



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Roger Greeson**

UPPAC Database Record ID: 3184

Investigator: Howard Friend

Report Date: 9/10/2012

Damage Date: 6/13/2012 6:15:28 PM

Damage Address: 977 W 1350 S

City: Kokomo

County: Miami

### The Parties

Excavator: **Roger Greeson**

Contact: Roger Greeson

Address: 977 West 1350 South, Kokomo, In 46901

Telephone:

Facility Owner: NIPSCO

Contact: Kit Earle

Address: 101 West Ohio Street, Indianapolis, IN 46204

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

**Investigation regarding: Roger Greeson**

UPPAC Database Record ID: 3184

**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:

Type of Equipment: Hand Tools

Type of work performed: Water

**Synopsis:** A natural gas service was damaged during excavation for a water line.

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 8/3/2012. The excavator/property owner reported they provided notice of excavation however; the locate number could not be provided by the excavator, the operator or the Association.

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

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



101 West Ohio Street, Suite 1707  
Indianapolis, IN 46204

August 13, 2012

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

Pipeline Safety Division – Case No. 3184  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3184

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: 6/13/2012

Event Location: 977 W 1350 S, Kokomo

Facility Owner: Northern Indiana Public Service Company

Excavator: Roger Greeson

Other Party: N/A

Pipeline Division Case No. 3184

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. 3184</b>	
Date of Event	6/13/2012
Event Location	977 W 1350 S, Kokomo
Facility Owner	Northern Indiana Public Service Company
Excavator	Roger Greeson
Date of IURC Information Request	7/13/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	Roger Greeson
RESPONSIBLE PARTY PERSONAL NAME	Roger Greeson
TITLE (IF ANY)	
ADDRESS	977 W. 1350 S.
CITY/ STATE/ZIP	Kokomo, IN 46901
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	<a href="mailto:LSELKING@NISOURCE.COM">LSELKING@NISOURCE.COM</a>
<b>LOCATOR SERVICE INFORMATION</b>	
BUSINESS NAME	Northern Indiana Public Service Company
RESPONSIBLE PARTY PERSONAL NAME	
TITLE (IF ANY)	
ADDRESS	2000 South Home Ave
CITY/ STATE/ZIP	Kokomo, IN 46902
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
<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	977 W. 1350 S.
CITY/STATE/ZIP	Kokomo, IN 46901
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 plastic
PRESSURE (PSIG/INCHES)	
INTERRUPTION IN SERVICE (YES/NO)	Y
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	N
IF YES, HOW MANY EVACUATED	0
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)	Y
IGNITION AND/OR FIRE (YES/NO)	
EXCAVATOR NOTIFY 811 (YES/NO)	Y 1206133412
<b>LOCATE INFORMATION:</b>	
EXCAVATOR REQUEST LOCATE (YES/NO)	N

INDIANA 811 LOCATE TICKET NUMBER	
LOCATE MARKS VISIBLE (YES/NO)	N/A
LOCATE MARKS CORRECT (YES/NO)	N/A
EXCAVATOR "WHITE LINED" (YES/NO)	N/A
MAPS USED TO MARK FACILITIES (YES/NO)	N/A
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 FACILITIES	
FIRE DEPARTMENT RESPONSE (YES/NO)	
FPOLICE DEPARTMENT RESPONSE (YES/NO)	
AMBULANCE RESPONSE (YES/NO)	
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
<p>Excavator failed to notify one-call center.</p> <p>Serviceman states he vaguely remembers locates being present at site but we're unable to find a locate request</p>	

ID8011 00109 IUPPSa 06/13/2012 18:15:51 1206133412-00A EMER DAMG GRID

DAMAGE DAMAGE

Ticket : 1206133412 Date: 06/13/2012 Time: 18:09 Oper: DWILSON Chan:006

State: IN Cnty: MIAMI Twp: CLAY  
Cityname: KOKOMO Inside: N Near: Y  
Subdivision:

Address : 977  
Street : W 1350 S  
Cross 1 : S CO RT 100 W Within 1/4 mile: Y  
Location: LOCATE--EAST SIDE OF THE PROPERTY--  
:  
Grids : 4034D8605D 4034C8605D 4034D8605C 4034C8605C  
Boundary: n 40.571312 s 40.568546 w -86.090378 e -86.085815

Work type : INSTALLING WATER LINE  
Done for : ROGER GREESON  
Start date: 06/13/2012 Time: 18:12 Hours notice: 0/0 Priority: EMER  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
Duration : 1 DAY Depth: 3 FEET

