



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: **Ironclad Excavating Inc.**

UPPAC Database Record ID: 4641

Report Date: 9/16/2013

Investigator: Mike Orr

Damage Date: 4/18/2013 9:25:46 AM

Damage Address: S Mill St, Chester, Wabash

The Parties

Excavator: **Ironclad Excavating Inc.**

Address: 576 Geiger Dr Ste C, Roanoke, In 46783

Facility Owner: **NIPSCO**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Sewer

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 2

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes
4/9/2013

Indiana 811 Ticket Number: 1304051330

Original Start Date:

Locate Instructions: FROM THE ABOVE INTERSECTION TRAVEL 300 FEET SOUTH ON S MILL ST -- THEN LOCATE 1300 NORTH ON S MILL ST ON THE WEST RIGHT OF WAY

Follow-Up Locate Instructions (if applicable):

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

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 5/20/2013. 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.



150 West Market Street, Suite 600
Indianapolis, IN 46204

May 31, 2013

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

Pipeline Safety Division – Case No. 4641
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4641

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: 4/18/2013
Event Location: S Mill St
City: Chester
Facility Owner: Nipsco
Excavator: Ironclad Excavating Inc
Other Party: N/A
Pipeline Division Case No. 4641

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. 4641	
Date of Event	4/18/2013
Event Location	S Mill St
Event City	Chester
Facility Owner	Nipsco
Excavator	Ironclad Excavating Inc
Date of IURC Information Request	May 1, 2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Ironclad Excavating
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	576 Geiger Drive
CITY/ STATE/ZIP	Roanoke / IN / 46783
PREFERRED TELEPHONE	(260)672-3714
CELL PHONE TELEPHONE	(260)410-8002
EMAIL ADDRESS	dale@ironcladexc.com
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	228 E Main Street
CITY/STATE/ZIP	North Manchester / IN / 46962
NEAREST INTERSECTION	S Mill Street
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)	17
INTERRUPTION IN SERVICE (YES/NO)	Y
NUMBER OF CUSTOMERS AFFECTED	2
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	X
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	
Liquid Pipeline	
Milling	
Natural Gas	
Pole	
Public Transit Authority	
Railroad Maintenance	
Road Work	
Sewer (Sanitary/Storm)	X
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)	Y – 1304180711
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Y

INDIANA 811 LOCATE TICKET NUMBER	1304051330
LOCATE MARKS VISIBLE (YES/NO)	N
LOCATE MARKS CORRECT (YES/NO)	N/A
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>Signal bled onto adjacent facility resulting in inaccurate locate. Facility was not located or marked correctly because tracer wire had been severed under the street unbeknownst to NIPSCO or locater (perhaps during road work in the past?).</p>	

NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA Peru MAXIMO WO # M731023
OPERATING AREA CONTACT Jim Panthee JOB ORDER # JO 593276-18
TRACKING NUMBER 01820130418001 LOCATE REF # 1304051330
Locate Performed By: USIC

DATE AND TIME OF ACCIDENT 9:18 AM 18th 2013, 04 M DATE OF REPORT 4-18-13
PLACE OF DAMAGE (INCLUDE CITY) 228 E main N. Manchester

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

OTHER (DESCRIBE)

GAS: SERVICE (X) MAIN () SIZE MATERIAL: PLASTIC (X) STEEL () METER () REG STATION () STUB ()
OTHER (DESCRIBE) Plastic Service 5/8

DEPTH OF FACILITY (inches) 18 PRESSURE (PSI) 17 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: 2

DURATION OF INTERRUPTION: TIME REPORTED 09:11 am TIME SHUT OFF 09:18 am TIME RESTORED 11:16 am

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: severed into

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) IRONCLAD EXCAVATING

ADDRESS OF PARTY (INCLUDE CITY) 576 US24 Geiger Dr Rossmore IN

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Dave George

WITNESS NAME AND ADDRESS

WITNESS REMARKS

AGENCIES NOTIFIED / ONSITE: POLICE () AGENCY REPORT #

FIRE () AGENCY REPORT #

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

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

- 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 (X) 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 (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 () EXCAVATING BEFORE LOCATES DUE () CARELESS MACHINE OPERATOR
() NO NOTIFICATION () MARKS DISTURBED () STUB (X) OTHER MIS LOCATED

COMMENTS:

Service was mislocated by LOCATE SERVICE
Contractor was cleared to dig

PERSON PREPARING REPORT

Rick BAUGHMAN #121350

FIELD SUPERVISOR

JIM PANTHER

FIELD MANAGER

R. 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:

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

NIPSCO 00350 IUPPSa 04/05/2013 10:38:44 1304051330-00A NORM NEW GRID

NORMAL NOTICE REMARK SEE REMARKS

Ticket : 1304051330 Date: 04/05/2013 Time: 10:37 Oper: ALOUIE Chan:032
Old Tkt: 1303280219 Date: 03/28/2013 Time: 07:54 Oper: CALEVI Rev: 00A

