

Date and Location of Incident

Date of Incident _____

County _____ City _____

Subdivision/Other location name _____

Street Address _____

Nearest Intersection _____

Latitude _____ Longitude _____

Right of way where incident occurred _____

'ROW' choices are: **Public:** City Street, State Hwy, Interstate Hwy, County Rd, Other; **Private:** Land Owner, Business, Easement; Railroad; Pipeline; Dedicated Public Utility Easement; Federal Land; Power/Trans Line; Data Not Collected; and Unknown/Other

Who is providing this information?

Type of Entity _____

'Type of Entity' choices are: Electric, Engineer/Design, Equipment Manufacturer, Excavator, Gas Pipeline, Insurance, Locator, Liquid Pipeline, One Call Center, Private Water, Public Works, Railroad, Road Builders, State Regulator, Telecommunications, Unknown/Other, and Home Owner

Name of person providing this information _____

Contact Information

Company Name _____ (optional)

Mailing Address _____

City _____ State _____ Zip Code _____

Contact Name _____ (optional – You must have either a company name or a contact name.)

Phone Number _____ Fax Number _____ (optional)

Email Address _____ (optional)