

**Incident Information**

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 \_\_\_\_\_

**Excavator 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)