State: IN Cnty: WABASH Twp: CHESTER
Cityname: NORTH MANCHESTER Inside: Y Near: N
Subdivision:

Address :

Street : S MILL ST

Cross 1 : E MAIN ST Within 1/4 mile: Y

Location: FROM THE ABOVE INTERSECTION TRAVEL 300 FEET SOUTH ON S MILL ST -- THEN
LOCATE 1300 NORTH ON S MILL ST ON THE WEST RIGHT OF WAY

:

Grids : 4059A8545A 4059A8546D 4100D8545A 4100D8546D

Boundary: n 41.001969 s 40.997681 w -85.767959 e -85.766467

Work type : INSTALL STORM SEWER

Done for : NORTHMAN CHESTER

Start date: 04/09/2013 Time: 10:45 Hours notice: 96/048 Priority: NORM

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

Duration : 4 WEEKS Depth: 16 FEET

Company : IRONCLAD EXCAVATING INC Type: CONT

Co addr : 576 GEIGER DR STE C

City : ROANOKE State: IN Zip: 46783

Caller : DALE RUPEL Phone: (260)672-3714

Contact : BRIAN RANCK - CELL Phone:

BestTime:

Mobile : (260)410-8002

Fax : (260)676-2449

Email : DALE@IRONCLADEXC.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
REMARK DUE TO WHEATER

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

:

Submitted date: 04/05/2013 Time: 10:37

Members: ID0002 ID2993 ID4752 ID7634 ID8000 NIPSCO SM

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

NIPSCO 00165 IUPPSa 04/18/2013 09:25:50 1304180711-00A EMER DAMG GRID

DAMAGE SEE REMARKS

Ticket : 1304180711 Date: 04/18/2013 Time: 09:21 Oper: CWATSON Chan:052

State: IN Cnty: WABASH Twp: CHESTER
Cityname: NORTH MANCHESTER Inside: Y Near: N
Subdivision:

Address :
Street : S MILL ST
Cross 1 : E MAIN ST Within 1/4 mile: Y
Location: FROM THE ABOVE INTERSECTION TRAVEL 300 FEET SOUTH ON S MILL ST THEN
LOCATE 1300 NORTH ON S MILL ST ON THE WEST RIGHT OF WAY
:
Grids : 4059A8545A 4059A8546D 4100D8545A 4100D8546D
Boundary: n 41.001969 s 40.997681 w -85.767959 e -85.766467

Work type : INSTALL STORM SEWER
Done for : NORTHMAN CHESTER
Start date: 04/18/2013 Time: 09:21 Hours notice: 0/000 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 4 WEEKS Depth: 16 FEET

Company : IRONCLAD EXCAVATING INC Type: CONT
Co addr : 576 GEIGER DR STE C
City : ROANOKE State: IN Zip: 46783
Caller : DALE RUPEL Phone: (260)672-3714
Contact : BRIAN RANCK - CELL Phone:
BestTime:
Mobile : (260)410-8002
Fax : (260)676-2449
Email : DALE@IRONCLADEXC.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
A NIPSCO GAS LINE HAS BEEN SEVERED NORTH OF THE INTERSECTION OF S MILL ST AND E
MAIN ST - LINE IS NOT BLOWING - COLOR AND MATERIAL OF LINE IS UNKNOWN - LINE IS
APPROX 1/2 INCH IN DIAMETER - NIPSCO HAS BEEN NOTIFIED - CREW IS ON SITE -
PREVIOUS TICKET NUMBER 1304051330
will you be white-lining the dig site area? NO
:

Submitted date: 04/18/2013 Time: 09:21
Members: ID0002 ID2993 ID4752 ID7634 ID8000 NIPSCO SM

Fact Based Investigation Report

Notification ID 01820130418001
Damage Date 04/18/2013 09:25
Notified By DALE RUPEL ()
Damage Address 228 E Main St
NORTH MANCHESTER, IN
District Northern Indiana
Notification Date 04/18/2013 09:30

Damaged Customer NIPSCO

Investigation Date From 04/18/2013 10:45:00 **To** 04/18/2013 11:15:00

Excavator Involved IRONCLAD EXCAVATING INC

Type of Excavation Install Sewer

Orig. Locate Request 1304051330 **Start Date** 04/09/2013 10:45

Type of Ticket Ongoing Project **Locate Req. Info** N/A

Damage Request # 1304180711 **Start Date** 04/18/2013 09:25

Pictures Taken By Clint Sluss **Date** 04/18/2013 10:10

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

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

Locator Name & EMP # Sluss Clint - 117331 **Locator Not Known**

Investigation Findings

Other

Other Notes

Facility Trace Line Broke

Investigation Methods

Investigation Results Verified By Utility Representative

Investigator Verified Existing Marks By Hooking Up

Visual, Facility Exposed At Time Of Investigation

Investigator Statement/Causal Factors

When direct connected to tracer at meter it tones out to the back alleyway with a strong signal. Service line that was damaged comes from across the road - it was hit in the street. After hooking up to exposed tracer at the point of the damage, the tone runs up to the building being serviced but stops at the sidewalk. It was dug up at the sidewalk and determined that the tracer line was broken under the sidewalk, and due to the proximity of the meter bled over.

