



Pipeline Safety Division Investigation Report

Investigation regarding: Crosby Excavating Incorporated

UPPAC Database Record ID: 4873

Report Date: 9/23/2013

Investigator: Mike Orr

Damage Date: 5/29/2013 12:53:08 PM

Damage Address: 4712 Haffner Dr, St Joseph, Allen

The Parties

Excavator: Crosby Excavating Incorporated

Address: 5800 Fairfield Avenue Suite 120, Fort Wayne, In 46807

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: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes
5/20/2013

Indiana 811 Ticket Number: 1305160046

Original Start Date:

Locate Instructions: FROM ABOVE LISTED ADDRESS LOCATE FOR 750 FEET NORTH MARKING ROW TO ROW ON BOTH SIDES OF THE STREET

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 8/1/2013. Excavator had a valid locate ticket and argues the locate markings to be incorrect. The excavator failed to prove an attempt to pot hole the facility with hand and failed to maintain required clearance from the gas service with the trackhoe. The gas operator contends accurate locate markings and claims the service line had already been "pinched off" upon arrival to effect the repair.

Conclusion: There was a failure to maintain two (2) feet clearance with mechanized equipment.

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



150 West Market Street, Suite 600
Indianapolis, IN 46204

August 12, 2013

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4873
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4873

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: 5/29/2013
Event Location: 4712 Haffner Dr
City: Indianapolis
Facility Owner: Nipsco
Excavator: Crosby Excavating Incorporated
Other Party: N/A
Pipeline Division Case No. 4873

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. 4873	
Date of Event	5/29/2013
Event Location	4712 Haffner Dr
Event City	St Joseph
Facility Owner	Nipsco
Excavator	Crosby Excavating Incorporated
Date of IURC Information Request	July 12, 2013
THE PARTIES	
EXCAVATOR:	
BUSINESS NAME	Crosby Excavating Incorporated
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	5800 Fairfield Avenue Suite 120
CITY/ STATE/ZIP	Fort Wayne / IN / 46807
PREFERRED TELEPHONE	260-447-1053
CELL PHONE TELEPHONE	260-740-2632
EMAIL ADDRESS	rreulle@crosbyexc.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	4771 Haffner Drive (4712)
CITY/STATE/ZIP	Fort Wayne / IN /
NEAREST INTERSECTION	
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.)	5/8"
PRESSURE (PSIG/INCHES)	Click here to enter text.
INTERRUPTION IN SERVICE (YES/NO)	No
NUMBER OF CUSTOMERS AFFECTED	0
EVACUATION (YES/NO)	No
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)	Yes
IGNITION AND/OR FIRE (YES/NO)	No
EXCAVATOR NOTIFY 811 (YES/NO)	Yes - 1305292604
LOCATE INFORMATION:	
EXCAVATOR REQUEST LOCATE (YES/NO)	Yes

INDIANA 811 LOCATE TICKET NUMBER	1305160046
LOCATE MARKS VISIBLE (YES/NO)	Yes
LOCATE MARKS CORRECT (YES/NO)	Yes
EXCAVATOR "WHITE LINED" (YES/NO)	No
MAPS USED TO MARK FACILITIES (YES/NO)	Yes
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	No
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>Failure to maintain the marks. NIPSCO Emergency Repair Ticket Number: 1305292702.</p>	

Fact Based Investigation Report

Notification ID 01820130529006
Damage Date 05/29/2013 12:53
Notified By RYAN REUILLE ()
4712 HAFFNER
Damage Address DR
FORT WAYNE, IN
District Northern Indiana
Notification Date 05/29/2013 12:55

Damaged Customer NIPSCO

Investigation Date From 05/29/2013 13:30:00 **To** 05/29/2013 14:05:00

Excavator Involved CROSBY EXC.
Type of Excavation sorm sewer install

Orig. Locate Request 1305160046 **Start Date** 05/17/2013 08:00
Type of Ticket Routine **Locate Req. Info** N/A

