



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Karrin Perkins**

UPPAC Database Record ID: 4789

Report Date: 6/17/2013

Investigator: Mike Orr

Damage Date: 4/27/2013

Damage Address: 274 Larkspur Ct., Zionsville, Boone

### The Parties

Excavator: **Karrin Perkins**

Address: 274 Larkspur Ct., Zionsville, In 46077

Facility Owner: **Vectren**

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Hand Tools

Type of Work Performed: Landscaping

### Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$500

### 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 landscaping work.

**Findings:** Reported by John Burke (Vectren); excavator/occupant did not respond to initial notice mailed 7/10/2013. Excavator failed to provide notice of excavation to the association (IN811).

**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

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### Who is submitting this information?

Name of person providing this information: John Burke (Vectren)

Business address (*number and street*): 1995 E. Main St.

City, State, and ZIP code: Danville, IN 46122

Telephone number (*area code*): (317) 776-5566

Fax number (*area code*): (317) 718-3677

E-mail address: jburke@vectren.com

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### Excavator Information, if known

Full name: Karrin Perkins

Business address (*number and street*): 274 Larkspur CT.

City, State, and ZIP code: Zionsville, IN 46077

Telephone number (*area code*): (317) 373-2113

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: Landscaping

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## Date and Location of Damage

Date of damage (*month, day, year*): Apr 27, 2013

County: Boone

City: Zionsville

Street address (*number and street, city, state, and ZIP code*):  
274 Larkspur Ct.

Nearest intersection: Indian Pipe Ln.

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? Yes

If yes, how many evacuated? 1

Was there a customer service interruption? Yes

If yes, how many affected? 1

Time to restore service (*in hours*): 4

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$<sup>500</sup>

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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?

If locates were performed, were they done so by a contractor or pipeline employee? Data Not Collected

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"? No

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

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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**

Customer digging to plant tree hit and damaged service line



**DAMAGE INFORMATION REPORT – PIPELINE SAFETY**  
State Form 54122 (R2 / 7-11)  
INDIANA UTILITY REGULATORY COMMISSION

INITIAL DOCUMENTS -  
OPERATOR  
CASE # 4789

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

**Who is submitting this information?**

Name of person providing this information: John Burke

Business address (number and street): 1995 E. Main St.

City, State, and ZIP code: Danville, IN 46122

Telephone number (area code): (317) 776-5566

Fax number (area code): (317) 718-3677

E-mail address: jburke@vectren.com

**Excavator Information, if known**

Full name: Karrin Perkins

Business address (number and street): 274 Larkspur CT.

City, State, and ZIP code: Zionsville, IN 46077

Telephone number (area code): (317) 373-2113

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

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

**Excavation or Demolition Information**

Excavator type: Occupant

Excavation or demolition equipment: Hand Tools

Type of work performed: Landscaping

**Date and Location of Damage**

Date of damage (month, day, year): Apr 27, 2013

County: Boone

City: Zionsville

Street address (number and street, city, state, and ZIP code):  
274 Larkspur Ct., Zionsville, IN 46077

Nearest intersection: Indian Pipe Ln.

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? Yes

If yes, how many evacuated? 1

Was there a customer service interruption? Yes

If yes, how many affected? 1

Time to restore service (in hours): 4

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 500

**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?

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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**

Customer digging to plant tree hit and damaged service line



2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH

NOW DUE  
FINAL  
\$1,824.82

PERKINS, KAREN  
274 LARKSPUR COURT  
ZIONSVILLE, IN 46077

Type: GAS  
Invoice: FDS0017694  
BillToID: 33208  
Billing Date: 6/21/2013  
Date of Loss: 4/27/2013  
5954 103.0510

Please return this portion with your remittance.



Mail Payment To:  
Vectren Utilities Holdings Company  
1239 Reliable Parkway  
Chicago, IL 60686-0012  
Inquiries: 1-877-902-2934, Mon.-Fri., 8-5  
Risk Management/Claims Department

NOW DUE  
FINAL  
\$1,824.82

PERKINS, KAREN  
274 LARKSPUR COURT  
ZIONSVILLE, IN 46077

Type: GAS  
Invoice: FDS0017694  
BillToID: 33208  
Billing Date: 6/21/2013  
Date of Loss: 4/27/2013

**Invoice For Costs to Repair and Reconstruct Damaged Property**

Address: 274 LARKSPUR CT, ZIONSVILLE

1" PLASTIC SERVICE SEVERED BY HAND TOOLS. DID NOT REQUEST LOCATES.

*Paid \$125.00 7/1/13*

Material:	\$68.31
Company Labor:	\$1,478.77
Contract Labor:	\$0.00
Transportation/Equipment:	\$169.88
Misc:	\$0.00
Gas Loss:	\$107.86
Adjustments:	\$0.00
Payments:	\$0.00
<b>Total:</b>	<b>\$1,824.82</b>

5954 103.0510

*6/26  
Karen agreed  
to \$125/month.  
IF all paid on  
time \$1500.00*

Remember, call two (2) working days before digging. Contact I.U.P.S. at 1-800-382-5544.