Names of Utility Representatives Contacted or on Site and Statement

Jim Panther - Onsite. Agrees with tone issue.

Names of Excavator's Representatives Contacted or on Site and Statement

n/a

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?	No
Was the excavation within the tolerance zone of marks?	No
Extent of facility damage	cut service
Replacement Footage	n/a
Was contractor assistance required? If yes, who?	No
What contractor equipment was used?	excavator
Is the facility shown on the utility records?	No
If yes, list record numbers	n/a



150 West Market Street, Suite 600
Indianapolis, IN 46204

September 3, 2013

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

Pipeline Safety Division – Case No. 4641
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Notification of Possible Violations; Pipeline Division Case No. 4641
Date of Event: 4/18/2013
Event Location: S Mill St
Excavator: Ironclad Excavating
Other Party: N/A

To Whom It May Concern:

This letter responds to the Indiana Utility Regulatory Commission, Division of Pipeline Safety, Notification of Possible Violations for Case No. 4641 (as detailed above) identifying potential violations of Indiana law dated August 5, 2013. NIPSCO has not identified any additional information related to this incident not already provided in its May 31, 2013 response.

NIPSCO denies that it is in violation of Ind. Code § 8-1-26-18(f) and asserts that Ind. Code § 8-1-26-18(g) properly applies. The tracer wire for the facility in question was severed beneath the street, possibly due to prior excavation, and the signal bled onto an adjacent line. These factors were wholly outside the control of either NIPSCO or the locator, and could not have been determined in the absence of removing the road's surface even if there was reason to suspect that the problem existed.

If there are any additional questions, please contact the undersigned.

Very truly yours,

A handwritten signature in black ink, appearing to read "Christopher Earle". The signature is fluid and cursive, with the first name "Christopher" and last name "Earle" clearly distinguishable.

Christopher C. (Kit) Earle
NiSource Corporate Services - Legal
Phone: 317-684-4904
Fax: 317-684-4918
Email: cearle@nisource.com



Narrative Statement

Type: Utility Hit Preliminary Determination of Violation

Company Representative: Justin Geiger **Title:** Safety Supervisor

Case Number: 4641 **Date Prepared:** 05/10/2013

Location: S Mill St, Chester, Wabash County **Date Occurred:** 04/18/2013

Related Photos: IMG_1429-1439

Related Videos: nmillstwestside, nmillsteastside

North Mill St North Manchester Utility Hit Report,
North Mill St North Manchester West Side Locate Ticket,

Related Documents: North Mill St North Manchester East Side Locate Ticket

All related photos', videos' and documents' titles refer to file names provided with this document

Statement:

****DISCLAIMER:** Ironclad Excavating Inc. would like to note, for accuracy, that this hit occurred on North Mill Street between East Main Street and East 2nd Street. Hence all references in this statement will follow Ironclad's records in regards to the location.

On April 18th 2013, Ironclad Excavating Inc.'s crew continued construction on the storm sewer improvement project in North Manchester just north of the intersection of East Main Street and North Mill Street. Prior to reaching this point, locate tickets had been called in on March 14th, 2013 and maintained throughout the construction project leading up to the copy of this information for this case (as noted on *North Mill St North Manchester Locate Ticket*). On April 3rd - 4th, 2013, preconstruction video was shot of both the west side of Mill Street (*nmillstwestside*) and east side of Mill St (*nmillsteastside*). When reviewing footage on *nmillstwestside* from time index 13:45' to 13:50' there are no flags or any markings on the street, where the hit occurred, noting the presence of a gas line. In addition, when reviewing footage from *nmillsteastside* from time index 27:28' to 28:22', the gas line has been located along the east side of North Mill Street, but there are no markings or flags indicating where the crossing occurs from the east side to the west side.

When resuming construction all marks were still visible noting utility locations (shown in *IMG_1434, IMG_1438, IMG_1439* along with videos *nmillstwestside* and *nmillsteastside*). No hand digging was done as there were no marked utilities in the area where construction came within 2' of either side (as noted in the *North Mill St North Manchester Utility Hit Report*). At approximately 8:45 am, Ironclad's crew encountered the unmarked gas line and cut it while excavating with the Volvo EC290B

