NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty as provided in 49 USC 60122.	OMB NO: 2137-0635 EXPIRATION DATE: 6/30/2026
U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	**Original Report Date:** 12/30/2025
	No. 20250069-41816 --- (DOT Use Only)

INCIDENT REPORT - GAS DISTRIBUTION SYSTEM

INSTRUCTIONS

Important: *Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at https://www.phmsa.dot.gov/pipeline/library/forms*

PART A - KEY REPORT INFORMATION

Report Type: (select all that apply)	Original:	Supplemental:	Final:
		Yes	
Last Revision Date	01/14/2026		
1. Operator's OPS-issued Operator Identification Number (OPID):	31632		
2. Name of Operator	NORTHWESTERN CORPORATION		
3. Address of Operator:			
3a. Street Address	3010 W. 69TH ST.		
3b. City	Sioux Falls		
3c. State	South Dakota		
3d. Zip Code	57108		
4. Local time (24-hr clock) and date of incident:	12/03/2025 08:57		
4a. Time Zone for local time (select only one)	Central		
4b. Daylight Saving in effect?	No		
5. Location of Incident:			
5a. Street Address or location description	13653 389th Ave		
5b. City	Aberdeen		
5c. County or Parish	Brown		
5d. State:	South Dakota		
5e. Zip Code:	57350		
5f. Latitude / Longitude	45.408062, -98.453984		
6. Gas released:	Natural Gas		
- Other Gas Released Name:			
7. Estimated volume of gas released unintentionally: - thousand standard cubic feet (mcf)	4,567.00		
8. Estimated volume of intentional and controlled release/blowdown:thousand standard cubic feet (mcf)	0		
9. Were there fatalities?	No		
- If Yes, specify the number in each category:			
9a. Operator employees			
9b. Contractor employees working for the Operator			
9c. Non-Operator emergency responders			
9d. Workers working on the right-of-way, but NOT associated with this Operator			
9e. General public			
9f. Total fatalities (sum of above)	0		
10. Were there injuries requiring inpatient hospitalization?	No		
- If Yes, specify the number in each category:			
10a. Operator employees			

10b. Contractor employees working for the Operator	
10c. Non-Operator emergency responders	
10d. Workers working on the right-of-way, but NOT associated with this Operator	
10e. General public	
10f. Total injuries (sum of above)	0
11. What was the Operator's initial indication of the Failure? *(select only one)*	Notification from Emergency Responder
- If Other, Specify:	
11a. If "Controller", "Local Operating Personnel, including contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question 11, specify.	
12. Local time operator identified failure	12/03/2025 09:11
If 11 = Notification from Emergency Responder, skip questions 13 through 15.	
13. Did the operator communicate with Local, State, or Federal Emergency Responders about the incident?	
- If No, skip A14 and A15	
14. Which party initiated communication about the incident?	
15. Local time of initial Operator and Local/State/Federal Emergency Responder communication	
16. Local time operator resources arrived on site:	12/03/2025 09:26
17. Local time of confirmed discovery:	12/03/2025 17:42
18. Local time (24-hr clock) and date of initial operator report to the National Response Center:	12/03/2025 17:48
19. Initial Operator National Response Center Report Number:	1449410
19a. Additional NRC Report numbers submitted by the operator:	1449575
20. Method of Flow Control *(select all that apply)*	
"Key/Critical" Valve – inspected in accordance with Part 192.747	
Main Valve other than "Key/Critical"	
Service (curb) Valve	Yes
Meter/Regulator shut-off Valve	
Excess flow valve	
Squeeze-Off	
Stopple fitting	
Other	
- If Other, Specify:	
21. Did the gas ignite?	No
If A21 = Yes, answer A21a through A21d.	
21a. Local time of ignition	
21b. How was the fire extinguished?	
- If Other, Specify:	
21c. Estimated volume of gas consumed by fire (MCF): (must be less than or equal to A7.)	
21d. Did the gas explode?	
22. Number of general public evacuated:	2