Company : ROGER GREESON Type: HOME  
Co addr : 977 WEST 1350 SOUTH  
City : KOKOMO State: IN Zip: 46901  
Caller : ROGER GREESON Phone: (765)457-1341  
Contact : ROGER GREESON--CELL Phone:  
BestTime:  
Mobile : (765)438-9474

Remarks : All tickets are taken and processed on Eastern Daylight Time  
NIPSCO GAS LINE HAS BEEN DAMAGED--GAS IS BLOWING CAN SMELL GAS--LINE DAMAGED ON  
THE EAST SIDE OF THE PROPERTY--BLACK PLASTIC LINE--DID ADVISED TO CALL 911--HAS  
CALLED NIPSCO--CREW IS ON SITE--NO PREVIOUS TICKET NUMBER--  
Will you be white-lining the dig site area? NO  
:

Submitted date: 06/13/2012 Time: 18:09  
Members: ID6668 ID8011 SBCIN

CASE # 3184

NO ORIGINAL TICKET



# NORTHERN INDIANA PUBLIC SERVICE COMPANY

## PROPERTY DAMAGE REPORT (CLAIMS FOR THE COMPANY)

FORWARD ORIGINAL AND 1 COPY

ALL DAMAGES TO PROPERTY MUST BE REPORTED TO THE CLAIMS DEPARTMENT

REPORTING OPERATING AREA \_\_\_\_\_ CLAIM NUMBER \_\_\_\_\_

OPERATING AREA CONTACT \_\_\_\_\_ JOB ORDER NUMBER 528320

TRACKING NUMBER \_\_\_\_\_ LOCATE REF NUMBER \_\_\_\_\_

NO LOCATE REQUESTED

1. DATE AND HOUR OF DAMAGE 6-13-12 6:15<sup>PM</sup><sub>20</sub> M DATE OF THIS REPORT 6-13-12

2. PLACE OF DAMAGE (INCLUDE CITY) 977 W. 1350 S. Kokomo

3. DAMAGE WAS TO POLE # \_\_\_\_\_ SIZE \_\_\_\_\_ YEAR INSTALLED \_\_\_\_\_ BROKEN  YES  NO

GAS SERVICE / MAIN - SIZE 5/8" PL. OTHER \_\_\_\_\_

4. PARTY RESPONSIBLE FOR DAMAGES (NAME) Roger Greeson

(ADDRESS, CITY, STATE, ZIP) 977 W. 1350 S. 46901

5. WHO WAS IN CHARGE OF WORK AT PLACE AND TIME OF DAMAGE / CONTRACTORS FOREMAN \_\_\_\_\_

Roger Greeson

6. NAME AND ADDRESS OF WITNESSES None

7. REMARKS OF WITNESSES None

8.  POLICE REPORT ATTACHED (# \_\_\_\_\_) (IF NO POLICE REPORT - WHY Not called)

9. PHOTOS TAKEN  YES  NO (IF YES, PLEASE FORWARD WITH COMPLETED PROPERTY DAMAGE REPORT.)

10. WORK IN PROGRESS WHEN DAMAGE OCCURRED:

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> SEWER | <input type="checkbox"/> ROAD CONSTRUCTION         | <input type="checkbox"/> FENCE WORK            |
| <input checked="" type="checkbox"/> WATER | <input type="checkbox"/> CULVERTS OR DRAINS        | <input type="checkbox"/> DRIVEWAY              |
| <input type="checkbox"/> ELECTRIC         | <input type="checkbox"/> DITCH CLEANING            | <input type="checkbox"/> CURB OR SIDEWALK      |
| <input type="checkbox"/> TELEPHONE        | <input type="checkbox"/> LANDSCAPING               | <input type="checkbox"/> IRRIGATION            |
| <input type="checkbox"/> TV CABLE         | <input type="checkbox"/> POLE OR SIGN INSTALLATION | <input type="checkbox"/> BUILDING CONSTRUCTION |
| <input type="checkbox"/> OTHER _____      |  |  |

11. REASON DAMAGE OCCURRED:

- |  |  |
|--|--|
| <input type="checkbox"/> NO NOTIFICATION           | <input type="checkbox"/> INACCURATE LOCATION                   |
| <input type="checkbox"/> CARELESS MACHINE OPERATOR | <input type="checkbox"/> INSUFFICIENT TIME NOTIFICATION        |
| <input type="checkbox"/> DELIBERATE                | <input type="checkbox"/> AUTOMOTIVE ACCIDENT                   |
| <input type="checkbox"/> FAILURE TO HAND EXPOSE    | <input checked="" type="checkbox"/> OTHER <u>Cut by shovel</u> |