Damage Request # 1305292604 **Start Date**

Pictures Taken By John Deitrick **Date** 05/29/2013 13:50
Photography Type Digital **Frame #**

Investigator Emp. # 131108 **Investigator Name** John Deitrick
Based on your investigation, is further investigation needed? No

Fact Based Investigation Customer Information

Facility Description Low Profile **Facility ID** service - 5/8"

Locator Name & EMP # Deitrick John - 131108 **Locator Not Known**

Investigation Findings

Facility Marked Accurately

Other Notes

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

Most of the marks were destroyed but some still visible. They were right on. They hit it expecting the service to be at least 6ft. that is why they relocated the entire gas main and replaced all the services

Names of Utility Representatives Contacted or on Site and Statement

na

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

na

Other individuals on site

na

Were any markings visible on the damage site upon arrival? Yes

Were any other indicators of facility present in the area?	Yes
Was the excavation within the tolerance zone of marks?	Yes
Extent of facility damage	cut
Replacement Footage	2ft
Was contractor assistance required? If yes, who?	No
What contractor equipment was used?	front shovel
Is the facility shown on the utility records?	Yes
If yes, list record numbers	ftw

Facility: Distribution Lines; Folder: REGION 3; Assigned To: N/A

NIPSCO 00033 IUPPSa 05/16/2013 06:21:42 1305160046-00A NORM NEW GRID

NORMAL NOTICE JOB EXTENSION

Ticket : 1305160046 Date: 05/16/2013 Time: 06:18 Oper: RYAN.REUILLE Chan:000
Old Tkt: 1305031870 Date: 05/03/2013 Time: 12:03 Oper: RYAN.REUILLE Rev: 00A

State: IN Cnty: ALLEN Twp: ST JOSEPH
Cityname: FORT WAYNE Inside: Y Near: N
Subdivision:

Address : 4712
Street : HAFFNER DR
Cross 1 : STELLHORN RD Within 1/4 mile: Y
Location: FROM ABOVE LISTED ADDRESS LOCATE FOR 750 FEET NORTH MARKING ROW TO ROW
ON BOTH SIDES OF THE STREET
:
Grids : 4107B8504A 4107B8504B 4107C8504A 4107C8504B 4107D8504A
Grids : 4107D8504B
Boundary: n 41.125338 s 41.119165 w -85.079494 e -85.077744

Work type : STORM SEWER INSTALLATION
Done for : CITY OF FORT WAYNE
Start date: 05/20/2013 Time: 07:00 Hours notice: 96/048 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 3 MONTHS Depth: 7 FEET

Company : CROSBY EXCAVATING INCORPORATED Type: OTHR
Co addr : 5800 FAIRFIELD AVENUE SUITE 120
City : FORT WAYNE State: IN Zip: 46807
Caller : RYAN REUILLE Phone: (260)447-1053
Contact : ROBERTO GONZALEZ---CELL Phone:
BestTime:
Mobile : (260)740-2632
Fax : (260)447-6226
Email : RREUILLE@CROSBYEXC.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
PLEASE PAINT AND FLAG ALL LOCATES
* TEST04 WAS NOT ON THE ORIGINAL VERSION OF THIS TICKET
Will you be white-lining the dig site area? NO
:

Submitted date: 05/16/2013 Time: 06:18
Members: AEPIN CC FW ID8000 NIPSCO SM TEST04

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

NIPSCO 00732 IUPPSa 05/29/2013 13:06:07 1305292702-00A EMER NEW STRT

EMERGENCY SEE REMARKS

Ticket : 1305292702 Date: 05/29/2013 Time: 13:03 Oper: SPEOPLES Chan:036

State: IN Cnty: ALLEN Twp: ST JOSEPH
Cityname: FORT WAYNE Inside: Y Near: N
Subdivision:

Address : 4771
Street : HAFFNER DR
Cross 1 : STELLHORN RD Within 1/4 mile: Y
Location: LOCATE THE ENTIRE PROPERTY
:
Grids : 4107B8504A 4107B8504B 4107C8504A 4107C8504B
Boundary: n 41.125292 s 41.122607 w -85.079448 e -85.077897

Work type : REPAIRING GAS LINE
Done for : NIPSCO
Start date: 05/29/2013 Time: 13:05 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 : MARCIA KING Phone: (800)322-2806
Contact : JASON OTIS - CELL Phone:
BestTime:
Mobile : (260)241-3246
Fax : (219)647-4764

Remarks : All tickets are taken and processed on Eastern Daylight Time
PER MARCIA - CREW IS EN ROUTE
Will you be white-lining the dig site area? NO
:

Submitted date: 05/29/2013 Time: 13:03
Members: AEPIN CC FW ID8000 NIPSCO SM

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

NIPSCO 00710 IUPPSa 05/29/2013 12:53:23 1305292604-00A EMER DAMG GRID

DAMAGE

Ticket : 1305292604 Date: 05/29/2013 Time: 12:48 Oper: SWOODFORD Chan:058

State: IN Cnty: ALLEN Twp: ST JOSEPH
Cityname: FORT WAYNE Inside: Y Near: N
Subdivision:

Address : 4712

Street : HAFFNER DR

Cross 1 : STELLHORN RD Within 1/4 mile: Y

Location: FROM ABOVE LISTED ADDRESS LOCATE FOR 750 FEET NORTH MARKING ROW TO ROW
ON BOTH SIDES OF THE STREET

:

Grids : 4107B8504A 4107B8504B 4107C8504A 4107C8504B 4107D8504A

Grids : 4107D8504B

Boundary: n 41.125338 s 41.119165 w -85.079494 e -85.077744

Work type : STORM SEWER INSTALLATION

Done for : CITY OF FORT WAYNE

Start date: 05/29/2013 Time: 12:51 Hours notice: 0/000 Priority: EMER

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

Duration : 3 MONTHS Depth: 7 FEET

Company : CROSBY EXCAVATING INCORPORATED Type: OTHR

Co addr : 5800 FAIRFIELD AVENUE SUITE 120

City : FORT WAYNE State: IN Zip: 46807

Caller : RYAN REUILLE Phone: (260)447-1053

Contact : ROBERTO GONZALEZ---CELL Phone:

BestTime:

Mobile : (260)740-2632

Fax : (260)447-6226

Email : RREUILLE@CROSBYEXC.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
PER RYAN REUILLE--A NIPSCO GAS LINE HAS BEEN DAMAGED--WAS DIGGING IN THE RIGHT
OF WAY IN FRONT OF 4771 HAFNER DRIVE--THIS LINE IS BLOWING SLIGHTLY BUT HAS BEEN
PINCHED OFF--THIS IS A YELLOW PLASTIC 3/4 INCHE LINE--CREW IS ON SITE--DID
ADVISE CALLER TO CONTACT 911 AND NIPSCO. DID GIVE CALLER NIPSCO NUMBER--PREVIOUS
TICKET NUMBER 1305160046.

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

:

Submitted date: 05/29/2013 Time: 12:48

Members: AEPIN CC FW ID8000 NIPSCO SM

NORTHERN INDIANA PUBLIC SERVICE COMPANY FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA FW/220 MAXIMO WO # _____
OPERATING AREA CONTACT Jim CRAIG JOB ORDER # 595639
TRACKING NUMBER 018 2013 0529 009 LOCATE REF # 1305160046
Locate Performed By: _____

DATE AND TIME OF ACCIDENT 5/29/2013 20 1301 M DATE OF REPORT 5/29/13
PLACE OF DAMAGE (INCLUDE CITY) 4771 HALPERN DR. FORT WAYNE

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) 40" PRESSURE (PSI) 40 PSI Lbs.

