



## Pipeline Safety Division Investigation Report

### Investigation regarding: Robert Mathews

UPPAC Database Record ID: 4713

Report Date: 9/10/2013

Investigator: William Boyd

Damage Date: 4/16/2013

Damage Address: 8916 22nd Street Sw Lot 15, Demotte, Jasper

### The Parties

Excavator: **Robert Mathews**

Address: 8916 22nd Street Sw, Demotte, In 46310

Facility Owner: **NIPSCO**

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Hand Tools

Type of Work Performed: Water

### 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:** A natural gas service line was damaged during hand excavation to repair a water well.

**Findings:** Reported by Carrie Ludwig (NIPSCO); excavator's response to initial notice was received on 8/7/2013. Excavator (homeowner) was working on his water well and was clearing dirt with hand shovel and nicked the gas service line causing small leak. Excavator was digging deeper than 12 inches and should have called in for locates.

**Conclusion:** There was a failure to provide notice of excavation.

**Violation: IC 8-1-26-16(g) Failure to provide notice of excavation.**



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Apr 29, 2013

---

### Who is submitting this information?

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

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: Robert Matthews

Business address (*number and street*): 8916 22nd Street SW

City, State, and ZIP code: DeMotte, IN 46310

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

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

E-mail address: \_\_\_\_\_

---

### Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Hand Tools

Type of work performed: Water

---

**Date and Location of Damage**

Date of damage (*month, day, year*): Apr 16, 2013 \_\_\_\_\_

County: Jasper \_\_\_\_\_

City: DeMotte \_\_\_\_\_

Street address (*number and street, city, state, and ZIP code*):  
8916 22nd Street SW Lot 15 \_\_\_\_\_

Nearest intersection: CO RT 900 W \_\_\_\_\_

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? Yes

If yes, how many affected? 1 \_\_\_\_\_

Time to restore service (*in hours*): 3 \_\_\_\_\_

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?

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?

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# 1304163480.



150 West Market Street, Suite 600  
Indianapolis, IN 46204

August 12, 2013

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

Pipeline Safety Division – Case No. 4713  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4713

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: 4/16/2013

Event Location: 8916 22nd Street Sw Lot 15

City: Indianapolis

Facility Owner: Nipsco

Excavator: Robert Matthews

Other Party: N/A

Pipeline Division Case No. 4713

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. 4713</b>	
Date of Event	4/16/2013
Event Location	8916 22nd Street Sw Lot 15
Event City	Demotte
Facility Owner	Nipsco
Excavator	Robert Matthews
Date of IURC Information Request	July 12, 2013
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Robert Matthews
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	8916 22 <sup>nd</sup> Street SW
CITY/ STATE/ZIP	DeMotte / IN / 46310
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	8916 22nd Street SW Lot 15
CITY/STATE/ZIP	DeMotte / IN /
NEAREST INTERSECTION	
<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)	<a href="#">Click here to enter text.</a>
INTERRUPTION IN SERVICE (YES/NO)	Yes
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	No
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	
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)	Yes
IGNITION AND/OR FIRE (YES/NO)	No
EXCAVATOR NOTIFY 811 (YES/NO)	No
<b>LOCATE INFORMATION:</b>	
EXCAVATOR REQUEST LOCATE (YES/NO)	No

INDIANA 811 LOCATE TICKET NUMBER	N/A
LOCATE MARKS VISIBLE (YES/NO)	No
LOCATE MARKS CORRECT (YES/NO)	
EXCAVATOR "WHITE LINED" (YES/NO)	No
MAPS USED TO MARK FACILITIES (YES/NO)	No
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	No
<b>INCIDENT IMPACT INFORMATION</b>	
NUMBER OF OUTPATIENT TREATED	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FATALITIES	0
FIRE DEPARTMENT RESPONSE (YES/NO)	Yes
POLICE DEPARTMENT RESPONSE (YES/NO)	N/A
AMBULANCE RESPONSE (YES/NO)	N/A
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
<p>No notification made to the one-call center.  NIPSCO Emergency Repair Ticket Number: 1304163480.</p>	