OPINION AND RECOMMENDATION:  BILL  DO NOT BILL (REASON: \_\_\_\_\_)

PERSON PREPARING REPORT John Daily  
FIELD MANAGER

(SKETCH ON OTHER SIDE)



## INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3184

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*The Pipeline Safety Division of the Indiana Utility Regulatory Commission requests any and all information you can provide regarding the following criteria.*

*Upon completion of answers select email button for submission.*

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### The Parties

#### Excavator Information:

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

Responsible Party Personal Name: Roger Greeson

Title (if any): owner

Address (number and street): 977w 1350s

City, State and ZIP Code: Kokomo, IN 46901

Preferred Telephone Number (area code): 765-457-1341

Cellular Telephone Number (area code): 765-438-9474

Email Address: newbuckeyefarm@gmail.com

#### Facility Information:

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

Responsible Party Personal Name: Roger Greeson

Title (if any): owner

Address (number and street): 977w 1350s

City, State and ZIP Code: Kokomo,IN 46901

Preferred Telephone Number (area code): 765-457-1341

Cellular Telephone Number (area code): 765-438-9474

Email Address: newbuckeyefarm@gmail.com

**Locator Service Information:**

Business Name: unknown

Responsible Party Personal Name: \_\_\_\_\_

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

Address (*number and street*): \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_

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

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

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**Cause of Damage Information**

Type of Equipment (*select one*): Hand Tools

Type of Work Performed (*select one*): Water

**Other Information (Witness, Police, Fire, Other):**

Personal Contact: \_\_\_\_\_

Business/Organization Name: \_\_\_\_\_

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

Address (*number and street*): \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_

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

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

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### Utility Line Impact

#### Location of Damage:

Address (*number and street*): 977w 1350s

City, State and ZIP Code: Kokomo,IN 46901

Nearest Intersection: 100w 1350s Miami Co.

**Product Type (*select one*):** Natural Gas

**Facility Type (*select one*):** Service/Drop

**Size (Diameter/etc.):** 1/2 inch dia.

**Pressure (PSIG/Inches):** 40

**Interruption in Service:**       Yes       No      **Number of Customers Affected:** 1

**Evacuation:**       Yes       No      **If yes, How Many Evacuated?** \_\_\_\_\_

**Repair Cost (if known):** \$ \_\_\_\_\_

**Release of Product:**       Yes       No

**Ignition and/or Fire:**       Yes       No

**Excavator Notify 811:**       Yes       No

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### Locate Information

**Excavator Request Locate:**       Yes       No

**Indiana 811 Locate Ticket Number:** unknown

**Locate Marks Visible:**  Yes  No

**Locate Marks Correct:**  Yes  No

**Excavator "White Lined":**  Yes  No

**Maps Used to Mark Facilities:**  Yes  No

**Was Locate Provided within Two (2) Working Days:**  Yes  No

**Operator Employees On-site during Excavation:**  Yes  No

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### Incident Impact Information

**Number of Outpatient Treated:** <sup>0</sup> \_\_\_\_\_

**Number of Inpatient Treated:** <sup>0</sup> \_\_\_\_\_

**Number of Fatalities:** <sup>0</sup> \_\_\_\_\_

**Fire Department Response:**  Yes  No

**Police Department Response:**  Yes  No

**Ambulance Response:**  Yes  No

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### Additional Information / Comments

My sons and I were digging a trench between two barns for a water line. We dug one foot of trench over the gas line with our backhoe. As my son was uncovering the line with a shovel he hit the line with the shovel and cut the line about one third around. We stopped the flow of gas, and called the gas company. They instructed us to call the locate service witch I did. The repairman arrived soon after my call and repaired the line.

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 3184

Your Full Name: William Roger Greeson Jr.

Full Name of Business / Entity (*if applicable*): \_\_\_\_\_

Your Business Title (*if applicable*): \_\_\_\_\_

Address (*number and street*): 977w 1350s

City: Kokomo State: IN ZIP Code: 46901

Your E-mail Address: newbuckeyefarm@gmail.com

Today's Date (*month, day, year*): 08/03/2012

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

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 3184**  
**Indiana Utility Regulatory Commission**  
**101 West Washington Street, 1500E**  
**Indianapolis, IN 46204**

Or scan the statement and Email to:

[PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)