PART B - ADDITIONAL LOCATION INFORMATION

1. Was the Incident on Federal land?	No
2. Location of Incident	Utility Right-of-way / Easement
3. Area of Incident:	Aboveground
Specify:	Typical aboveground facility piping or appurtenance (e.g. value or regulator station, outdoor meter set)
If Other, Describe:	
3a. Depth of Cover:	
3b. Were other underground facilities found within 12 inches of the failure location?	
4. Did Incident occur in a crossing?	No
- If Yes, specify type below:	
- If Bridge crossing –	
Cased/ Uncased:	

- If Railroad crossing –	
Cased	
Uncased	
Bored/drilled	
- If Road crossing –	
Cased	
Uncased	
Bored/drilled	
- If Water crossing –	
Cased	
Uncased	
Bored/drilled	
Name of body of water (If commonly known):	
Approx. water depth at time and location of Incident (ft):	
(select only one):	

PART C - ADDITIONAL FACILITY INFORMATION

1. Indicate the type of pipeline system:	Investor Owned
- If Other, specify:	
2. Part of system involved in Incident:	Farm Tap Meter/Regulator set
- If Other, specify:	
2a. Year item involved in the incident was installed:	1996
2b. Year item involved in the incident was manufactured:	Unknown
When 2.is any value other than "Main", "Main Valve", "District Regulator/Metering Station", or "Other":	
2c. Indicate the customer type: (select only one)	Single Family Residential
2d. Was an EFV installed on the service line before the time of the incident?	No
If 2d = Yes, then 2e. Did the EFV activate?	
2f. Was a curb valve installed on the service line before the time of the incident?	Yes
3. When 2. is "Main" or "Service" answer 3a through c and 4:	
3a. Nominal Pipe Size:	
3b. Pipe specification (e.g., API 5L, ASTM D2513):	
3c. Pipe manufacturer:	
4. Material involved in Incident:	Steel
- If Other, specify:	
4a. If Steel, Specify seam type:	Longitudinal ERW - High Frequency
- If Other, specify:	
4b. If Steel, Specify wall thickness (inches):	.190
4c. If Plastic, Specify type:	
- If Other, describe:	
4d. If Plastic, Specify Standard Dimension Ratio (SDR):	
Or wall thickness:	
Unknown	
4e. If Polyethylene (PE) is selected as the type of plastic in Part C, Question 4.c:	
- Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.)	
Unknown?	
5. Type of release involved :	Leak
- If Mechanical Puncture - Specify Approx. size:	
Approx. size: in. (axial):	
in. (circumferential):	
- If Leak - Select Type:	Other
- If Other, Describe:	vehicle impact
- If Rupture - Select Orientation:	
- If Other, Describe:	
Approx. size: (widest opening):	
(length circumferentially or axially):	

- If Other - Describe:	

PART D - ADDITIONAL CONSEQUENCE INFORMATION

1. Class Location of Incident:	Class 1 Location
2. Estimated Property Damage:	
2a. Estimated cost of public and non-Operator private property damage paid/reimbursed by the Operator	$2,000
2b. Estimated cost of Operator's property damage & repairs	$4,508
2c. Estimated cost of emergency response	$24,686
2d. Estimated other costs	$0
- Describe:	
2e. Property damage subtotal (sum of above)	$31,194
Cost of Gas Released	
Cost of Gas in $ per thousand standard cubic feet (mcf):	$5.3900
2f. Estimated cost of gas released unintentionally	$24,616
2g. Estimated cost of gas released intentionally during controlled release/blowdown	$0
2h. Total estimated cost of gas released (sum of 2f and g)	$24,616
2i. Estimated Total Cost (sum of 2e and 2h)	$55,810
3. Estimated number of customers out of service:	
3a. Commercial entities	0
3b. Industrial entities	0
3c. Residences	2
Injured Persons not included in A10 The number of persons injured, admitted to a hospital, and remaining in the hospital for at least one overnight are reported in A10. If a person is included in A10, do not include them in D4.	
4. Estimated number of persons with injuries requiring treatment in a medical facility but not requiring overnight in-patient hospitalization:	0
If a person is included in 4, do not include them in 5.	
5. Estimated number of persons with injuries requiring treatment by EMTs at the site of incident:	0
Buildings Affected	
6. Number of residential buildings affected (evacuated or required repair or had gas service interrupted):	2
7. Number of business buildings affected (evacuated or required repair or had gas service interrupted):	0