Vectren Claim Number: \_\_\_\_\_

FDS0017694

Task No: 103.0510 Capital / O & M (circle one)

Police Report / MO #: \_\_\_\_\_

Date of Damage 4 / 27 / 13

Cost Center # 5954

Time Occurred 2:20 am / pm

Time Found 2:45 am / pm

Latitude 40.004790 Longitude: 86.263350

# FACILITIES DAMAGE REPORT

## GAS

Vectren Claims Camera:

VE01721  
Form 3112

**DAMAGE SITE:**

Address 274 LARKSPUR CT Lot # \_\_\_\_\_

County BOONE City ZIONSVILLE State IN Township UNION

**FACILITY TYPE:**

- Distribution  Propane
- Service  Storage
- Transmission: (include supplemental report)

**FACILITIES DAMAGED:**

	ORIFICE SIZE(S):	(1)	(2)	(3)
<input type="checkbox"/> Farm Tap	0.50 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Heater	5/8 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Main	0.75 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Meter (Residential)	1.00 inch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Meter (Industrial / Commercial)	1.25 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Odorizer	2.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Regulator Station	3.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Relief Valve	4.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Riser	5.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Service Line	6.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Valve	10.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	16.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	20.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other			

**VISUAL OBSERVATION AT DAMAGE SITE:**

- Visual Observation:  Above Ground  Below Ground
- Locate Applicable:  Yes  No  N/S
- Facilities Properly Marked:  Yes  No  N/S
- Marking Methods:  Conventional  Flags  None  Paint  Stakes  Whiskers
- Offset
- Locate Marking Faded:  Yes  No  N/S
- Wrong Address Requested:  Yes  No  N/S

**Facilities Improperly Located:**

- Qualified Locator Could Not Have Accurately Located
- Inaccurate Maps / Cards
- Broken or No Tracer Wire (Plastic)
- Insulation Preventing Accurate Locate

**Locator Error:**

- Failure to Follow Policy
- Inappropriate Site Markings
- Incomplete Locate
- No Locates Performed
- Qualified Locator Could Have Accurately Located
- Wrong Address Located
- Marking Off By: \_\_\_\_\_ (Feet / Inches)

**TYPE OF MATERIAL:**

- Cast Iron
- Plastic (HDPE)
- Plastic (MDPE)
- Steel
- Other \_\_\_\_\_

**DAMAGE TYPE:**

- Severed
- Not Cut
- Severed
- Size 1 x 1

**PRESSURE:**

- 25 PSIG
- 40 PSIG
- 50 PSIG
- 55 PSIG
- 60 PSIG
- 6 WC (.2163)
- 7 WC (252)
- Other \_\_\_\_\_

**PROTECTION IN PLACE:**

- Building  Fence  None
- Post  Rail  Vault  N/A
- Other \_\_\_\_\_

**DURATION OF ESCAPING GAS:**

Minutes: 49

**LEAK REPORT NUMBER:** \_\_\_\_\_

EFV Activated  Yes  No  N/S

**FEED TYPE:**

- One-Way Feed
- Two-Way Feed

Number of Customers Affected: 1

Total Hours Service Was Off: \_\_\_\_\_

SERVICE ORDER NUMBER: NS616566

**DAMAGED BY:**

- Company Crew
- Contractor
- County
- Developer
- Farmer
- Municipality
- Property Owner/ Tenant
- Railroad
- State
- Unknown
- Utility
- Vehicle Accident
- Other \_\_\_\_\_

**TYPE OF CONSTRUCTION:**

- Agriculture
- Building Construction
- Building Demolition
- Cable TV
- Curbs / Sidewalk
- Drainage
- Driveway
- Electric
- Engineering / Surveying
- Fencing
- Grading
- Irrigation
- Landscaping
- Liquid Pipeline
- Milling
- Pole
- Natural Gas
- Public Transit Authority
- Railroad Maintenance
- Other \_\_\_\_\_

**NOTIFICATIONS AND OTHER DETAILS OF LOCATE:**

Locate Ticket: NO LOCATE REQUESTED

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm

**TYPE OF REQUEST:**

- Regular Request  Emergency Request
- Locate Company Notified
- Contact Name: \_\_\_\_\_
- Time Called: \_\_\_\_\_ am / pm
- Time Locator Arrived at the Site: \_\_\_\_\_ am / pm