Fact Based Investigation Report

**Notification ID** 01820130416006  
**Damage Date** 04/16/2013 18:00  
**Notified By** MAGGIE DIAZ (Facility Owner)  
**Damage Address** 8916 22ND ST SW LOT 15 COUNTY JASPER/ KEENER TWP  
DEMONT, IN  
**District** Northern Indiana  
**Notification Date** 04/16/2013 18:04

---

**Damaged Customer** NIPSCO

---

**Investigation Date From** 04/17/2013 12:55:00 **To** 04/17/2013 13:05:00

---

**Excavator Involved** Homeowner  
**Type of Excavation** LANDSCAPING

---

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

---

**Damage Request #** 1304163480 **Start Date**

---

**Pictures Taken By** ROBERT PUENT **Date** 04/16/2013 18:25  
**Photography Type** Digital **Frame #** N/A

---

**Investigator Emp. #** 125915 **Investigator Name** ROBERT PUENT  
**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 #** - **Locator Not Known** Yes

---

**Investigation Findings**  
No Locate Req. By Contractor  
**Other Notes**

---

**Investigation Methods**  
Visual, Facility Exposed At Time Of Investigation

---

**Investigator Statement/Causal Factors**  
PER ROBERT NO LOCATE CALLED  
**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

---

**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** CUT

**Replacement Footage**

2'

**Was contractor assistance required? If yes, who?**

No N/A

**What contractor equipment was used?**

N/A

**Is the facility shown on the utility records?**

No

**If yes, list record numbers**

N/A

Facility: Distribution Lines; Folder: On-Hold folder; Assigned To: N/A

NIPSCO 01200 IUPPSa 04/16/2013 18:04:22 1304163480-00A EMER NEW GRID

EMERGENCY

Ticket : 1304163480 Date: 04/16/2013 Time: 17:58 Oper: AHUNTER Chan:037

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

Address : 8916  
Street : 22ND ST SW  
Cross 1 : CO RT 900 W Within 1/4 mile: Y  
Location: LOCATE-- THE ENTIRE PROPERTY  
:  
Grids : 4110A8712A 4110A8712B 4110A8713D  
Boundary: n 41.180723 s 41.179253 w -87.217911 e -87.210320

Work type : REPAIRING GAS LINE  
Done for : NIPSCO  
Start date: 04/16/2013 Time: 18:01 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: CONT  
Co addr : 801 E 86TH AVE  
City : MERRILLVILLE State: IN Zip: 46410  
Caller : MARY WADELLE Phone: (800)322-2806  
Contact : DAVE WITHERSPOON--OFFICE Phone:  
BestTime:  
Mobile : (219)647-4707  
Fax : (219)647-4764

Remarks : All tickets are taken and processed on Eastern Daylight Time  
CREW EN ROUTE

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

Submitted date: 04/16/2013 Time: 17:58  
Members: COMCN ID2009 ID3831 ID4601 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 # 888 H 728 421 041 606 03  
OPERATING AREA CONTACT 584022 JOB ORDER #

TRACKING NUMBER 018 2023 04 16 0026 LOCATE REF #  
Locate Performed By: LSJC

DATE AND TIME OF ACCIDENT 4-16-2013 1628 M DATE OF REPORT 4-16-13  
PLACE OF DAMAGE (INCLUDE CITY) 8916 22nd St SW 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) 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 1628 TIME SHUT OFF 1653 TIME RESTORED 2000

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 2 1/4" was not a clean break.  
LOCATE MARKS ON SITE: YES ( ) DISTANCE BETWEEN FACILITY AND LOCATE MARKS \_\_\_\_\_ NO   
HOW LOCATED: PAINT ( ) FLAGS ( ) BOTH ( ) WHITE LINED ( )

PARTY THAT CAUSED DAMAGES (NAME) Robert Mathews  
ADDRESS OF PARTY (INCLUDE CITY) 8916 22nd St SW Demotte

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Robert Mathews  
WITNESS NAME AND ADDRESS \_\_\_\_\_

WITNESS REMARKS \_\_\_\_\_  
AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY \_\_\_\_\_ REPORT # \_\_\_\_\_  
FIRE  AGENCY Keener Township (Demotte) 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  
( ) 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  
( ) 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 ( ) OTHER Shovel