RELEASE OF GAS: YES NO () IGNITION OF GAS: YES () NO EVACUATION REQUIRED: YES () # _____ NO

INTERRUPTION OF SERVICE: YES () NO NUMBER OF CUSTOMERS LOST: 0 meter status - off

DURATION OF INTERRUPTION: TIME REPORTED 1301 TIME SHUT OFF was 2 inches off TIME RESTORED 1430

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: severed

LOCATE MARKS ON SITE: YES DISTANCE BETWEEN FACILITY AND LOCATE MARKS _____ NO ()
HOW LOCATED: PAINT () FLAGS BOTH () WHITE LINED ()

PARTY THAT CAUSED DAMAGES (NAME) Crosby Excavating 260 447 1053

ADDRESS OF PARTY (INCLUDE CITY) FW

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE /

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)
MEDIA ON SITE YES () NO ()

WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW

- | | | | |
|--|-------------------------------------|--|---|
| <input type="checkbox"/> AGRICULTURE/FARMING | <input type="checkbox"/> CABLE TV | <input type="checkbox"/> CURB/SIDEWALK | <input type="checkbox"/> TELECOMMUNICATIONS |
| <input type="checkbox"/> BLDG CONSTRUCTION | <input type="checkbox"/> DEMOLITION | <input checked="" type="checkbox"/> DRAINAGE | <input type="checkbox"/> WATER |
| <input type="checkbox"/> DRIVEWAY | <input type="checkbox"/> ELECTRIC | <input type="checkbox"/> SURVEYING | <input type="checkbox"/> DRAINS/CULVERTS |
| <input type="checkbox"/> FENCING | <input type="checkbox"/> GRADING | <input type="checkbox"/> IRRIGATION | <input type="checkbox"/> MOWING |
| <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> PIPELINE | <input type="checkbox"/> MILLING | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> POLE/SIGN POST | <input type="checkbox"/> ROAD WORK | <input type="checkbox"/> SEWER | |

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW

- | | | |
|--|---|--|
| <input type="checkbox"/> AUGER | <input type="checkbox"/> HAND TOOLS | <input checked="" type="checkbox"/> BACKHOE/TRACKHOE |
| <input type="checkbox"/> MILLING EQUIPMENT | <input type="checkbox"/> PROBING DEVICE | <input type="checkbox"/> BORING / DRILLING |
| <input type="checkbox"/> EXPLOSIVES | <input type="checkbox"/> TRENCHER | <input type="checkbox"/> FARM EQUIPMENT |
| <input type="checkbox"/> VACCUUM EQUIPMENT | <input type="checkbox"/> GRADER | <input type="checkbox"/> OTHER _____ |

REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW

- | | | |
|--|--|---|
| <input type="checkbox"/> AUTOMOTIVE ACCIDENT | <input type="checkbox"/> EXCAVATING BEFORE LOCATES DUE | <input checked="" type="checkbox"/> CARELESS MACHINE OPERATOR |
| <input type="checkbox"/> NO NOTIFICATION | <input type="checkbox"/> MARKS DISTURBED | <input type="checkbox"/> STUB |
| | | <input type="checkbox"/> OTHER _____ |

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS :

