



Pipeline Safety Division Investigation Report

Investigation regarding: Remus Farms (robert Eshelman)

UPPAC Database Record ID: 4425

Report Date: 8/9/2013

Investigator: Mike Orr

Damage Date: 12/4/2012

Damage Address: 336 N 625w, Valparaiso, Porter

The Parties

Excavator: **Remus Farms (robert Eshelman)**

Address: 9380 E. Ridge Road, Hobart, In 46342

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Unknown/Other

Type of Work Performed: Landscaping

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: False

Number of Customers Affected: 0

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: No

Indiana 811 Ticket Number: Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

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

Findings: Reported by Carrie Ludwig (NIPSCO); excavator did not respond to initial notice mailed 2/14/2013. The excavator failed to request a locate be performed prior to using a bobcat with front forks and damaging the service facility.

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. 4425
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4425

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: 12/4/2012

Event Location: 336 N 625w

City: Valparaiso

Facility Owner: Northern Indiana Public Service Company

Excavator: Remus Farms (robert Eshelman)

Other Party: N/A

Pipeline Division Case No. 4425

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. 4425	
Date of Event	12/4/2012
Event Location	336 N 625w
Event City	Valparaiso
Facility Owner	Northern Indiana Public Service Company
Excavator	Remus Farms (robert Eshelman)
Date of IURC Information Request	2/13/2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Remus Farms
RESPONSIBLE PARTY PERSONAL NAME	Robert Eshelman
TITLE (IF ANY)	
ADDRESS	9380 E Ridge Road
CITY/ STATE/ZIP	Hobart / IN / 46342
PREFERRED TELEPHONE	(219) 742-1332
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	336 N 625 W
CITY/STATE/ZIP	Valparaiso / IN / 46385
NEAREST INTERSECTION	W 350 N
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)	35
INTERRUPTION IN SERVICE (YES/NO)	N
NUMBER OF CUSTOMERS AFFECTED	0
EVACUATION (YES/NO)	N
IF YES, HOW MANY EVACUATED	
REPAIR COST (IF KNOWN) (\$)	
CAUSE OF DAMAGE INFORMATION:	
TYPE OF EQUIPMENT (Select One)	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
Milling Equipment	

Probing Device	
Trencher	
Vacuum Equipment	
Unknown/Other	X (bobcat forks)
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)	N
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)	Y
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# 1212041481.</p>	

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

NIPSCO 00467 IUPPSa 12/04/2012 12:48:51 1212041481-00A EMER NEW SIRT

EMERGENCY SEE REMARKS

Ticket : 1212041481 Date: 12/04/2012 Time: 12:45 Oper: SPEOPLES Chan:036

State: IN Cnty: PORTER Twp: UNION
Cityname: VALPARAISO Inside: Y Near: N
Subdivision:

Address : 336
Street : N 625 W
Cross 1 : W 350 N Within 1/4 mile: Y
Location: LOCATE THE ENTIRE PROPERTY
:
Grids : 4128A8711D 4128B8711D 4129D8711D
Boundary: n 41.485604 s 41.477575 w -87.187068 e -87.185500

Work type : REPAIRING GAS LINE
Done for : NIPSCO
Start date: 12/04/2012 Time: 12:47 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 SHIPPER Phone: (800)322-2806
Contact : RICK SMITH - CELL Phone:
BestTime:
Mobile : (219)252-4057
Fax : (219)647-4764

Remarks : All tickets are taken and processed on Eastern Daylight Time
PER ANGELA - CREW IS EN ROUTE
Will you be white-lining the dig site area? NO
:

Submitted date: 12/04/2012 Time: 12:45
Members: COMCN ID0918 ID2600 ID2601 ID5084 ID5693 ID8000 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA VALPO MAXIMO WO # _____
OPERATING AREA CONTACT VALPO JOB ORDER # 525603
TRACKING NUMBER 018-2012-1204-007 LOCATE REF # _____
Locate Performed By: _____

DATE AND TIME OF ACCIDENT 12-4-12 2012 11:20 AM DATE OF REPORT 12-4-12
PLACE OF DAMAGE (INCLUDE CITY) 336 N 625 W ~~Hobart~~ VALPO

DAMAGE WAS TO:

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

OTHER (DESCRIBE) _____

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

DEPTH OF FACILITY (inches) 20 PRESSURE (PSI) 35 Lbs.