PART E - ADDITIONAL OPERATING INFORMATION

1. Estimated pressure at the point and time of the Incident (psig):	610.00
2. Normal operating pressure at the point and time of the Incident (psig):	610.00
3. Maximum Allowable Operating Pressure (MAOP) at the point and time of the Incident (psig):	710.00
3a. MAOP established by 49 CFR section:	192.619(a)(2)
3b. Date MAOP established:	10/10/1996
4. Describe the pressure on the system relating to the Incident:	Pressure did not exceed MAOP
5. Type of odorization system for gas at the point of failure:	injection pump
- If Other, Specify:	
6. Odorant level near the point of failure measured after the failure:	5.6
Not Measured	
7. Was a Supervisory Control and Data Acquisition (SCADA) based system in place on the pipeline or facility involved in the Incident?	Yes
- If Yes:	
7a. Was it operating at the time of the Incident?	Yes
7b. Was it fully functional at the time of the Incident?	Yes
7c. Did SCADA-based information (such as alarm(s), alert(s), event (s), and/or volume or pack calculations) assist with the initial indication of the Incident?	No

7d. Did SCADA-based information (such as alarm(s), alert(s), event (s), and/or volume calculations) assist with the confirmed discovery of the Incident?	No
8. Was an investigation initiated into whether or not the controller(s) or control room issues were the cause of or a contributing factor to the Incident? (select all that apply):	No, the Operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to: (provide an explanation for why the Operator did not investigate)
- If "No, the operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to:" *(provide an explanation for why the operator did not investigate)*	incident caused by vehicle impact
- If Yes, Specify investigation result(s) *(select all that apply):*	
- Investigation reviewed work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue	
- Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue	
- Provide an explanation for why not:	
- Investigation identified no control room issues	
- Investigation identified no controller issues	
- Investigation identified incorrect controller action or controller error	
- Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response	
- Investigation identified incorrect procedures	
- Investigation identified incorrect control room equipment operation	
- Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response	
- Investigation identified areas other than those above	
Describe:	

PART F - DRUG & ALCOHOL TESTING INFORMATION

1. As a result of this Incident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- If Yes:	
1a. How many were tested:	
1b. How many failed:	
2. As a result of this Incident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- If Yes:	
2a. How many were tested:	
2b. How many failed:	

PART G - CAUSE INFORMATION

Select only one box from PART G in shaded column on left representing the Apparent Cause of the Incident, and answer the questions on the right. Enter secondary, contributing, or root causes of the Incident in Part J – Contributing Factors.

Apparent Cause:	G4 - Other Outside Force Damage

G1 - Corrosion Failure – only one **sub-cause** can be picked from shaded left-hand column

Corrosion Failure Sub-Cause:	
- If External Corrosion:	
1. Results of visual examination:	
- If Other, Specify:	
2. Type of corrosion:	
- Galvanic	

