



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Grimmer Construction Company**

UPPAC Database Record ID: 4533

Report Date: 9/16/2013

Investigator: Mike Orr

Damage Date: 3/1/2013 2:13:11 PM

Damage Address: Dogwood Ct Nw, Demotte, Jasper

### The Parties

Excavator: **Grimmer Construction Company**

Address: 2619 Main Street, Highland, In 46322

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:

Fatalities:

Repair Cost (if known): \$

### Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes  
2/25/2013

Indiana 811 Ticket Number: 1302211785

Original Start Date:

Locate Instructions: FROM THE CENTERLINE OF THE ABOVE INTERSECTION LOCATE GOING BOTH NORTH AND SOUTH ALONG BOTH SIDES OF DOGWOOD COURT NORTHWEST FROM RIGHT OF WAY TO RIGHT OF WAY FOR APPROX 350 FEET IN BOTH DIRECTIONS

Follow-Up Locate Instructions (if applicable):

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

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 4/11/2013. Excavator had a valid locate ticket; however, the gas operator self reported a failure to provide accurate facility locate markings.

**Conclusion:** There was a failure to provide accurate facility locate markings.

**Violation:** IC 8-1-26-18(f) Operator failed to locate or provided incorrect locate markings.

<b>IURC INFORMATION REQUEST</b>	
<b>Pipeline Safety Division Case No. 4533</b>	
Date of Event	3/1/2013
Event Location	Dogwood Ct Nw
Event City	Keener
Facility Owner	Northern Indiana Public Service Company
Excavator	Grimmer Construction Company
Date of IURC Information Request	3/27/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Grimmer Construction Company
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	2619 Main Street
CITY/ STATE/ZIP	Highland / IN / 46322
PREFERRED TELEPHONE	(219)924-1623
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	220 Dogwood Street NW Lot 43
CITY/STATE/ZIP	DeMotte / IN / 46310
NEAREST INTERSECTION	2nd Avenue NW
<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	X
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	
Hand Tools	
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	X
Waterway Improvement	
Unknown/Other	
RELEASE OF PRODUCT (YES/NO)	Y
IGNITION AND/OR FIRE (YES/NO)	N
EXCAVATOR NOTIFY 811 (YES/NO)	Y – 1303011262
<b>LOCATE INFORMATION:</b>	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1302211785
LOCATE MARKS VISIBLE (YES/NO)	N
LOCATE MARKS CORRECT (YES/NO)	N
EXCAVATOR "WHITE LINED" (YES/NO)	N
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)	N/A
POLICE DEPARTMENT RESPONSE (YES/NO)	N/A
AMBULANCE RESPONSE (YES/NO)	N/A
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
Facility was not located or marked (location was not marked).	

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

NIPSCO 00517 IUPPSa 02/21/2013 17:17:32 1302211785-00A NORM NEW SIRT

NORMAL NOTICE JOB EXTENSION JOB EXTENSION

Ticket : 1302211785 Date: 02/21/2013 Time: 17:11 Oper: SHARRIS Chan:017  
Old Tkt: 1302061099 Date: 02/06/2013 Time: 11:52 Oper: LPORTER Rev: 00A

State: IN Cnty: JASPER Twp: KEENER  
Cityname: DE MOTTE Inside: Y Near: N  
Subdivision:

Address :

Street : DOGWOOD CT NW  
Cross 1 : 2ND AVE NW Within 1/4 mile: Y  
Location: FROM THE CENTERLINE OF THE ABOVE INTERSECTION LOCATE GOING BOTH NORTH  
AND SOUTH ALONG BOTH SIDES OF DOGWOOD COURT NORTHWEST FROM RIGHT OF WAY TO RIGHT  
OF WAY FOR APPROX 350 FEET IN BOTH DIRECTIONS

:  
Grids : 4112C8712C 4112C8712D 4112D8712C 4112D8712D  
Boundary: n 41.204976 s 41.202082 w -87.204308 e -87.202822

Work type : INSTALLING UTILITY  
Done for : TOWN OF DEMOTTE  
Start date: 02/25/2013 Time: 17:30 Hours notice: 96/048 Priority: NORM  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N  
Duration : 3 WEEKS Depth: 12 FEET

