



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Brad Roy**

UPPAC Database Record ID: 4505

Report Date: 8/12/2013

Investigator: Mike Orr

Damage Date: 11/11/2012

Damage Address: 617 Oakdale Dr, Ossian, Wells

### The Parties

Excavator: **Brad Roy**

Address: 3548 W 27th Lane, Yuma, Az 85365

Facility Owner: **NIPSCO**

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Hand Tools

Type of Work Performed: Pole

### 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/occupant struck and damaged an underground natural gas service while performing pole installation work.

**Findings:** Reported by Carrie Ludwig (NIPSCO); excavator/occupant did not respond to initial notice mailed 3/27/2013. The excavator/occupant failed to provide the association (IN811) notice of excavation 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

April 22, 2012

*Via Electronic Transmission – [PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)*

Pipeline Safety Division – Case No. 4505  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4505

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: 11/11/2012

Event Location: 617 Oakdale Dr

City: Ossian

Facility Owner: Northern Indiana Public Service Company

Excavator: Brad Roy

Other Party: N/A

Pipeline Division Case No. 4505

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. 4505</b>	
Date of Event	11/11/2012
Event Location	617 Oakdale Dr
Event City	Ossian
Facility Owner	Northern Indiana Public Service Company
Excavator	Brad Roy
Date of IURC Information Request	3/27/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	
RESPONSIBLE PARTY PERSONAL NAME	Brad Roy
TITLE (IF ANY)	
ADDRESS	3584 W 27 <sup>th</sup> Lane
CITY/ STATE/ZIP	Yuma / AZ / 85365
PREFERRED TELEPHONE	
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	Same
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	617 Oakdale Drive
CITY/STATE/ZIP	Ossian / IN / 46777
NEAREST INTERSECTION	N Braeburn Drive
<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	
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	X
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)	N
LOCATE MARKS CORRECT (YES/NO)	N/A
EXCAVATOR "WHITE LINED" (YES/NO)	N/A
MAPS USED TO MARK FACILITIES (YES/NO)	N
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)	N/A
AMBULANCE RESPONSE (YES/NO)	N/A
<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 Fl. Wayne MAXIMO WO # 601846  
OPERATING AREA CONTACT Jason Haner JOB ORDER # 574628  
TRACKING NUMBER 01820121107017 LOCATE REF # None  
Locate Performed By: None CIS 984125203

DATE AND TIME OF ACCIDENT November 11 2012 4:37 PM DATE OF REPORT 11-7-12  
PLACE OF DAMAGE (INCLUDE CITY) 617 Oakdale Dr Ossian In 46777

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) 20" PRESSURE (PSI) 40 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 4:37 pm TIME SHUT OFF 5:24 pm TIME RESTORED 6:45  
DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/2"

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

PARTY THAT CAUSED DAMAGES (NAME) Brad Roy  
ADDRESS OF PARTY (INCLUDE CITY) 3584 W 27th Lane Yuma, AZ 85365

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Brad Roy  
WITNESS NAME AND ADDRESS None  
WITNESS REMARKS None

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY \_\_\_\_\_ REPORT # \_\_\_\_\_  
FIRE  AGENCY Ossian FD REPORT # \_\_\_\_\_  
OTHER ( ) \_\_\_\_\_ Any Injuries? ( ) YES # \_\_\_\_\_ ( ) NO

PHOTOS TAKEN: YES  NO ( ) TAKEN BY: USIC (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> |

COMMENTS: Friend of homeowner digging down to install  
mail box. Hit Service. No Locates