- Atmospheric	
- Stray Current	
- Microbiological	
- Selective Seam	
- Other	
- If Other, Describe:	
2a. If 2. is Stray Current, specify	
2b. Describe the stray current source:	
3. The type(s) of corrosion selected in Question 2 is based on the following:	
- Field examination	
- Determined by metallurgical analysis	
- Other	
- If Other, Describe:	
4. Was the failed item buried or submerged?	
- If Yes:	
4a. Was failed item considered to be under cathodic protection at the time of the incident?	
- If Yes, Year protection started:	
4b. Was shielding, tenting, or disbonding of coating evident at the point of the incident?	
4c. Has one or more Cathodic Protection Survey been conducted at the point of the incident? (select all that apply)	
If "Yes, CP Annual Survey" – Most recent year conducted:	
If "Yes, Close Interval Survey" – Most recent year conducted:	
If "Yes, Other CP Survey" – Most recent year conducted:	
Describe Other CP Survey:	
- If No:	
4d. Was the failed item externally coated or painted?	
5. Was there observable damage to the coating or paint in the vicinity of the corrosion?	
6. Pipeline coating type, if steel pipe is involved:	
- If Other, Describe:	
6a. Field Applied?	
- If Internal Corrosion:	
7. Results of visual examination:	
- If Other, Describe:	
8. Cause of corrosion (select all that apply):	
- Corrosive Commodity	
- Water drop-out/Acid	
- Microbiological	
- Erosion	
- Other	
- If Other, Specify:	
9. The cause(s) of corrosion selected in Question 8 is based on the following: (select all that apply):	
- Field examination	
- Determined by metallurgical analysis	
- Other	
- If Other, Describe:	
10. Location of corrosion (select all that apply):	
- Low point in pipe	
- Elbow	
- Drop-out	
- Other	
- If Other, Describe:	
11. Was the gas/fluid treated with corrosion inhibitor or biocides?	
12. Were any liquids found in the distribution system where the Incident occurred?	

Complete the following if any Corrosion Failure sub-cause is selected AND the "Part of system involved in incident" (from PART C, Question 2) is Main, Service, or Service Riser.	
13. Date of the most recent Leak Survey conducted	
14. Has one or more pressure test been conducted since original construction at the point of the Incident?	
- If Yes:	
Most recent year tested:	
Test pressure**:**	
G2 – **Natural Force Damage** – only one **sub-cause** can be picked from shaded left-handed column	
Natural Force Damage – **Sub-Cause:**	
- If Earth Movement, NOT due to Heavy Rains/Floods:	
1. Specify:	
- If Other, Specify:	
- If Heavy Rains/Floods:	
2. Specify:	
- If Other, Specify:	
- If Lightning:	
3. Specify:	
- If Temperature:	
4. Specify:	
- If Other, Specify:	
- If Other Natural Force Damage:	
5. Describe:	
Complete the following if any Natural Force Damage sub-cause is selected.	
6. Were the natural forces causing the Incident generated in conjunction with an extreme weather event?	
6a. If Yes, specify *(select all that apply):*	
- Hurricane	
- Tropical Storm	
- Tornado	
- Other	
- If Other, Specify:	
G3 – **Excavation Damage** – only one **sub-cause** can be picked from shaded left-hand column	
Excavation Damage – **Sub-Cause:**	
- If Previous Damage due to Excavation Activity: Complete the following ONLY IF the "Part of system involved in Incident" (from Part C, Question 2) is Main, Service, or Service Riser.	
1. Date of the most recent Leak Survey conducted	
2. Has one or more pressure test been conducted since original construction at the point of the Incident?	
- If Yes:	
Most recent year tested:	
Test pressure:	
Complete the following if any Excavation Damage sub-cause is selected.	
3. Did the operator get prior notification of the excavation activity?	
3a. If Yes, Notification received from: *(select all that apply):*	
- One-Call System	
- Excavator	
- Contractor	
- Landowner	
3b. Per the primary Incident Investigator report, did State law exempt the excavator from notifying the one-call center?	
If yes, answer 3c through 3e.	
3c. (select only one)	