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

INTERRUPTION OF SERVICE: YES () NO NUMBER OF CUSTOMERS LOST: 0

DURATION OF INTERRUPTION: TIME REPORTED 11:20 AM TIME RESTORED 18:00

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1"

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

PARTY THAT CAUSED DAMAGES (NAME) Remus Farms

ADDRESS OF PARTY (INCLUDE CITY) US 6 Hobart

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE MR. Remus

WITNESS NAME AND ADDRESS Employees

WITNESS REMARKS _____

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY _____ REPORT # _____

FIRE AGENCY 911 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 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 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 checked="" type="checkbox"/> OTHER <u>Bobcat Forks</u> |

REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW

- | | | |
|---|--|--|
| <input checked="" 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:

Bob Cat Forks hit service.

PERSON PREPARING REPORT

Rickal a Seely

FIELD SUPERVISOR

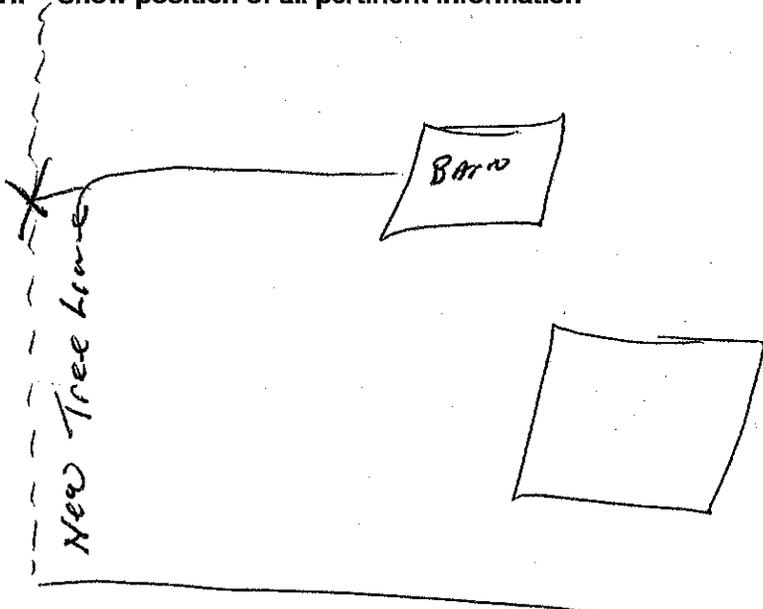
Tommy Parker

FIELD MANAGER

John Todd

- ORIGINAL REPORT AND SUPPORTING INFORMATION IS TO BE SENT TO FACILITY DAMAGE RECOVERY
- COPY OF REPORT IS TO BE SENT TO DAMAGE PREVENTION

SKETCH: - Show position of all pertinent information



FOR OFFICE USE ONLY:

- | | | |
|---|-----|----|
| • DID EXCAVATION OCCUR BEFORE LOCATES WERE DUE | YES | NO |
| • NO IN 811 LOCATE CALLED IN | YES | NO |
| • DAMAGE CAUSED FROM EXCAVATION WITHIN 24" ZONE | YES | NO |
| • EXPIRED LOCATE | YES | NO |
| • WAS WHITE LINING INDICATED ON LOCATE REQUEST | YES | NO |

COMPLETED BY:

DATE:



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

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

Who is submitting this information?

Name of person providing this information: 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

Excavator Information, if known

Full name: Remus Farms (Robert Eshelman)

Business address (*number and street*): 9380 E. Ridge Road

City, State, and ZIP code: Hobart, IN 46342

Telephone number (*area code*): (219) 742-1332

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Unknown/Other

Type of work performed: Landscaping

Date and Location of Damage

Date of damage (*month, day, year*): Dec 4, 2012 _____

County: Porter _____

City: Valparaiso _____

Street address (*number and street, city, state, and ZIP code*):
336 N 625W, Valparaiso, IN 46385 _____

Nearest intersection: _____

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? _____

Was there a customer service interruption? No

If yes, how many affected? _____

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

Enter number of injuries, if applicable and known: _____

Enter number of fatalities, if applicable and known: _____

Property damage, Estimate \$ _____

Affected Facility Information

What type of pipeline was damaged? Natural Gas

What was the affected facility? Service/Drop

What was the depth of the facility, in inches? 20 _____

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?