Company : GRIMMER CONSTRUCTION COMPANY Type: CONT  
Co addr : 2619 MAIN STREET  
City : HIGHLAND State: IN Zip: 46322  
Caller : MARGIE HOFMANN Phone: (219)924-1623  
Contact : JOHN KOSELKE--NEW CELL 08/30/1 Phone:  
BestTime:  
Mobile : (219)384-8602  
Fax : (219)924-0328

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

Submitted date: 02/21/2013 Time: 17:11  
Members: COMCN ID2009 ID3831 NIPSCO SM

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

NIPSCO 00304 IUPPSa 03/01/2013 14:13:12 1303011262-00A EMER DAMG STRT

DAMAGE SEE REMARKS

Ticket : 1303011262 Date: 03/01/2013 Time: 14:10 Oper: JWRIGHT Chan:000

State: IN Cnty: JASPER Twp: KEENER  
Cityname: DE MOTTE Inside: Y Near: N  
Subdivision:

Address :

Street : DOGWOOD CT NW

Cross 1 : 2ND AVE NW Within 1/4 mile: Y

Location: FROM THE CENTERLINE OF THE ABOVE INTERSECTION LOCATE GOING BOTH NORTH  
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Contact : JOHN KOSELKE--NEW CELL 08/30/1 Phone:

BestTime:

Mobile : (219)384-8602

Fax : (219)924-0328

Remarks : All tickets are taken and processed on Eastern Daylight Time  
NIPSCO LINE HAS BEEN DAMAGED IN FRONT OF 220 DOGWOOD ST - GAS IS BLOWING - CAN  
HEAR AND SMELL GAS - 3/4 INCH SERVICE LINE - UNKNOWN MATERIAL AND COLOR - CREW  
IS ON SITE - NIPSCO HAS BEEN NOTIFIED - PREVIOUS TICKET NUMBER 1302211785 -  
THANK YOU

Will you be white-lining the dig site area? YES

:

Submitted date: 03/01/2013 Time: 14:10

Members: COMCN ID2009 ID3831 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY  
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Crown Point MAXIMO WO # 1688433  
OPERATING AREA CONTACT <sup>JG</sup> ~~018-2013-0301-005~~ JOB ORDER # 584002  
TRACKING NUMBER 018-2013-0301-005 LOCATE REF # 1302211785  
Locate Performed By: USIC

DATE AND TIME OF ACCIDENT 3-1-2013, 12:09 M DATE OF REPORT 3-1-13  
PLACE OF DAMAGE (INCLUDE CITY) 220 Dogwood St NW Demotte

**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) 42' 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 12:09 TIME SHUT OFF 1245 TIME RESTORED 1530

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 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) Grimmer Construction

ADDRESS OF PARTY (INCLUDE CITY) 2619 Main St Highland

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Jeff Cooley

WITNESS NAME AND ADDRESS \_\_\_\_\_

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)

**WORK IN PROGRESS WHEN FACILITY DAMAGED** - CHECK APPROPRIATE CHOICE BELOW  
( ) AGRICULTURE/FARMING ( ) CABLE TV ( ) CURB/SIDEWALK ( ) TELECOMMUNICATIONS  
( ) BLDG CONSTRUCTION ( ) DEMOLITION ( ) DRAINAGE ( ) WATER  
( ) DRIVEWAY ( ) ELECTRIC ( ) SURVEYING ( ) DRAINS/CULVERTS  
( ) FENCING ( ) GRADING ( ) IRRIGATION ( ) MOWING  
( ) LANDSCAPING ( ) PIPELINE ( ) MILLING ( ) OTHER  
( ) POLE/SIGN POST ( ) ROAD WORK ( ) SEWER

**TYPE OF EQUIPMENT USED** - CHECK APPROPRIATE CHOICE BELOW  
( ) AUGER ( ) HAND TOOLS ( ) BACKHOE/TRACKHOE  
( ) MILLING EQUIPMENT ( ) PROBING DEVICE ( ) BORING / DRILLING  
( ) EXPLOSIVES ( ) TRENCHER ( ) FARM EQUIPMENT  
( ) VACUUM EQUIPMENT ( ) GRADER ( ) OTHER

**REASON DAMAGE OCCURRED** - CHECK APPROPRIATE CHOICE BELOW  
( ) AUTOMOTIVE ACCIDENT ( ) EXCAVATING BEFORE LOCATES DUE ( ) CARELESS MACHINE OPERATOR  
( ) NO NOTIFICATION ( ) MARKS DISTURBED ( ) STUB ( ) OTHER Locate issues

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

**COMMENTS :**

Locator says that USIC is responsible party. Service was not located. Contractor hit service while installing under pass.