- If Other, Specify:	
3d. Exempting Authority:	
3e. Exempting Criteria:	
4. Do you want PHMSA to upload the following information to CGA-DIRT *(www.cga-dirt.com)?*	
5. Right-of-Way where event occurred *(select all that apply):*	
- Public	
- If Public, Specify:	
- Private	
- If Private, Specify:	
- Pipeline Property/Easement	
- Power/Transmission Line	
- Railroad	
- Dedicated Public Utility Easement	
- Federal Land	
- Unknown/Other	
6. Was the facility part of a Joint Trench:	
7. Did this event involve a Cross Bore:	
8. Measured Depth from Grade:	
Measured depth From Grade in inches	
9. Type of excavator:	
10. Type of excavation equipment:	
11. Type of work performed:	
12. Was the One-Call Center notified?	
If No, skip to question 13	
12a. If Yes, specify ticket number:	
12b. If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified:	
12c. Was work area white lined:	
13. Type of Locator:	
14. Were facility locate marks visible in the area of excavation?	
15. Did the damage cause an interruption in service?	
15a. If Yes, specify duration of the interruption:	
16. Description of the CGA-DIRT Root Cause *(select the predominant CGA-DIRT Root Cause):*	
- Root Cause Category:	
- Root Cause Type:	
(Comment required)	
G4 - Other Outside Force Damage - only one **sub-cause** can be selected from the shaded left-hand column	
Other Outside Force Damage – Sub-Cause:	Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation
- If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation:	
1. Vehicle/Equipment operated by:	Third Party
If this sub-cause is picked, complete questions 7-13 below.	
- If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring:	
2. Select one or more of the following IF an extreme weather event was a factor:	
- Hurricane	
- Tropical Storm	
- Tornado	
- Heavy Rains/Flood	
- Other	
- If Other, Specify:	
- If Previous Mechanical Damage NOT Related to Excavation: Complete the following ONLY IF the "Part of system involved in Incident" (from Part C, Question 2) is Main, Service, or Service Riser.	
3. Date of the most recent Leak Survey conducted:	

4. Has one or more pressure test been conducted since original construction at the point of the Incident?	
- If Yes:	
Most recent year tested:	
Test pressure (psig):	
- If Intentional Damage:	
5. Specify:	
- If Other, Specify:	
- If Other Outside Force Damage:	
6. Describe:	
Complete the following if Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation sub-cause is selected.	
7. Was the driver of the vehicle or equipment issued one or more citations related to the incident?	No
If 7. is Yes, what was the nature of the citations (select all that apply)	
7a. Excessive Speed	
7b. Reckless Driving	
7c. Driving Under the Influence	
7d. Other:	
- If Other, Specify:	
8. Was the driver under control of the vehicle at the time of the collision?	No
9. Estimated speed of the vehicle at the time of impact (miles per hour)?	30.0
Unknown	
10. Type of vehicle?	Passenger Car
11. Where did the vehicle travel from to hit the pipeline facility?	Roadway
12. Shortest distance from answer in 11. to the damaged pipeline facility *(in feet):*	35
13. At the time of the incident, were protections installed to protect the damaged pipeline facility from vehicular damage?	Yes
If 13. is Yes, specify type of protection *(select all that apply):*	
13a. Bollards/Guard Posts	Yes
13b. Barricades, including "jersey" barriers and fences	
13c. Guard Rails	
13d. Meter Box	
13e. Ingress or Regress at a Residence	
13f. Other	
- If Other, Specify:	
G5 - Pipe, Weld, or Joint Failure - only one **sub-cause** can be selected from the shaded left-hand column	
Pipe, Weld or Joint Failure – Sub-Cause:	
- If Body of Pipe:	
1. Specify:	
- If Other, Describe:	
- If Butt Weld:	
2. Specify:	
- If Other, Describe:	
- If Fillet Weld:	
3. Specify:	
- If Other, Describe:	
- If Pipe Seam:	
4. Specify:	
- If Other, Describe:	
- If Mechanical Joint Failure	
5a. Specify the Mechanical Fitting Involved *(select only one)*	
Other Compression Type Fitting (specify):	
5b. Specify the Type of Mechanical Fitting *(select only one)*	
Other (specify):	