Type of markings used:

If other, please specify: _____

Was site marked by "White Lining"? No

Were special instructions part of the locate request?

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

Additional Comments

Emergency Ticket# 1212041481

Fact Based Investigation Report

NOTIFICATION ID: 01820121204007

DISTRICT: Northern IN

DAMAGE DATE: 12/4/2012 12:00:00 AM

NOTIFICATION DATE: 12/4/2012 12:53:11 PM

NOTIFIED BY: ANGELA Facility Owner

DAMAGE ADDRESS: 338 N 825 W

CITY: VALPARAISO

ST: IN ZIP:

DAMAGED CUSTOMER: NIPSCO

INVESTIGATION DATE: 12/04/2012

FROM: 13:00:00

TO: 14:30:00

EXCAVATOR INVOLVED: REMUS

TYPE OF EXCAVATION: PLANTING TREES

ORIG. LOCATE REQ.:

START DATE/TIME:

TYPE OF TICKET:

LOCATE REQ. INFO N/A: Yes

DIG UP/DAMAGE REQ.: M72696205

START DATE/TIME: 12/4/2012 1:00:00 PM

PICTURES TAKEN BY: PHIL BELEGAL

DATE/TIME: 12/4/2012 1:00:00 PM

PHOTOGRAPHY TYPE: Digital

FRAME #:

INVESTIGATOR EMP#: 117702

INVESTIGATOR NAME: PHIL BELEGAL

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820121204007

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 Verified Existing Marks By Hooking Up

INVESTIGATOR STATEMENT/CAUSAL FACTORS:

UPON ARRIVAL TO JOB SITE, NO EXISTING MARKINGS OR FLAGS (ONLY ONE OLD RED ELECTRIC FLAG ON WEEDS ON OPPOSITE SIDE OF PROPERTY). PER NIPSCO RICK --NO LOCATE REQUEST. COVERED UP BY

CONTRACTOR BECAUSE LINE IS STILL BLOWING. NO LOCATE REQUEST BY CONTRACTOR.

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

NIPSCO ON SITE WAITING TO REPAIR. PER RICK AND PER HOMEOWNER STATED POLE BARN WAS LOCATED APPROX. 6 MONTHS AGO FOR INSTALL FURANCE/WATER HEATER. H/O STATED LOCATOR HAD MARKED EVERYTHING BUT THE GAS, WHICH IS WHY HE THOUGHT NOTHING WAS THERE WHERE HE WAS WANTING TO INSTALL TREES.

NAMES OF EXCAVATOR'S REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:

CONTRACTOR WAS REMUS //NO CONTRACTOR ON SITE// BEFORE INSTALLING LAST TREES IS WHEN THEY NICKED THE GAS LINE WITH EXCAVATOR. UPON FURTHER INVESTIGATION, THERE IS NO METER ON THE GAS RISER.....JUST A GAS RISER WITH TRACER WIRE NEXT TO POLE BARN//AS SHOWN IN PICTURES.

LIST ANY OTHER INDIVIDUALS ON SITE:

H/O //NIPSCO CREW NO LOCATE REQUEST BY CONTRACTOR

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 NICKED GAS SERVICE 1 5/8" PL

REPLACEMENT FOOTAGE UNKNOWN

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? FORK LIFT

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No

IF YES, PLEASE LIST RECORD #(S)



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INDIANA UTILITY REGULATORY COMMISSION

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Excavator type: Contractor

Excavation or demolition equipment: Unknown/Other

Type of work performed: Landscaping

Date and Location of Damage

Date of damage (*month, day, year*): Dec 4, 2012 _____

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336 N 625W _____

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If yes, was there an ignition of product? No

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If yes, how many evacuated? _____

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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: _____

Was site marked by "White Lining"? No

Were special instructions part of the locate request?

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

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Additional Comments

Emergency Ticket# 1212041481