PERSON PREPARING REPORT _____

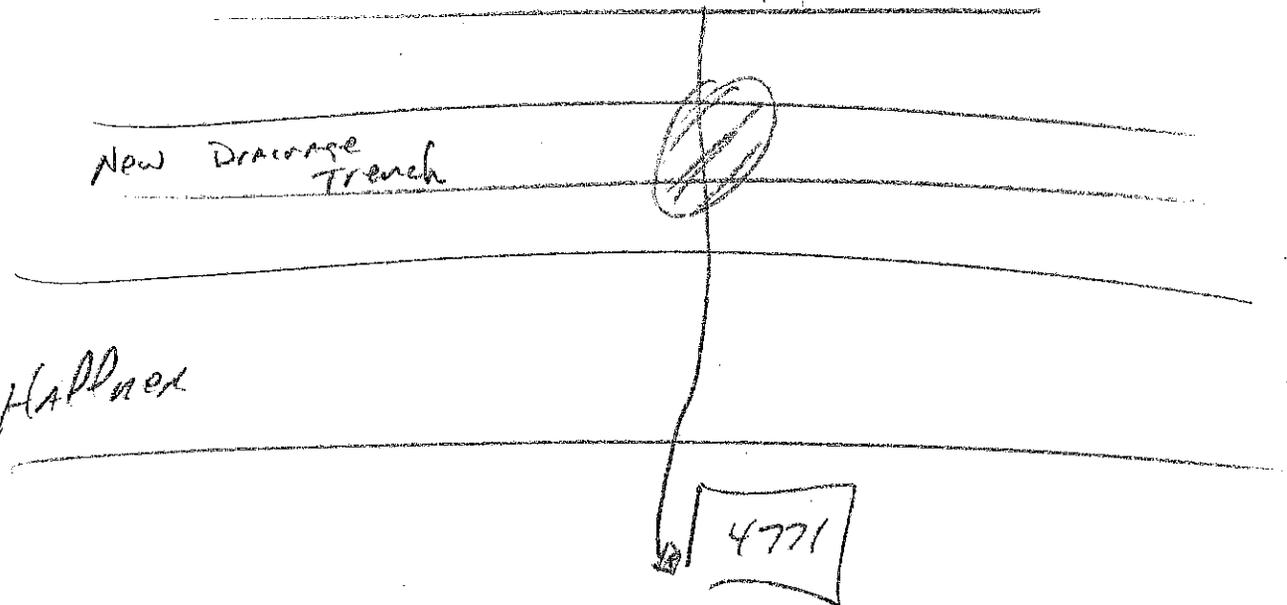
FIELD SUPERVISOR _____

FIELD MANAGER _____

JRH 022505

- 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 5/29/2013 1:36:19 PM



Property of United States Infrastructure Corporation
Photo taken on 5/29/2013 1:36:34 PM



INFORMATION REQUEST

State Form 54909 (R / 3-13)
INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

RECEIVED

AUG 01 2013

**INDIANA UTILITY
REGULATORY COMMISSION**

Case Number: 4873

Date of Damage (month, day, year): May 29, 2013

Location of Damage:

Address (number and street): 4712 Haffner Drive

City, State and ZIP Code: Fort Wayne, Indiana

Nearest Intersection: Crescent Ave.

Excavator Information:

Business Name: Crosby Excavating, Inc.

Responsible Party Personal Name: Ryan Reuille

Title (if any): Vice President

Address (number and street): 5800 Fairfield Ave. Suite 120

City, State and ZIP Code: Fort Wayne, Indiana 46807

Preferred Telephone Number (area code): (260) 447-1053

Email Address: rreuille@crosbyexc.com

Utility Information:

Utility Name: NIPSCO

Contact Person: Lisa Otis

Title (if any): _____

Cause of Damage Information

Type of Equipment (select one):

Backhoe/Trackhoe

Type of Work Performed (select one):

Sewer (Sanitary/Storm)

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

Locate Information

- Excavator Request Locate: Yes No
- Indiana 811 Locate Ticket Number: 1305160046
- 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

The pictures attached will show that the markings were clearly not correct. The "spade" shovel used to mark the locate line and pipe is 36" long.

Witnesses to the damaged pipe were: Lisa Ramos (NIPSCO), Rick Jennings (DLZ)

NIPSCO has not invoiced for this, because the locate was incorrect.

Printed Name: Ryan S. Reuille

Signature: Ryan S. Reuille, VP.

Date (month, day, year): 7/28/2013

**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 4873
101 West Washington Street, 1500E
Indianapolis, IN 46204**

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