5c. Fitting Manufacturer:	
Unknown	
5d. Part or Model Number:	
Unknown	
5e. Fitting Material (select only one)	
Other (specify):	
5f. How did the joint failure occur? (select only one)	
Other (specify):	
- If Fusion Joint:	
6. Specify:	
- If Other, Specify:	
7. Year installed:	
8. Other attributes:	
9. Specify the two materials being joined:	
9a. First material being joined:	
- If Other, Specify:	
9b. Second material being joined:	
- If Other, Specify:	
- If Other Pipe, Weld, or Joint Failure:	
10. Describe:	
Complete the following if any Pipe, Weld, or Joint Failure sub-cause is selected.	
11. Additional Factors *(select all that apply):*	
- Dent	
- Gouge	
- Pipe Bend	
- Arc Burn	
- Crack	
- Lack of Fusion	
- Lamination	
- Buckle	
- Wrinkle	
- Misalignment	
- Burnt Steel	
- Other	
- If Other, Specify:	
12. Was the Incident a result of:	
- Construction defect	
Specify:	
- Material defect	
Specify:	
- If Other, Specify:	
- Design defect	
- Previous damage	
13. Has one or more pressure test been conducted since original construction at the point of the Incident?	
- If Yes:	
Most recent year tested:	
Test pressure:	
G6 - Equipment Failure - only one **sub-cause** can be selected from the shaded left-hand column	
Equipment Failure – **Sub-Cause:**	
- If Malfunction of Control/Relief Equipment:	
1. Specify:	
- Control Valve	
- Instrumentation	
- SCADA	

- Communications	
- Block Valve	
- Check Valve	
- Relief Valve	
- Power Failure	
- Stopple/Control Fitting	
- Pressure Regulator	
- Other	
- If Other, Specify:	
- If Threaded Connection Failure:	
2. Specify:	
- If Other, Specify:	
- If Non-threaded Connection Failure:	
3. Specify:	
- If Other, Specify:	
- If Valve:	
4. Specify:	
- If Other, Specify:	
4a. Valve type:	
4b. Manufactured by:	
4c. Year manufactured:	
4d. Valve Material:	
- If Other, Specify:	
- If Other Equipment Failure:	
5. Describe:	
G7 - Incorrect Operation - only one **sub-cause** can be selected from the shaded left-hand column	
Incorrect Operation Sub-Cause:	
- If Other Incorrect Operation:	
1. Describe:	
Complete the following if any Incorrect Operation sub-cause is selected.	
2. Was this Incident related to: *(select all that apply)*	
- Inadequate procedure	
- No procedure established	
- Failure to follow procedure	
- Other	
- If Other, Describe:	
3. What category type was the activity that caused the Incident:	
4. Was the task(s) that led to the Incident identified as a covered task in your Operator Qualification Program?	
4a. If Yes, were the individuals performing the task(s) qualified for the task(s)?	
G8 - Other Incident Cause - only one **sub-cause** can be selected from the shaded left-hand column	
Other Incident Cause – Sub-Cause:	
- If Miscellaneous:	
1. Describe:	
- If Unknown:	
2. Specify:	
Mandatory comment field:	
PART J - CONTRIBUTING FACTORS	
The Apparent Cause of the accident is contained in Part G. Do not report the Apparent Cause again in this Part J. If Contributing Factors were identified, select all that apply below and explain each in the Narrative:	
External Corrosion	

