



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: Tom Baron

UPPAC Database Record ID: 5121

Report Date: 10/7/2013

Investigator: Mike Orr

Damage Date: 6/8/2013

Damage Address: 2341 Westwood Lane, Chesterton, Porter

### The Parties

Excavator: Tom Baron

Address: 2341 Westwood Lane, Chesterton, In 46304

Facility Owner: NIPSCO

### 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): \$

### 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 Carrie Ludwig (NIPSCO); excavator/occupant's response to initial notice was received on 8/29/2013. Excavator/occupant failed to provide notice of excavation to the association (IN811) when excavating deeper than twelve (12) inches.

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

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



150 West Market Street, Suite 600  
Indianapolis, IN 46204

August 29, 2013

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

Pipeline Safety Division – Case No. 5121  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 5121

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: 6/8/2013  
Event Location: 2341 Westwood Lane  
City: Chesterton  
Facility Owner: NIPSCO  
Excavator: Tom Baron  
Other Party: N/A  
Pipeline Division Case No. 5121

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. 5121</b>	
Date of Event	6/8/2013
Event Location	2341 Westwood Lane
Event City	Chesterton
Facility Owner	NIPSCO
Excavator	Tom Baron
Date of IURC Information Request	July 29, 2013
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	
RESPONSIBLE PARTY PERSONAL NAME	Tom Baron
TITLE (IF ANY)	
ADDRESS	2341 Westwood Lane
CITY/ STATE/ZIP	Chesterton / IN / 46304
PREFERRED TELEPHONE	219-916-4493
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	2341 Westwood Lane
CITY/STATE/ZIP	Chesterton / 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)	
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	X
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	
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)	
LOCATE MARKS CORRECT (YES/NO)	
EXCAVATOR "WHITE LINED" (YES/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)	N/A
POLICE DEPARTMENT RESPONSE (YES/NO)	N/A
AMBULANCE RESPONSE (YES/NO)	N/A
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
No notification made to the one-call center.	

NORTHERN INDIANA PUBLIC SERVICE COMPANY  
FACILITY DAMAGE REPORT

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

REPORTING OPERATING AREA VAlpo MAXIMO WO # 6030791820606080324  
OPERATING AREA CONTACT Tommy Packer JOB ORDER # JO 584765  
TRACKING NUMBER 018 2013 0608 005 LOCATE REF # \_\_\_\_\_  
Locate Performed By: \_\_\_\_\_

DATE AND TIME OF ACCIDENT June 8, 2013, 15:26 DATE OF REPORT 06/08/13  
PLACE OF DAMAGE (INCLUDE CITY) 2341 Westwood Ln

DAMAGE WAS TO:

ELECTRIC - POLE / TRANSFORMER: # \_\_\_\_\_ SIZE \_\_\_\_\_ YEAR INSTALLED \_\_\_\_\_ BROKEN YES ( ) NO ( )

OTHER (DESCRIBE) \_\_\_\_\_

GAS: SERVICE  MAIN ( ) SIZE 3/8" MATERIAL: PLASTIC  STEEL ( ) METER ( ) REG STATION ( ) STUB ( )  
OTHER (DESCRIBE) \_\_\_\_\_

DEPTH OF FACILITY (inches) 20" PRESSURE (PSI) 45 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 15:26 TIME RESTORED 17:23

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 1/4"

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

PARTY THAT CAUSED DAMAGES (NAME) Tom Baron (Homeowner)

ADDRESS OF PARTY (INCLUDE CITY) 2341 Westwood Ln

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Tom Baron

WITNESS NAME AND ADDRESS None

WITNESS REMARKS None

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 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 checked="" 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 checked="" type="checkbox"/> HAND TOOLS | <input 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 type="checkbox"/> CARELESS MACHINE OPERATOR          |
| <input type="checkbox"/> NO NOTIFICATION     | <input type="checkbox"/> MARKS DISTURBED               | <input type="checkbox"/> STUB                               |
|  |  | <input checked="" type="checkbox"/> OTHER <u>No Locates</u> |

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM

COMMENTS: Customer hit 5/8" plastic service with hand shovel/pickaxe while landscaping.