Company Notified of Locate Near Critical Facilities  Yes  No  N/S

Copy of Mark Out Request Provided Within 2 Working Days  Yes  No  N/S

**ONE-CALL CENTER:**

- IUPPS
- OUPS
- Unknown

Vectren Claim Number: \_\_\_\_\_

**TYPE OF EQUIPMENT:**

- Auger
- Backhoe / Track hoe
- Boring
- Drilling
- Explosives
- Farm Equipment
- Grader / Scraper
- Hand Tools
- Milling Equipment
- Plow
- Probing Device
- Trencher
- Vacuum Equipment
- Vehicle
- Other \_\_\_\_\_

**ROOT DAMAGING CAUSE:**

- Abandoned Facility
- Deteriorated Facility
- Facility Could Not be Found/ Located
- Facility Was Not Located / Marked
- Failure to Maintain Clearance
- Failure to Maintain Marks
- Failure to Support Exposed Facility
- Failure to Use Hand Tools Where Required
- Improper Backfilling
- Incorrect Records / Maps
- Marking or Location Not Sufficient
- No Notification Made to One-Call
- One-Call Notification Error
- Previous Damage
- Wrong Information Provided
- Other \_\_\_\_\_

**CONTRACTOR REPAIRS:**

- Contractor Working for Vectren Made Repairs at Own Expense
  - Yes  No  N/S
- Contractor Repaired Damage
  - Yes  No  N/S

Name of Contractor: \_\_\_\_\_  
 # of Regular Hours; \_\_\_\_\_  
 # of Overtime Hours; \_\_\_\_\_  
 # of Regular Hours; \_\_\_\_\_  
 Crew Type: \_\_\_\_\_

**MATERIALS OR ROAD WORK:**

- Meter was replaced \_\_\_\_\_ (Stores Code)
- Regulator Was Replaced \_\_\_\_\_ (Stores Code)
- Temporary Asphalt Repair: \_\_\_\_\_ (sq. ft.)
- Permanent Asphalt Repair: \_\_\_\_\_ (sq. ft.)

**RIGHT OF WAY:**

- Dedicated Utility Easement
- Federal Utility Easement
- Pipeline
- Power / Transmission Line
- Private - Business
- Private - Easement
- Private - Land Owner
- Public - County Road
- Public - Interstate Highway
- Public - Other
- Public - State Highway
- Public - City Street
- Unknown

- Did Excavator Notify You  Yes  No
- Excavation Required  Yes  No
- Media at Site  Yes  No
- Was There Ignition of Gas?  Yes  No
- INVOICE:  Yes  No  N/S

**DAMAGING PARTY:**

Name: KARREN PERKINS  
 Address: 274 LARK SPUR CT  
 City/ State/ Zip: ZIONSVILLE, IN 46077  
 Phone: (317) 373-2113  
 Prepared / Investigated By: Mark Henderson 5563 Date: 4/27/13

**PARTY TO INVOICE:**

Name: SAME  
 Address: \_\_\_\_\_  
 City/ State/ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_  
 Reviewed by Field Supervisor: [Signature] Date: 4/29/13

*Customer was planting trees and did not call for locates!  
 There were tree roots in hole. Customer thought service was  
 a root.*

*EMERGENCY # 1304270342  
 LOCATE*

# Service Order Status

**Enter Service Order Number:**

5616566



[Cancel Entry](#) [Refresh Entry](#)

**Banner Instance:**  CS03PROD  CS01PROD  CS02PROD  
**Order Number:** N5616566  
**Order Type:** LEAK  
**Order Status:** Completed

**Customer:** 620917002 - PERKINS MICHAEL D  
**Prem:** 5230479 - 274 LARKSPUR CT

**Technician:** 5563 - Henderson, Mark

**Order Dates and Times**

**Need Date:** 4/27/2013 2:43:00 PM  
**Time Created:** 4/27/2013 2:22:22 PM  
**Time Dispatched:** 4/27/2013 2:22:22 PM  
**Time In Route:** 4/27/2013 2:25:38 PM  
**Time On-Site:** 4/27/2013 2:45:55 PM  
**Tech Complete:** 4/27/2013 5:24:30 PM  
**Time Closed:** 4/27/2013 5:24:30 PM

**Events Performed/Completion Code**

LKOT - CMP

**Meter Information**

**Current ReadStatus**

**Old Meter:** 4546 Active  
**New Meter:**

**Completion Notes**

atmo chk found cust had cut service with shovel made repair mtr on tst neg relit  
 appl appear ok when lft

**Request Notes**

4-27-13 MICHAEL PERKINS HIT GAS LINE AND IT IS BLOWING CONT# 317-372-0041 GAS MET LOC OUTSIDE ACCESS  
 IBLE. ONSITE FOR ACCESS. NO PETS. XST MICHIGAN

**MDSI Event Dates and Times**

Event	Date/Time	User
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NOTE: The Reporting database replicates in near real-time; it has been approximately 29 minute(s) since the last transaction replicated.