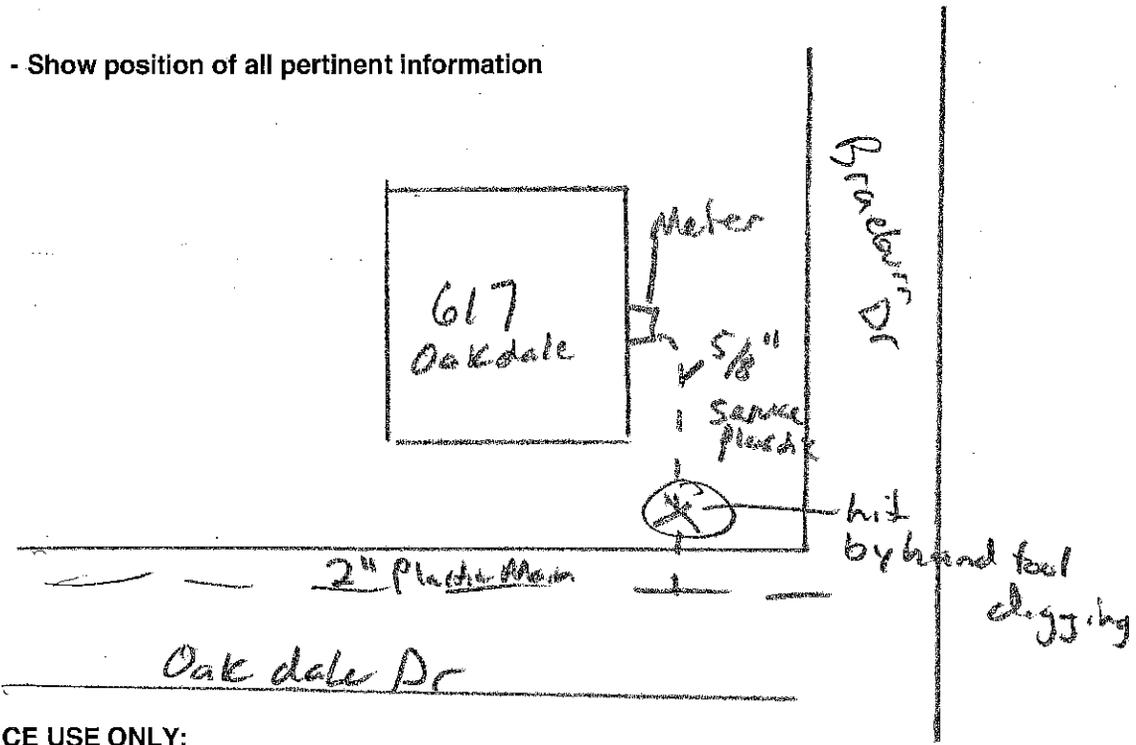
PERSON PREPARING REPORT Lengertz 124923

FIELD SUPERVISOR [Signature] 022505

FIELD MANAGER Ranell Durr

- 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: 984125203 Date Reported: 11-7-12 Time Leak Reported (Military): 15:37  
MO DAY YR HR MIN  
LOA: Pt. Wayne GPS Coordinates: Latitude \_\_\_\_\_ N Longitude \_\_\_\_\_ W  
City Name: Ossian  
Address or Location: 617 Oakdale Dr 236313

### 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

- 1.  Leak Repaired
- 2.  Pipe Replaced } Leak Closed
- 3.  Pipe Retired } 601520
- 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: 124923 Math Lengenich Leak Referred to: Service  
(FIRST NAME) (MI) (LAST NAME)

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

Comments: hit 5/8" Service by home owner installing Mail box.  
JD 574628

Repaired/Inspected: 11-7-12 Time: 18:30 (Military) User ID: 124923 Math Lengenich  
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

#### Identificatan:

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

Third Party Name: \_\_\_\_\_

Brad Roy

#### 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)

#### Locate Information:

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

CIS Grid Number: \_\_\_\_\_ Pipe Size: 5/8" inches Soil Condition:  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