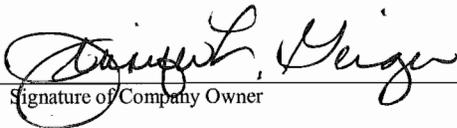
excavator. The crew's foreman, Dave George, then followed Ironclad's utility hit procedures and the utility hit ticket was created. When Ironclad's safety supervisor, Justin Geiger, arrived on scene, USIC was present along with NIPSCO (representative Rick Baughman ID: 121350 noted in *North Mill St North Manchester Utility Hit Report*) and the gas line had been crimped off and contained. In addition, the locator had marked out the hit gas line (shown in *IMG_1429-1439* as fluorescent pink). Photos were then taken and a statement was taken from the crew foreman on what had transpired (as read in *North Mill St North Manchester Utility Hit Report*). The hit gas line (seen in *IMG_1429-1431*) was at a depth of 33" and was a 1/2" service line. According to NIPSCO and USIC, the prints showed the gas line leading from the two meters on the west side of North Mill Street, next to Subway, headed north along the building to the connection in the alley just north of the building (as noted in *North Mill St North Manchester Utility Hit Report*). This line had been located earlier by ticket 1303280219 (as read in *North Mill St North Manchester Locate Ticket*) and was about 24' from the edge of the trench (as noted in the diagram in *North Mill St North Manchester Utility Hit Report*). At approximately 10:30 am, NIPSCO began repairs to the hit line and was finished around 10:57 am (as noted in *North Mill St North Manchester Utility Hit Report*).

JUSTIN L. GEIGER
Printed name of Company Representative


Signature of Company Representative

5-13-13
Date

JENNIFER L. GEIGER
Printed name of Company Owner


Signature of Company Owner

5-13-13
Date

Cable Locate Request

1-800-382-5544

Job Name: North Manchester

County: Wabash Township: Chester

Street Address: S MILL ST + E MAIN ST

Nearest Intersection: _____

Type of Work: Install storm sewer

Request for Short Notice: Yes _____ No _____ Short Notice Date: _____

Contact Name: Brian Ranck Phone No: _____

Depth of Dig: 16'

Reference Number:	Time	Expiration Date
<u>1303140900</u>	<u>10:00</u>	<u>4-3-13</u>
<u>1303280223</u>	<u>8:00</u>	<u>4-17-13</u>
<u>1304051335</u>	<u>10:45</u>	<u>4-25-13</u>
<u>1304223040</u>	<u>9:00 2:30</u>	<u>5-12-13</u>

Blasting: _____
Boring: _____
Explosives: _____

Locate Instructions: 1305081111 9:45 5-28-13

Travel south for 300'
Locate north for 1300'
East R/W ONLY

Companies Notified:

<u>AEP</u>	<u>AT & T</u>	<u>Buckeye Pipeline</u>	<u>Cinergy</u>
<u>Comcast</u>	<u>City of Fort Wayne</u>	<u>City of Huntington</u>	<u>City of Marion</u>
<u>City of South Whitley</u>	<u>Duke Energy</u>	<u>Frontier</u>	<u>Indiana Fiber Network</u>
<u>Indiana Fuel & Light</u>	<u>Mediacom</u>	<u>Nipsco</u>	<u>Northeast REMC</u>
<u>Sprint</u>	<u>United REMC</u>	<u>Vectron</u>	<u>Verizon North</u>

Mediacom
KOL Manchester



Utility Hit Report

Was a locate done before digging? Yes No

Location: North Manchester – North Mill St Foreman/Supervisor: Dave George

Date Reported: 04/18/2013 Date/Time of Incident: 9:00 am 04/18/2013

Locate Ticket #(s): 1303140899, 1303280219, 1304051330, 1304223036, 1304180711 (utility hit)

Type of Utility: Gas Phone/Cable Water/Sewer Optical Other: _____

Name of Utility Company: NIPSCO

What caused the hit? Hand Dig Machine Dig

Depth of utility hit? 33" Size of utility hit? 1/2"

Equipment Involved: Volvo EC290B

Reason for hit? Gas line had not been located or marked that crossed North Mill St, all gas lines in the surrounding area (both sides of the street) has been located and marked

Was Locate Ticket(s) valid during incident? Yes No

Were photos taken of area before digging? Yes No

Were there markings from the locate(s)? Yes No

Were they visible? Yes No

Was hand digging done to verify locate(s)? Yes No

If yes, then what was the verified depth? 0"-12" 1'-2' 2'-4' 4'-6' +6'

If no, then reason why? Line had not been located or marked

Were photos taken after hit occurred?

Yes

No

Date photos were taken: 04/03-04/2013 (pre-construction video) 04/18/2013 (hit photos)

Location of photos: \\Drobo\Safety\Utility Hits\2013\N Mill St - North Manchester\Photos-Video

Is repair needed?

Yes

No

Start date/time of repair: 04/18/2013 10:30 am End date/time of repair: 04/18/2013 10:57 am

