



## Pipeline Safety Division Investigation Report

### Investigation regarding: Dan Cristiani Excavating

UPPAC Database Record ID: 4664

Report Date: 8/14/2013

Investigator: William Boyd

Damage Date: 4/25/2013 2:35:19 PM

Damage Address: 113 Fort St., Jeffersonville, Clark

### The Parties

Excavator: **Dan Cristiani Excavating**

Address: 1221 Old Highway 31 East, Clarksville, In 47129

Facility Owner: **Vectren**

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Sewer

### 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: Yes  
4/18/2013

Indiana 811 Ticket Number: 1304161934

Original Start Date:

Locate Instructions: LOCATE ALL FOUR SIDES OF 502 W RIVERSIDE MARKED IN WHITE PAINT TO CAP SEWER LATERALS.

Follow-Up Locate Instructions (if applicable):

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

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 5/29/2013. The gas operator did not respond to request for information. The excavator failed to maintain required clearance from the gas main with the backhoe.

**Conclusion:** There was a failure to maintain two (2) feet clearance within the tolerance zone.

**Violation:** IC 8-1-26-20(a)(2) Failure to maintain two (2) feet clearance with mechanized equipment.



**INFORMATION REQUEST**

State Form 54909 (R / 3-13)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

**Case Number:** 4664

**Date of Damage** (*month, day, year*): 4/25/13

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**Location of Damage:**

Address (*number and street*): 113 Fort St.

City, State and ZIP Code: Jeffersonville IN 47130

Nearest Intersection: W. Riverside Dr

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**Excavator Information:**

Business Name: Dan Cristiani Excavating Co, Inc.

Responsible Party Personal Name: Bart O'Leary

Title (*if any*): Safety Director

Address (*number and street*): 1221 Old HWY 31 E

City, State and ZIP Code: Clarksville IN 47129

Preferred Telephone Number (area code): 502-664-3661

Email Address: bart@dcexc.com

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**Utility Information:**

Utility Name: Vectren

Contact Person: Kevin Vissing

Title (*if any*): \_\_\_\_\_

**Cause of Damage Information**

Type of Equipment (*select one*):

Type of Work Performed (*select one*):

Repair Cost: \$ Not Known at this time

- 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: 1304161934
- 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**

Employees were capping sewers for the Ohio River Bridge project. The employees had already located the sewer line that was about four feet deep. They were using a probe as they dug down to find the sewer line. Once the sewer line was located they were preparing it to be capped off. In doing so the Operator was removing some spoils when he clipped the gas line.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date (month, day, year): \_\_\_\_\_

*\*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**

