### 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

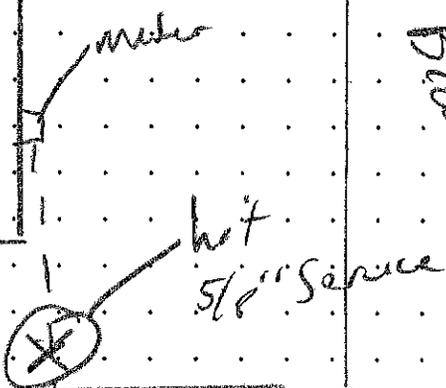
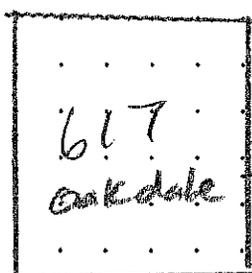
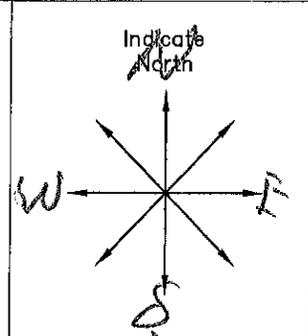
### Pipeline Identifier:

- 1.  Distribution
- 2.  Transmission
- 3.  Transmission HCA

METER #  
0976168

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

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



Broadway St

Oakdale Dr 2" Plastic Man

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 124923 NAME Matt Lengert DATE 11 17 112 HRI NUMBER 605-212-000 SUPV. NO. AUTH.

JOB DETAIL

ACTUAL HOURS	ACCOUNT NUMBER	ACTIVITY NUMBER	UPGRADE JOB NO.	DEPT. <i>Ruffen</i>				UNITS	VARIANCE					
				HOURS	BONUS CODES	1	2		3	4	CODE	HOURS	Q#	EQUIP. HRS.
0730 0745		Safety Briefing		1031				1						
8 45		3137 W Broadwing St		1031				1						
10 00		3175 E Cherry St		1031				1						
11 15		3175 E Cherry St		1031				1						
11 45		9035 Grove St		1031				1						
13 30		418 Lind ridge Trl		1031				1						
13 45		418 Lind ridge Trl		1031				1						
15 30		1020 Highland Park Cir		1031				1						
17 00		1020 Highland Park Cir		1550				1						
00 50		OT West Mt Tolson		6055				1						
11 8 30		OT 574628		1550				1						
19 00		OT 574628		1550				1						
00 50		OT 574628		1555				1						

13	50	TOTAL	10	8 00	1031	21395	1							
----	----	-------	----	------	------	-------	---	--	--	--	--	--	--	--

CLOCK HOURS TO BE PAID @	10	12	15	20	25	SP. RATES	CD	RATE	DAY	1	1	1	NO. OF HOLIDAYS	1
--------------------------	----	----	----	----	----	-----------	----	------	-----	---	---	---	-----------------	---

SIN 112006 GAS WORK WEEK GOOD STRONG

Employee ID Number 124923 NAME Molt Longenehr DATE 11/17/12 HRI NUMBER 605-212-000 SUPV. NO. AUTH.

JOB DETAIL

DEPT. Service

ACTUAL HOURS	L O C	ACCOUNT NUMBER	ACTIVITY NUMBER	UPGRADE JOB NO.	DEPT. SERVICE				UNITS	VARIANCE		EQUIP. HRS.
					HOURS	MULT CODE	1	2		3	4	
11:00 20 30	1	90374628	6577200 617 OVERTIME OF DSSIA		1550 W				1			
	2											
	3											
	4											
	5											
	6											
	7											
	8											
	9											
	A											
	B											
	C											
	D											
	E											
TOTAL		10	8 00									

13 50

AUTOMOTIVE EQUIPMENT

Q # EQUIPMENT NUMBER

SP. RATES CD RATE

REPEATED RECORDS DAY 1 / /

CLOCK HOURS TO BE PAID @

20 25

ODOMETER READINGS HOUR METER READINGS

NO. OF HOLIDAYS

GAS LIGHT WEAK GOOD STRONG

SITE -617 OAKDALE DR, OSSIAN, IN 46777-9250

Site Selected Edit View Help

Site id: 114090000

Notes	Subject	Entry Date	Operator
	MISCELLANEOUS	11/07/2012	MARTIN, JAMILA, ENTIRE