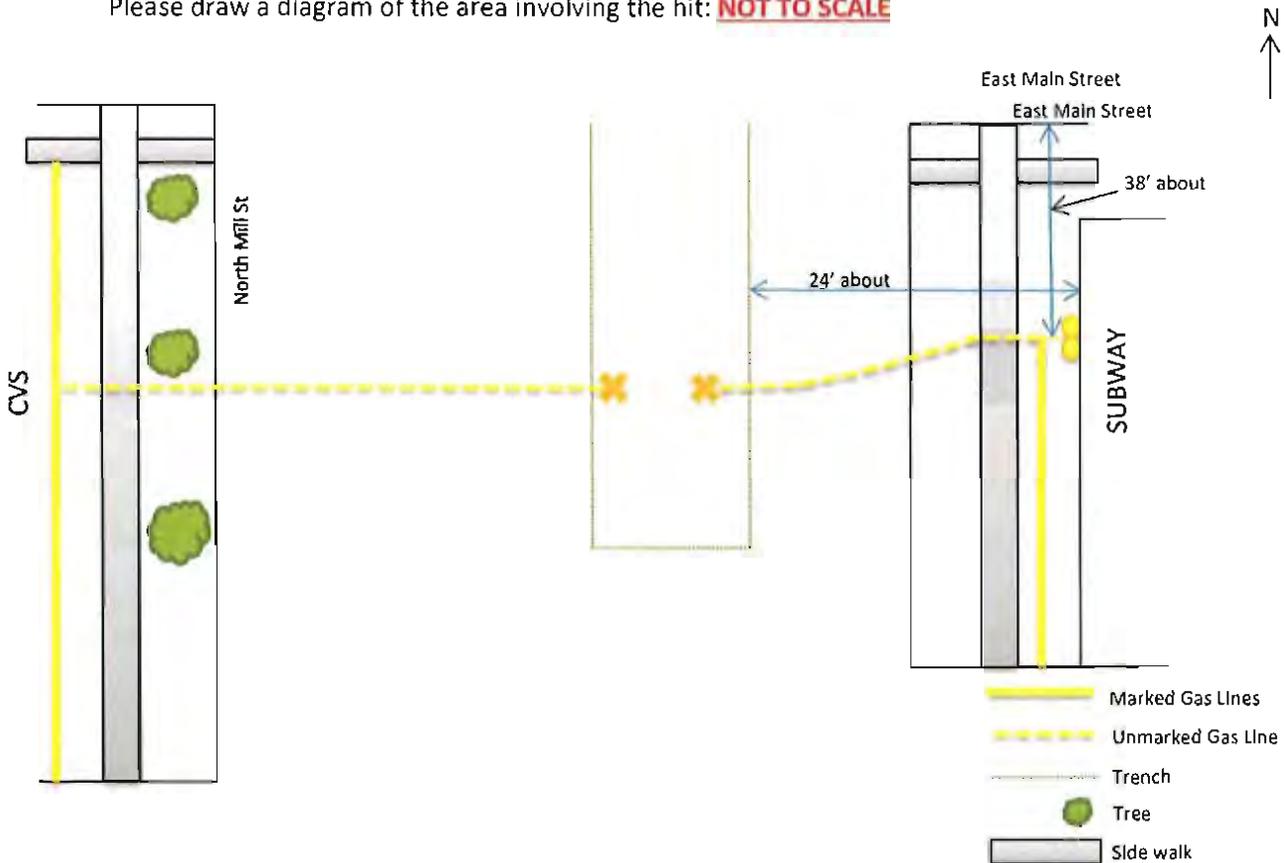
Was there property damage?

Yes

No

If yes, please explain: _____

Please draw a diagram of the area involving the hit: **NOT TO SCALE**



Hrs. Wkd. This Shift:	<input checked="" type="checkbox"/> 0-4	<input type="checkbox"/> 4-8	<input type="checkbox"/> 8-12	<input type="checkbox"/> 12-16	<input type="checkbox"/> +16	LENGTH OF EMPLOYMENT	TIME IN CURRENT OCCUPATION			
Time of Accident:	<input type="checkbox"/> 0-3	<input type="checkbox"/> 3-6	<input type="checkbox"/> 6-9	<input checked="" type="checkbox"/> 9-12	<input type="checkbox"/> 12-15	<input type="checkbox"/> 15-18	<input type="checkbox"/> 18-21	<input type="checkbox"/> 21-24	(check one)	(check one)
Day of Week:	<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input checked="" type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat		<input type="checkbox"/> In Training	<input type="checkbox"/> 3-5 yrs.
									<input type="checkbox"/> under 6 months	<input type="checkbox"/> 5-10 yrs.
									<input type="checkbox"/> 6 mos.-1 yr.	<input type="checkbox"/> 10-20 yrs.
									<input type="checkbox"/> 1-3 yrs.	<input type="checkbox"/> 20+ yrs.
									<input type="checkbox"/> In Training	<input type="checkbox"/> 3-5 yrs.
									<input type="checkbox"/> under 6 months	<input type="checkbox"/> 5-10 yrs.
									<input type="checkbox"/> 6 mos.-1 yr.	<input checked="" type="checkbox"/> 10-20 yrs.
									<input type="checkbox"/> 1-3 yrs.	<input type="checkbox"/> 20+ yrs.