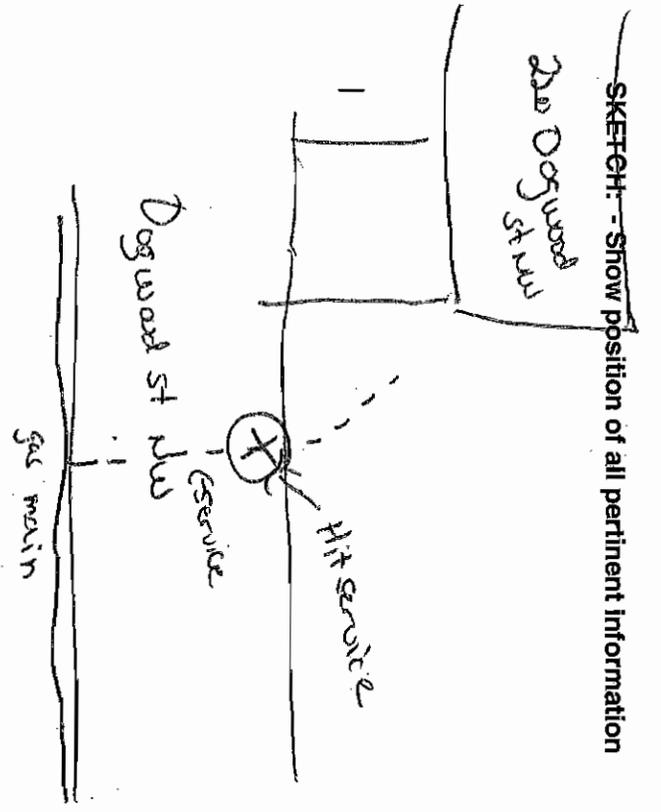
**PERSON PREPARING REPORT**

**FIELD SUPERVISOR**

**FIELD MANAGER**

- 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**



2013

**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 <sup>th</sup> ZONE | YES | NO |
| • EXPIRED LOCATE   | YES | NO |
| • WAS WHITE LINING INDICATED ON LOCATE REQUEST               | YES | NO |

**COMPLETED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Fact Based Investigation Report

**Notification ID** 01820130301002  
**Damage Date** 03/01/2013 14:13  
**Notified By** MARGIE HOFMANN ()  
**Damage Address** 220 DOGWOOD ST NW  
DE MOTTE, IN  
**District** Northern Indiana  
**Notification Date** 03/01/2013 14:15

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**Damaged Customer** NIPSCO

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**Investigation Date From** 03/01/2013 14:00:00 **To** 03/01/2013 14:30:00

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**Excavator Involved** GRIMMER CONSTRUCTION  
**Type of Excavation** WATER

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**Orig. Locate Request** 1302211785 **Start Date**  
**Type of Ticket** **Locate Req. Info** N/A

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**Damage Request #** 1303011262 **Start Date**

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**Pictures Taken By** ROBERT PUENT **Date** 03/01/2013 14:00  
**Photography Type** Digital **Frame #** N/A

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**Investigator Emp. #** 125915 **Investigator Name** ROB PUENT  
**Based on your investigation, is further investigation needed?** No

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**Fact Based Investigation Customer Information**

**Facility Description** Low Profile **Facility ID** Gas Service

**Locator Name & EMP #** Puent Robert - 125915 **Locator Not Known**

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**Investigation Findings**

Other

**Other Notes**

NOT MARKED

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**Investigation Methods**

Visual, Facility Exposed At Time Of Investigation

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**Investigator Statement/Causal Factors**

PER ROB "THOUGHT SERVICE WENT OUT BACK AND IT WENT OUT FRONT"

**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

**Other individuals on site**

N/A

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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