Text

ESTABLISHED 11/07/2012 16:37:36 BY MARTIN, JAMILA, ENTIRE COMPANY  
 WMC/ HIT GAS LINE, USIC@ 1630 TRACKING# 01820121107017  
 SITE ID : 114090000

Add Note

- Tree
- General
- Site Address
- Phone
- Pending Order
- Order Hist
- Notes
- Profile
- Rel'ship

Class	Status	Priority	Target Start
WORKORDER	FCOMP	0	
ACTIVITY	FCOMP	0	
WORKORDER	FCOMP	0	

List of Associated Notes

Windows Media

Page Safety Tools

Refresh

OK

Done

start

Local Intranet

125%



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Feb 7, 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 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: Brad Roy

Business address (*number and street*): 3548 W 27th Lane

City, State, and ZIP code: Yuma, AZ 85365

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

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: Unknown/Other

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**Date and Location of Damage**

Date of damage (*month, day, year*): Nov 11, 2012

County: Wells

City: Ossian

Street address (*number and street, city, state, and ZIP code*):  
617 Oakdale Dr

Nearest intersection: N Braeburn Dr

Right of way where damage occurred: Private Easement

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? Yes

If yes, how many affected? 1

Time to restore service (*in hours*): 2

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? 20

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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? 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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### **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: 01820121107017 DISTRICT: Northern IN  
DAMAGE DATE: 11/7/2012 3:35:00 PM NOTIFICATION DATE: 11/7/2012 5:37:16 PM  
NOTIFIED BY: JAMILA MARTIN Facility Owner  
DAMAGE ADDRESS: 617 OAKDALE DR. X MAXINE DR.  
CITY: OSSIAN ST: IN ZIP:

---

DAMAGED CUSTOMER: NIPSCO

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INVESTIGATION DATE: 11/07/2012  
FROM: 17:45:00 TO: 18:15:00

---

EXCAVATOR INVOLVED: Homeowner  
TYPE OF EXCAVATION: Mailbox

---

ORIG. LOCATE REQ.: START DATE/TIME:  
TYPE OF TICKET: LOCATE REQ. INFO N/A: Yes

---

DIG UP/DAMAGE REQ.: M70217386 START DATE/TIME:

---

PICTURES TAKEN BY: VIC PEREZ DATE/TIME: 11/7/2012 6:00:00 PM  
PHOTOGRAPHY TYPE: Digital FRAME #: N/A

---

INVESTIGATOR EMP#: 124414 INVESTIGATOR NAME: VIC PEREZ  
BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

**Fact Based Investigation Customer Information**

NOTIFICATION ID: 01820121107017  
SELECT A CUSTOMER: NIPSCO  
CUSTOMER #: (optional)

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FACILITY DESCRIPTION: LOWPROF FACILITY ID: Gas Service  
LOCATOR NAME & EMP #:  
LOCATOR NOT KNOWN: Yes

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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:  
11-09-2012 / JACK LANE / VIC PEREZ INVESTIGATED THE DAMAGE ON 11-7-2012 UNKNOWN CONTRACTOR CUT A NIPSCO GAS SERVICE WITHOUT A LOCATE REQUEST. THEY WERE INSTALLING A MAILBOX POST.

**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?** No

**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)**



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Feb 7, 2013

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### Who is submitting this information?

Name of person providing this information: Carrie Ludwig (NIPSCo)

Business address (*number and street*): 3511 East 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: Brad Roy

Business address (*number and street*): 3548 W 27th Lane

City, State, and ZIP code: Yuma, AZ 85365

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

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: Unknown/Other

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**Date and Location of Damage**

Date of damage (*month, day, year*): Nov 11, 2012

County: Wells

City: Ossian

Street address (*number and street, city, state, and ZIP code*):  
617 Oakdale Dr

Nearest intersection: N Braeburn Dr

Right of way where damage occurred: Private Easement

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? Yes

If yes, how many affected? 1

Time to restore service (*in hours*): 2

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? 20

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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? 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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### **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**