EMPLOYEE WAS WORKING (check one)	SUPERVISION AT TIME OF INCIDENT (check one)
<input type="checkbox"/> Alone	<input checked="" type="checkbox"/> Directly supervised
<input checked="" type="checkbox"/> With crew or fellow worker	<input type="checkbox"/> Not supervised
<input type="checkbox"/> Other _____	<input type="checkbox"/> Indirectly supervised
<input checked="" type="checkbox"/> Crew Size <u>5</u>	<input type="checkbox"/> Other _____

WITNESS(ES) TO INCIDENT: _____

PERSONAL INJURY REPORT

MEDICAL TREATMENT WAS PROVIDED BY: Injured Employee First Aid Responder Outside Physician

NATURE OF INCIDENT (check one)	BODY PART AFFECTED (check one)
<input type="checkbox"/> Amputation	<input type="checkbox"/> Abdomen
<input type="checkbox"/> Asphyxia	<input type="checkbox"/> Ankle
<input type="checkbox"/> Burn/Chemical	<input type="checkbox"/> Arm (upper)
<input type="checkbox"/> Burn/Thermal	<input type="checkbox"/> Arm (lower)
<input type="checkbox"/> Concussion	<input type="checkbox"/> Back
<input type="checkbox"/> Cont./infect. disease	<input type="checkbox"/> Brain
<input type="checkbox"/> Contusion (bruise)	<input type="checkbox"/> Buttocks
<input type="checkbox"/> Cut/puncture	<input type="checkbox"/> Chest
<input type="checkbox"/> Dermatitis	<input type="checkbox"/> Circulatory
<input type="checkbox"/> Dislocation	<input type="checkbox"/> Digestive
<input type="checkbox"/> Electric Shock	<input type="checkbox"/> Ear
<input type="checkbox"/> Exposure	<input type="checkbox"/> Elbow
<input type="checkbox"/> Fracture	<input type="checkbox"/> Eye
<input type="checkbox"/> Foreign Body	<input type="checkbox"/> Face
<input type="checkbox"/> Freezing	<input type="checkbox"/> Finger
<input type="checkbox"/> Heat Stroke	<input type="checkbox"/> Foot
<input type="checkbox"/> Hernia	<input type="checkbox"/> Groin
<input type="checkbox"/> Infection	<input type="checkbox"/> Hand
<input type="checkbox"/> Inflammation	<input type="checkbox"/> Head
<input type="checkbox"/> Irritation	<input type="checkbox"/> Heart
<input type="checkbox"/> Loss of Consciousness	<input type="checkbox"/> Hips
<input type="checkbox"/> Multiple	<input type="checkbox"/> Kidney, Intestine
<input type="checkbox"/> Occupational Disease	<input type="checkbox"/> Knee
<input type="checkbox"/> Pneumoconiosis	<input type="checkbox"/> Leg (upper)
<input type="checkbox"/> Poisoning	<input type="checkbox"/> Leg (lower)
<input type="checkbox"/> Radiation	<input type="checkbox"/> Misc. skeletal
<input type="checkbox"/> Receptive Trauma	<input type="checkbox"/> Multiple
<input type="checkbox"/> Scratch	<input type="checkbox"/> Neck
<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Nervous System
<input type="checkbox"/> Other _____	<input type="checkbox"/> Nose
<input type="checkbox"/> Unknown	<input type="checkbox"/> Ribs
	<input type="checkbox"/> Scalp
	<input type="checkbox"/> Shoulder
	<input type="checkbox"/> Skull
	<input type="checkbox"/> Teeth
	<input type="checkbox"/> Toe
	<input type="checkbox"/> Wrist
	<input type="checkbox"/> Other
	<input type="checkbox"/> Unknown

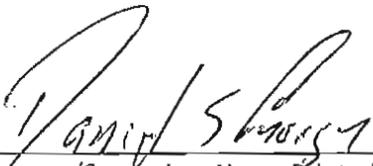
TYPE OF INCIDENT (check one)	ACTIVITY BEING PERFORMED AT TIME OF INJURY (check one)
<input type="checkbox"/> Bodily Reaction	<input type="checkbox"/> Aligning
<input type="checkbox"/> Caught in or under	<input type="checkbox"/> Banding
<input type="checkbox"/> Contact (chemical)	<input type="checkbox"/> Bending/Stooping
<input type="checkbox"/> Contact (electrical)	<input type="checkbox"/> Cleaning
<input type="checkbox"/> Contact (thermal)	<input type="checkbox"/> Climbing (general)
<input type="checkbox"/> Exposure (Ingestion)	<input type="checkbox"/> Climbing (ladder)
<input type="checkbox"/> Exposure (Inhalation)	<input type="checkbox"/> Climbing (stairs)
<input type="checkbox"/> Exposure (other)	<input type="checkbox"/> Closing or Opening
<input type="checkbox"/> Exposure (skin)	<input type="checkbox"/> Coupling, Joining, or Disconnecting
<input type="checkbox"/> Fall from elevation	<input type="checkbox"/> Cutting (Except Torch Cut)
<input type="checkbox"/> Fall on same level	<input type="checkbox"/> Digging/Shoveling
<input type="checkbox"/> Motor vehicle	<input type="checkbox"/> Grinding
<input type="checkbox"/> Overexertion, strain, sprain	<input type="checkbox"/> Hammering
<input type="checkbox"/> hernia	<input type="checkbox"/> Hooking
<input type="checkbox"/> Rub or abraded	<input type="checkbox"/> Jumping
<input type="checkbox"/> Struck against	<input type="checkbox"/> Lifting/Carrying Using Port
<input type="checkbox"/> Struck by	<input type="checkbox"/> Operating Machinery
<input type="checkbox"/> Temperature extremes	<input type="checkbox"/> Operating Mobile Equip.
<input type="checkbox"/> Other _____	<input type="checkbox"/> Polishing
<input type="checkbox"/> Unknown	<input type="checkbox"/> Prying
	<input type="checkbox"/> Pulling & Pushing
	<input type="checkbox"/> Reaching/Stretching
	<input type="checkbox"/> Running
	<input type="checkbox"/> Scarfing/Burning/Welding
	<input type="checkbox"/> Standing/Observing
	<input type="checkbox"/> Using Hand Tools
	<input type="checkbox"/> Using Power Tools
	<input type="checkbox"/> Walking
	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Other (explain) _____

