
Incident Information

Date of Incident: _____

County: _____ City: _____

Subdivision/Other Location Name: _____

Street Number: _____ Street Name: _____

Nearest Intersection: _____

Format Type for Latitude and Longitude : _____

'Format Type' choices are: Decimal, Degrees, NAD 83

Latitude: _____ Longitude: _____

Time of incident: hr mins AM / PM

Right of way where incident occurred: _____

'ROW' choices are: Public-City Street; Public-State Hwy; Public-County Road; Public-Interstate Hwy; Public-Other; Private-Business; Private-Land Owner; Private-Easement; Pipeline; Power/Transmission Line; Dedicated Public Utility Easement; Federal Land; Railroad; Data not collected; 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; Home Owner

Name of person providing this information: _____

Excavator Contact Information

Company Name: _____

Mailing Address: _____

City: _____ State: _____

Zip5: _____ Zip4: _____

Contact Name: _____

Phone Number: _____ Fax: _____

Email Address: _____
