME #:

INVESTIGATOR EMP#: 128296

INVESTIGATOR NAME: Sean Travis

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820121210009

SELECT A CUSTOMER: NIPSCO

CUSTOMER #: (optional)

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:

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:

Homeowner didn't call in ticket.

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

LIST ANY OTHER INDIVIDUALS ON SITE:
n/a

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 damaged gas service
REPLACEMENT FOOTAGE n/a
WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No
WHAT CONTRACTOR EQUIPMENT WAS USED? unknown
IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No
IF YES, PLEASE LIST RECORD #(S) nipsco



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Excavator type: Occupant

Excavation or demolition equipment: Auger

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County: Kosciusko _____

City: Syracuse _____

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7004 E 1000 N _____

Nearest intersection: N 700 E _____

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*): 3 _____

Enter number of injuries, if applicable and known: _____

Enter number of fatalities, if applicable and known: _____

Property damage, Estimate \$ _____

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If other, please specify: No Locates _____

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Were special instructions part of the locate request? No

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Did the excavator notify Indiana 811 in the event of this damage? No

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Additional Comments

Nipsco emergency repair ticket 1212102057