HUMAN FACTORS OF INJURED (check one)	ENVIRONMENTAL FACTORS (check one)
<input type="checkbox"/> Driving Error	<input type="checkbox"/> Close Clearance/Congestion
<input type="checkbox"/> Failure to Lock, Tag, Try Out	<input type="checkbox"/> Defective Tools/Equip.
<input type="checkbox"/> Failure to Warn or Signal	<input type="checkbox"/> Excessive Cold
<input type="checkbox"/> Failure to Wear Pers. Prot. Equip	<input type="checkbox"/> Excessive Heat
<input type="checkbox"/> Horseplay, etc.	<input type="checkbox"/> Fire/Explosion
<input type="checkbox"/> Inadequately Communicating	<input type="checkbox"/> Inadequate Ventilation
<input type="checkbox"/> Inadequately Instructing	<input type="checkbox"/> Inadequate Warning
<input type="checkbox"/> Inattention to Footing	<input type="checkbox"/> Inadequately Guarded
<input type="checkbox"/> Making Safety Device Inoperative	<input type="checkbox"/> Improper Placement or Storage
<input type="checkbox"/> Operating Equipment Improperly	<input type="checkbox"/> Poor Housekeeping
<input type="checkbox"/> Riding Equipment	<input type="checkbox"/> Poor Lighting
<input type="checkbox"/> Taking Unsafe Position or Posture	<input type="checkbox"/> Protruding Object
<input type="checkbox"/> Using Defective Tool or Equipment	<input type="checkbox"/> Unexpected Movement
<input type="checkbox"/> Using Equipment without Authority	<input type="checkbox"/> Unsafe Atmosphere or Condition
<input type="checkbox"/> No Factors Involved	<input type="checkbox"/> No Factors Involved
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
<input type="checkbox"/> Other (explain) _____	<input type="checkbox"/> Other (explain) _____

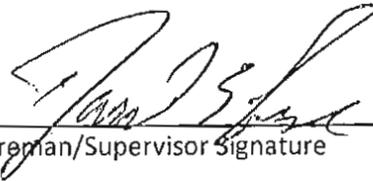
HUMAN FACTORS OF OTHER PERSONS (check one)	THIS SECTION FOR SAFETY DEPARTMENT USE ONLY
<input type="checkbox"/> Driving Error	<u>Severity of Injury/Illness</u>
<input type="checkbox"/> Failure to Lock, Tag, Try Out	<input type="checkbox"/> First-Aid Only
<input type="checkbox"/> Failure to Warn or Signal	<input type="checkbox"/> JWC Payable
<input type="checkbox"/> Failure to Wear Pers. Prot. Equip	<input type="checkbox"/> OSHA Recordable
<input type="checkbox"/> Horseplay, etc.	<input type="checkbox"/> Lost work-restricted activity _____ days
<input type="checkbox"/> Inadequately Communicating	<input type="checkbox"/> Lost work-away from work _____ days
<input type="checkbox"/> Inadequately Instructing	<input type="checkbox"/> Occupational skin disease/disorders
<input type="checkbox"/> Inattention to Footing	<input type="checkbox"/> Dust diseases of the lung
<input type="checkbox"/> Making Safety Device Inoperative	<input type="checkbox"/> Respiratory conditions due to phys. agents
<input type="checkbox"/> Operating Equipment Improperly	<input type="checkbox"/> Poisoning
<input type="checkbox"/> Riding Equipment	<input type="checkbox"/> Disorders due to physical agents
<input type="checkbox"/> Taking Unsafe Position or Posture	<input type="checkbox"/> Disorders associated with repeated trauma
<input type="checkbox"/> Using Defective Tool or Equipment	
<input type="checkbox"/> Using Equipment without Authority	
<input type="checkbox"/> No Factors Involved	
<input type="checkbox"/> Unknown	
<input type="checkbox"/> Other (explain) _____	