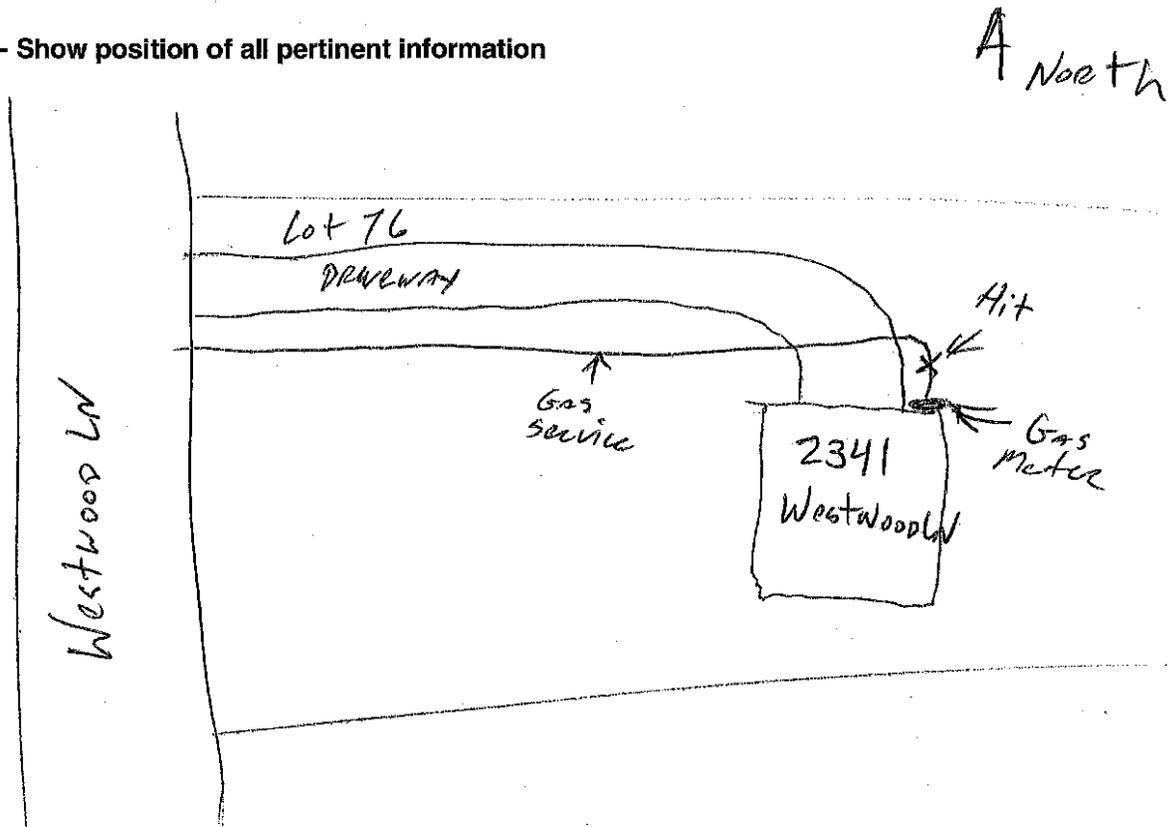
PERSON PREPARING REPORT Ryan Walsh

FIELD SUPERVISOR Tommy Packer

FIELD MANAGER John Todd

- 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: \_\_\_\_\_

Fact Based Investigation Report

**Notification ID** 01820130608005  
**Damage Date** 06/08/2013 15:30  
**Notified By** DAVID (Facility Owner)  
**Damage Address** 2341 W WOOD LANE LOT 76 X COUNTY RD 1050 ( PORTER COUNTY)  
CHESTERTRN , IN  
**District** Northern Indiana  
**Notification Date** 06/08/2013 18:19

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**Damaged Customer** NIPSCO

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**Investigation Date From** 05/08/2013 17:45:00 **To** 05/08/2013 18:45:00

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

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

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**Damage Request #** M92243703 **Start Date** 06/08/2013 17:45

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**Pictures Taken By** PHIL BELEGAL **Date** 06/08/2013 17:45  
**Photography Type** Digital **Frame #**

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**Investigator Emp. #** 117702 **Investigator Name** PHIL BELEGAL  
**Based on your investigation, is further investigation needed?** No

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Fact Based Investigation Customer Information

**Facility Description** Low Profile **Facility ID** Gas Service  
**Locator Name & EMP #** - **Locator Not Known** Yes

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

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

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**Investigator Statement/Causal Factors**

UPON ARRIVAL TO JOB SITE, EXPOSED TRENCH AROUND METERS OF HOUSE FOR LANDSCAPING.NO VISIBLE MARKINGS OR FLAGS.REPAIRED 5/8"PL GAS SERVICE ALREADY COVERED UP.IT WAS ALREADY REPAIRED BEFORE I ARRIVED AND NIPSCO NOT ON SITE. UPON FURTHER INVESTIGATION, HOMEOWNER STATED HE DID NOT KNOW TO CALL IN FOR LOCATES BFORE DIGGING.NO LOCATE REQUEST.