External Corrosion, Galvanic	
External Corrosion, Atmospheric	
External Corrosion, Stray Current Induced	
External Corrosion, Microbiologically Induced	
External Corrosion, Selective Seam	
Internal Corrosion	
Internal Corrosion, Corrosive Commodity	
Internal Corrosion, Water drop-out/Acid	
Internal Corrosion, Microbiological	
Internal Corrosion, Erosion	
Natural Forces	
Earth Movement, NOT due to Heavy Rains/Floods	
Heavy Rains/Floods	
Lightning	
Temperature	
High Winds	
Snow/Ice	
Tree/Vegetation Root	
Excavation Damage	
Excavation Damage by Operator (First Party)	
Excavation Damage by Operator's Contractor (Second Party)	
Excavation Damage by Third Party	
Previous Damage due to Excavation Activity	
Other Outside Force	
Nearby Industrial, Man-made, or Other Fire/Explosion	
Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation	
Damage by Boats, Barges, Drilling Rigs, or Other Adrift Maritime Equipment	
Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation	
Electrical Arcing from Other Equipment or Facility	
Previous Mechanical Damage NOT Related to Excavation	
Intentional Damage	
Other underground facilities buried within 12 inches of the failure location	
Pipe/Weld Failure	
Design-related	
Construction-related	
Installation-related	
Fabrication-related	
Original Manufacturing-related	
Equipment Failure	
Malfunction of Control/Relief Equipment	
Threaded Connection/Coupling Failure	
Non-threaded Connection Failure	
Valve Failure	
Incorrect Operation	
Damage by Operator or Operator's Contractor NOT Excavation and NOT Vehicle/Equipment Damage	
Valve Left or Placed in Wrong Position, but NOT Resulting in Overpressure	
Pipeline or Equipment Overpressured	
Equipment Not Installed Properly	
Wrong Equipment Specified or Installed	
Inadequate Procedure	
No procedure established	
Failure to follow procedures	

PART H - NARRATIVE DESCRIPTION OF THE INCIDENT

At approximately 08:57 on December 3, 2025, south of Aberdeen SD, a vehicle slid off an icy, gravel road striking a 1" steel farm tap with a 4" steel bollard barricade in the right of way. Driver was not injured. The night before the incident there was snow and freezing rain which affected road conditions.

At 09:11, Brown County 911 dispatch called NorthWestern Energy to report hit line and first responder was on scene at approximately 09:26. NorthWestern Energy first responder identified this was the main pipeline into Aberdeen, SD and company leadership was notified immediately. Multiple teams coordinated to assess system integrity, manage gas load to the city of Aberdeen, and ensure public safety.

Aberdeen Rural Fire Department (ARFD) turned off the above ground valve at the farm tap at approximately 09:30 which minimized the blowing gas; however, an underground leak was still present and releasing gas (initially ~610psig). The Brown County Sheriff Department blocked the road at the intersection north and south of the accident. The ARFD verified no one was home at the west residence and evacuated the two residents at the east residence.

Mitigation steps included monitoring ambient air, barholing for gas migration, and planning segment isolation to control the plume of gas for safe approach to the farm tap curb valve. To sustain the gas load for the city of Aberdeen during frigid winter weather conditions, four large industrial customers were curtailed and alternate supply interconnect support from Northern Natural Gas was arranged. Several attempts of isolation were organized and completed; however, gas load demands were a factor in execution due to frigid winter weather conditions.

At 18:33, with diminished gas load, the damaged farm tap was isolated, gas flow stopped, and system pressure restored. Contingency plans for heating to the two customers affected by the farm tap shut off and repair logistics were implemented. Final repair was deferred to next day with overnight monitoring in place.

PART I - PREPARER AND AUTHORIZED PERSON

Preparer's Name	Cassandra Russell
Preparer's Title	Gas System Integrity Data Analyst
Preparer's Telephone Number	605-353-7615
Preparer's E-mail Address	cassandra.russell@northwestern.com
Preparer's Facsimile Number	
Local Contact Name:	Michael Baumgarn
Local Contact Email:	michael.baumgarn@northwestern.com
Local Contact Phone:	605-226-4173
Authorized Signer's Name	Melissa Baruth
Authorized Signer's Title	Gas System Integrity Superintendent
Authorized Signer's Email Address	melissa.baruth@northwestern.com