RECOMMENDED CORRECTIVE ACTION (check one)	RTW Date: _____ Full duty: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Correct Congestion	
<input type="checkbox"/> Discipline Person(s) Involved	
<input type="checkbox"/> Improve Design	
<input type="checkbox"/> Improve Housekeeping	
<input type="checkbox"/> Improve Inspection	
<input type="checkbox"/> Inform All Dept. Supervision	
<input type="checkbox"/> Install Guard/Safety Device	
<input type="checkbox"/> Permanent Reassignment	
<input type="checkbox"/> Re-evaluate Pers. Prot. Equip.	
<input type="checkbox"/> Re-Instruct Others Doing Job	
<input type="checkbox"/> Re-Instruct Person(s) Involved	
<input type="checkbox"/> Repair/Replace Equipment	
<input type="checkbox"/> Replace with Safer Materials	
<input type="checkbox"/> Submit Safety Work	
<input type="checkbox"/> Temp. Reassignment	
<input type="checkbox"/> Write/Revise SOP	
<input type="checkbox"/> None of the above	

Notes: BOTH UTILITY LOCATE & NIPSCO STATED AND PRINTS
SHOW MAIN THAT CONNECTS METERS RUNS ALONG MILL ST CLOSE
TO SUBWAY BED TOWARDS 2ND ST, NOTHING WAS MARKED
OR SHOWN TO CROSS MILL ST WHERE HIT OCCURED AND
THERE WAS AN ACTIVE GAS LINE GOING TO METERS
NIPSCO REP: RICK BAUGHMAN 121850:10#



Foreman/Supervisor Name Printed



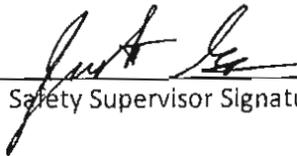
Foreman/Supervisor Signature

4-18-13

Date

JUSTIN GEIGER

Safety Supervisor Name Printed



Safety Supervisor Signature

4-18-13

Date

Cable Locate Request

1-800-382-5544

Job Name: North Manchester

County: Wabash Township: Chester

Street Address: S MILL ST & E MAIN ST

Nearest Intersection: _____

Type of Work: Install Storm Sewer

Request for Short Notice: Yes _____ No _____ Short Notice Date: _____

Contact Name: Brian Ranck Phone No: _____

Depth of Dig: 16'

Reference Number:	Time	Expiration Date
<u>1303140899</u>	<u>10:00</u>	<u>4-3-13</u>
<u>1303280219</u>	<u>8:00</u>	<u>4-17-13</u>
<u>1304051330</u>	<u>10:45</u>	<u>4-25-13</u>
<u>1304223036</u>	<u>9:45 7:30</u>	<u>5-12-13</u>

Blasting: _____
Boring: X
Explosives: X

Locate Instructions: 1305081099 9:45 5-28-13

Travel South for 300'
Locate North for 1300'
West R/W only

Companies Notified:

AEP	AT & T	Buckeye Pipeline	Cinergy
Comcast	City of Fort Wayne	City of Huntington	City of Marion
City of South Whitley	<u>Duke Energy</u>	<u>Frontier</u>	Indiana Fiber Network
Indiana Fuel & Light	Mediacom	<u>Nipsco</u>	Northeast REMC
Sprint	United REMC	Vectron	Verizon North

mediacom
KOL Manchester 4-18-13 9:00 1/2" Gas line severed
unmarked going to subway 1304180711













PHARMACY



NO PARKING
IN FRONT OF
BUS STOP









DRIVE-THRU/pharmacy

CVS/pharmacy

CVS

CVS





Woods, Janea

From: Justin Geiger [justin@ironcladexc.com]
Sent: Tuesday, May 21, 2013 4:40 PM
To: IURC PipelineDamageCase
Subject: Case 4641 INITIAL DOCUMENTS - EXCAVATOR 3 and 4/4

Due to size of file limitations I have mailed out today, via certified mail, the files that contain the videos spoken of in the narrative statement. The mailed disc has been marked following the guidelines given for mailing in information and I felt I would give you notice of their incoming arrival.



Justin Geiger
Safety Supervisor
Ironclad Excavating Inc.
260-672-3714 (w)
260-417-0964 (m)
justin@ironcladexc.com

5/21/2013

Justin Geiger
Ironclad Excavating Inc.
576 Geiger Dr., Ste. C, Roanoke, IN 46783

Indiana Utility Regulatory Commission
101 W Washington St., Ste. 1500 E, Indianapolis, IN 46204

RECEIVED

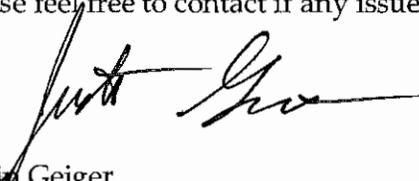
MAY 23 2013

INDIANA UTILITY
REGULATORY COMMISSION

Concerning Case No. 4641

Due to the constraints on how large a file can be sent via e-mail; I have sent the files, *nmillstwestside* and *nmillsteastside*, on a disc. These files are mentioned in the narrative statement sent earlier by e-mail for this case. The disc has been tested on multiple computers and the files appear and work correctly.

Please feel free to contact if any issues.



Justin Geiger
Safety Supervisor
Ironclad Excavating Inc.