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS: Customer hit plastic service while digging for well point

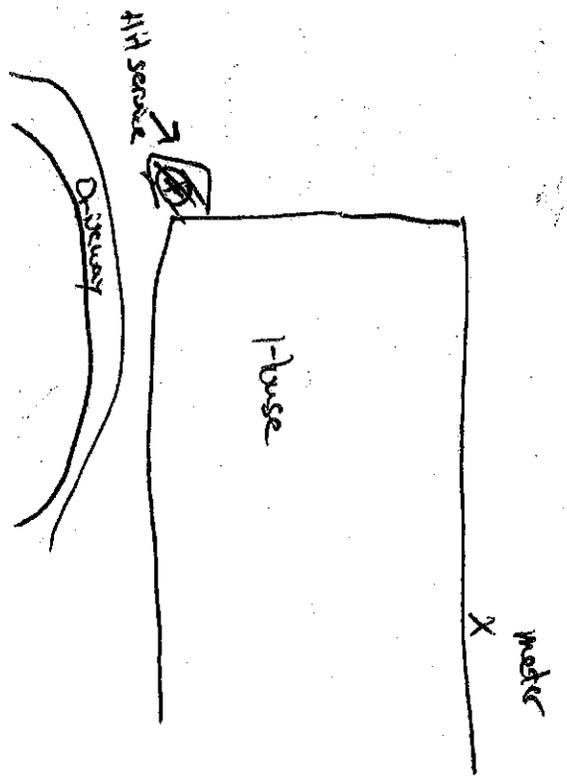
PERSON PREPARING REPORT JONATHAN BUDZ

FIELD SUPERVISOR Mike Longstreet

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



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: \_\_\_\_\_



Property of United States Infrastructure Corporation  
Photo taken on 4/16/2013 6:57:46 PM

**INFORMATION REQUEST**

State Form 54909 (R / 3-13)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

**Case Number:** 4713 \_\_\_\_\_**Date of Damage** (*month, day, year*): 4/16/2013 \_\_\_\_\_**Location of Damage:**Address (*number and street*): 8916 22nd st SW \_\_\_\_\_

City, State and ZIP Code: Demotte, IN 46310 \_\_\_\_\_

Nearest Intersection: 900N and 22nd ST \_\_\_\_\_

**Excavator Information:**

Business Name: residential \_\_\_\_\_

Responsible Party Personal Name: Robert Mathews \_\_\_\_\_

Title (*if any*): \_\_\_\_\_Address (*number and street*): 8916 22nd ST SW \_\_\_\_\_

City, State and ZIP Code: Demotte, IN 46310 \_\_\_\_\_

Preferred Telephone Number (area code): 2196137450 \_\_\_\_\_

Email Address: h\_mathews@yahoo.com \_\_\_\_\_

**Utility Information:**

Utility Name: NIPSCO \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

**Cause of Damage Information**

Type of Equipment (*select one*):

Type of Work Performed (*select one*):

Repair Cost: \$ I was fined \$300.00 from Nipsco

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

---

**Locate Information**

Excavator Request Locate:  Yes  No

Indiana 811 Locate Ticket Number: NA

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

---

**Incident Information:**

Fire Department Response:  Yes  No

Police Department Response:  Yes  No

Ambulance Response:  Yes  No

**Additional Information / Comments**

I first want to apologize for not completing this form in a timely manner. My wife was in a car accident on 7/19/2013 and injured her arm and she is the person who takes care of these things in the household. On the day of the incident my well at my resident lost prime due to a leak at the well head. So I dug carefully around my well to find the loose connection. As I was cleaning dirt around the well with a hand shovel I nicked the plastic gas line causing a small leak. I called 911 and fire dept and NIPSCO came. NIPSCO repair man said the pipe is old and brittle and doesnt take much to damage it, which I found out the hard way.

Also, I tried to sign electronically by typing my name in the signature box but it would not allow me to. I do consent to signing the document. RM

Printed Name: Robert Mathews

Signature: \_\_\_\_\_ Date (month, day, year): 08/07/2013

*\*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**

**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**