**Names of Utility Representatives Contacted or on Site and Statement**

NIPSCO NOT ON SITE AND ALREADY REPAIRED GAS SERVICE BY FIRST RESPONDER/NO CREW WAS NEEDED TO BE CALLED OUT FOR REPAIRS.GAS SERVICE ALREADY REPAIRED AND COVERED UP BEFORE I ARRIVED.

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

HOMEOWNER ON SITE AND STATED NIPSCO ALREADY FIXED THE SERVICE AND ALREADY LEFT APPROX.10 MINUTES BEFORE I ARRIVED. HE STATED HE DID NOT CALL IN FOR LOCATES.

HOMEOWNER STATED IT WAS SHALLOW. DIGGING WAS WITHIN 2-4 FEET OF THE HOUSE BY THE GAS METER AND ALL THE OTHER FACILITIES. NO LOCATE REQUEST

**Other individuals on site**

N/A

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**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** HIT GAS SERVICE

**Replacement Footage** UNKNOWN

**Was contractor assistance required? If yes, who?** No

**What contractor equipment was used?** SHOVEL

**Is the facility shown on the utility records?** No

**If yes, list record numbers**



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jun 17, 2013

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### 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

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### Excavator Information, if known

Full name: Tom Baron

Business address (*number and street*): 2341 Westwood Lane

City, State, and ZIP code: Chesterton, IN 46304

Telephone number (*area code*): (219)916-4493

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*): Jun 8, 2013 \_\_\_\_\_

County: Porter \_\_\_\_\_

City: Chesterton \_\_\_\_\_

Street address (*number and street, city, state, and ZIP code*):  
2341 Westwood Lane \_\_\_\_\_

Nearest intersection: N/A \_\_\_\_\_

Right of way where damage occurred: Unknown/Other

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*): 2 \_\_\_\_\_

Enter number of injuries, if applicable and known: \_\_\_\_\_

Enter number of fatalities, if applicable and known: \_\_\_\_\_

Property damage, Estimate \$ \_\_\_\_\_

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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? Unknown/Other

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: Other

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? Unknown/Other

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? Unknown/Other

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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**



## INFORMATION REQUEST

State Form 54909 (R / 3-13)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 5121

Date of Damage (month, day, year): 6/8/2013

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### Location of Damage:

Address (number and street): 2341 Westwood Ln.

City, State and ZIP Code: Chesterton, IN 46304

Nearest Intersection: 1050 and Westwood Ln.

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### Excavator Information:

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

Responsible Party Personal Name: Thomas W. Baron

Title (if any): Home Owner

Address (number and street): 2341 Westwood Ln.

City, State and ZIP Code: Chesterton, IN 46304

Preferred Telephone Number (area code): 219-916-4492

Email Address: tombaron@aol.com

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### Utility Information:

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

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

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

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**Cause of Damage Information**

Type of Equipment (*select one*):

Type of Work Performed (*select one*):

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

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**Locate Information**

Excavator Request Locate:  Yes  No

Indiana 811 Locate Ticket Number: \_\_\_\_\_

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**

Hello my name is Tom Baron the home owner at 2341 Westwood Ln. Chesterton, IN  
While doing home improvements I accidentally damaged a gas line running to my house. I partially cut the line with a shovel . I was digging literally by hand in places to avoid this because I knew the line was close. I was shocked at how shallow the line was. I believe it was barely a foot in depth and was expecting it to be much deeper or else I would have dug the entire area by hand or garden trowel. I am embarrassed by the situation I put myself in and humbly ask for mercy in your findings and penalties.

Thank you for your time  
Thomas W. Baron

Printed Name: Thomas W. Baron

Signature: \_\_\_\_\_ Date (month, day, year): 8/29/2013

*\*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](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**