<b>Extent of facility damage</b>	CUT
<b>Replacement Footage</b>	1 FT
<b>Was contractor assistance required? If yes, who?</b>	No N/A
<b>What contractor equipment was used?</b>	N/A
<b>Is the facility shown on the utility records?</b>	No
<b>If yes, list record numbers</b>	N/A

**INFORMATION REQUEST**

State Form 54909 (R / 3-13)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

**Case Number:** 4533 \_\_\_\_\_**Date of Damage** (*month, day, year*): 3-1-2013 \_\_\_\_\_**Location of Damage:****Address** (*number and street*): 220 Dogwood \_\_\_\_\_**City, State and ZIP Code:** Demotte, IN \_\_\_\_\_**Nearest Intersection:** \_\_\_\_\_**Excavator Information:****Business Name:** Grimmer Construction, Inc. \_\_\_\_\_**Responsible Party Personal Name:** Mark J Grimmer \_\_\_\_\_**Title** (*if any*): Vice President \_\_\_\_\_**Address** (*number and street*): 2619 Main Street \_\_\_\_\_**City, State and ZIP Code:** Highland, IN 46322 \_\_\_\_\_**Preferred Telephone Number** (area code): 219-924-1623 \_\_\_\_\_**Email Address:** mgrimmer@grimmerconstruction.com \_\_\_\_\_**Utility Information:****Utility Name:** NIPSCO \_\_\_\_\_**Contact Person:** \_\_\_\_\_**Title** (*if any*): \_\_\_\_\_

**Cause of Damage Information**

Type of Equipment (select one):

Backhoe/Trackhoe

Type of Work Performed (select one):

Water

Repair Cost: \$ \_\_\_\_\_

Did a leak result from damage:  Yes  No

Was there ignition:  Yes  No

Excavator Notify 911 due to leak:  Yes  No

Excavator Notify 811 upon damage:  Yes  No

Excavator Notify Utility upon Damage:  Yes  No

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**Locate Information**

Excavator Request Locate:  Yes  No

Indiana 811 Locate Ticket Number: 1302211785

Locate Marks Visible:  Yes  No

Locate Marks Correct:  Yes  No

Excavator "White Lined":  Yes  No

Was Locate Provided within Two (2) Working Days:  Yes  No

Utility Employees On-site during Excavation:  Yes  No

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**Incident Information:**

Fire Department Response:  Yes  No

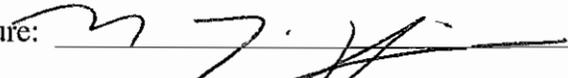
Police Department Response:  Yes  No

Ambulance Response:  Yes  No

**Additional Information / Comments**

Attached is GCI Broken Utility Report form, photos of area

Printed Name: MARK J GRIMMER

Signature:  Date (month, day, year): 4-11-13

*\*If submitting this form electronically, typing your name in the signature box will act as an electronic signature.*

**Please return completed form to:**

**[PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)**

**Or mail to:**

**Indiana Utility Regulatory Commission  
Pipeline Safety Division - Case Number \_\_\_\_\_  
101 West Washington Street, 1500E  
Indianapolis, IN 46204**

**Or fax to:  
317-233-2410**

Grimmer Construction, Inc.  
Broken Utility Report

Date: 3/1/13 Time: 12:00 AM/PM Job # 12001

Location: 220 Dogwood st Demotte IN

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Was area marked by utility company: Yes  No

IUPPS Ticket Number 1302211785 (If you do not have this, call the office for correct #)

Type of utility broken: (Check appropriate utility, if "other" please describe)

Telephone  Gas  Electric  Other

Name of Utility Company ~~XXXX~~ NIPSCO Utility Rep Jonathan Budz

Locating Company USIC Locators Name Rob

- **TAKE PHOTOS OF AREA** (Use Reference Points & Measuring Tape)

Explain in detail how utility was marked. State measurements of depth and distance from paint mark to utility.

Broke GAS SERVICE NOT LOCATED. GAS MAIN  
WAS LOCATED ACROSS STREET BUT NO SERVICE LOCATED.  
EXCAVATOR HIT SERVICE + BROKE. LOCATOR ROB STATED  
HE THOUGHT SERVICE CAME OFF OF 2ND ST.

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Name: Jeff Cooley  
(Please Print)







