



**Commonwealth of Virginia  
State Corporation Commission  
Underground Utility Damage Prevention Act  
Incident Report**



Please provide all information requested here to assist in conducting a thorough investigation of this incident. This information will also help build a database to guide us in furthering damage prevention in Virginia. Please use a separate report for each incident. Thank you for your time.

**Part A - Please send this information to:**

Damage Prevention Investigator  
Division of Utility and Railroad Safety  
State Corporation Commission  
P.O. Box 1197  
Richmond, Virginia 23218

Commission Toll Free Number ..... 1-800-552-7945  
Division Number ..... 804-371-9980  
FAX ..... 804-371-9734  
Email ..... vadamageprevention@scc.virginia.gov  
Web ..... www.scc.virginia.gov/division/urs/index.htm

**Division Use Only**

Report No: \_\_\_\_\_

Investigator: \_\_\_\_\_

**Part B - Who is submitting this information:**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

**Date of this report:** \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Pager Number: \_\_\_\_\_  
FAX: \_\_\_\_\_

**Part C - Incident information:**

Incident Date & Time: \_\_\_\_\_  
Incident Address: \_\_\_\_\_  
City/County: \_\_\_\_\_  
Probable Cause: \_\_\_\_\_

**Incident Location:**  
 Public Property                       City right-of-way  
 Private Property                       County right-of-way  
 Utility Easement                       State right-of-way  
Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

**Part D - Excavator Information:**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

**Date & Time Excavation Began:** \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Pager Number: \_\_\_\_\_  
FAX: \_\_\_\_\_

**Part E - Excavator Category:**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Contractor working for government | <input type="checkbox"/> Contractor working for utility | <input type="checkbox"/> County employee  | <input type="checkbox"/> Railroad employee |
| <input type="checkbox"/> Contractor working for other      | <input type="checkbox"/> Property owner/occupant        | <input type="checkbox"/> State employee   | <input type="checkbox"/> Farmer            |
| <input type="checkbox"/> Contractor working for self       | <input type="checkbox"/> Municipality employee          | <input type="checkbox"/> Utility employee | <input type="checkbox"/> Developer         |
|  |   |   | <input type="checkbox"/> Unknown           |

**Part F - Type of excavation activity:**

- |  |  |  |  |   |                                |
|--|--|--|--|---|--------------------------------|
| Parallel excavation                              | <input type="checkbox"/> Yes           | <input type="checkbox"/> No                    | Exposing (pot holing) facility             | <input type="checkbox"/> Yes                | <input type="checkbox"/> No    |
| <input type="checkbox"/> Agricultural            | <input type="checkbox"/> Drainage work |  | <input type="checkbox"/> Road construction | <b>Installing Utilities:</b>                |                                |
| <input type="checkbox"/> Building construction   | <input type="checkbox"/> Driveway work | <input type="checkbox"/> Plumbing/septic work  | <input type="checkbox"/> Setting poles     | <input type="checkbox"/> Electricity        |                                |
| <input type="checkbox"/> Building demolition     | <input type="checkbox"/> Fence work    | <input type="checkbox"/> Roadway maintenance   | <input type="checkbox"/> Sprinkler         | <input type="checkbox"/> Telecommunications |                                |
| <input type="checkbox"/> Building reconstruction | <input type="checkbox"/> Landscaping   | <input type="checkbox"/> Site development      | <input type="checkbox"/> Other: _____      | <input type="checkbox"/> Cable              | <input type="checkbox"/> Gas   |
| <input type="checkbox"/> Curb/sidewalk work      | <input type="checkbox"/> Lot grading   | <input type="checkbox"/> Traffic signal/system |  | <input type="checkbox"/> Sewer              | <input type="checkbox"/> Water |

**Part G - Type of excavation equipment:**

- |  |   |                                   |                                    |
|--|---|-----------------------------------|------------------------------------|
| <b>Equipment Type:</b> _____   | <b>Method of excavation:</b>  | Paving                            | Scraping                           |
| <input type="checkbox"/> Mechanical <input type="checkbox"/> Hand                                    | <input type="checkbox"/> Augering <input type="checkbox"/> Ditching <input type="checkbox"/> Grading        | <input type="checkbox"/> Plowing  | <input type="checkbox"/> Tilling   |
| <input type="checkbox"/> Boring* <input type="checkbox"/> Explosive <input type="checkbox"/> Vehicle | <input type="checkbox"/> Blasting <input type="checkbox"/> Dredging <input type="checkbox"/> Hand Digging   | <input type="checkbox"/> Razing   | <input type="checkbox"/> Trenching |
| * If the method is "boring", list the boring technique   | <input type="checkbox"/> Boring* <input type="checkbox"/> Drilling <input type="checkbox"/> Moving          | <input type="checkbox"/> Removing | <input type="checkbox"/> Tunneling |
| _____  | <input type="checkbox"/> Digging <input type="checkbox"/> Driving <input type="checkbox"/> Pavement Milling | Rendering                         | Wrecking                           |

**Part H - Description of damage:**

What type of facility was damaged?

- Water    Sewer    Electric
- Gas      Telecommunications
- Cable    Hazardous liquid pipeline
- Other \_\_\_\_\_

Utility line function:

- Service   Secondary
- Drop      Primary
- Feeder   Transmission
- Trunk     Fiber   Main

Material type (steel, plastic, etc.): \_\_\_\_\_

Pressure (PSIG/inches): \_\_\_\_\_

Size (diameter, voltage, pairs, etc.): \_\_\_\_\_

Depth of facility at the time of damage: \_\_\_\_\_

Utility/Facility/Owner/Operator:

Company: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Pager Number: \_\_\_\_\_

FAX: \_\_\_\_\_

**Part I - Incident impact:**

Did the fire department respond?    Yes   No

Did the police department respond?   Yes   No

Was evacuation necessary?            Yes   No   How Many: \_\_\_\_\_

Was traffic stopped or detoured?     Yes   No

Was there a service interruption?     Yes   No   Duration: \_\_\_\_\_

Excavation Down Time Cost: \$ \_\_\_\_\_    Duration: \_\_\_\_\_

Number of Fatalities: \_\_\_\_\_

Number of Injuries: \_\_\_\_\_

Number of customers effected: \_\_\_\_\_

Damage Repair Cost: \$ \_\_\_\_\_

Other Property Impacted: \_\_\_\_\_

Other Property Repair Cost: \$ \_\_\_\_\_

Other Impact: \_\_\_\_\_

**Part J - Notification center information:**

Did the excavator have a valid ticket?

Yes;   No    Ticket Number: \_\_\_\_\_

Did the excavator check the Excavator-Operator Information Exchange

System?   Yes   No    How:   Phone   Fax back   Website   Email

Type of ticket:

Regular 15 working day

Remark notice                      Emergency

3-hour notice                        Special project

Designer                                Meeting

**Part K - Locating/marketing of utility line**

**NOTE:** Please attach a copy of the "locator's manifest" and location sketch with this report.

Who marked this line?   Facility Owner/Operator   Contract Locator

Locator's Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Pager Number: \_\_\_\_\_

FAX: \_\_\_\_\_

Was the line marked prior to the damage?   Yes   No

What types of marks were present?   Paint   Flags   Stakes                      Were offset markings used?   Yes   No

Describe the condition of the marks in the proposed excavation area:   Bright   Visible   Faded   Destroyed    No Marks

Were facilities visible (clear evidence) in the excavation area?   Yes    No    If Yes, what (meter, pedestal, etc.): \_\_\_\_\_

What type of locating device was used to locate this facility? \_\_\_\_\_

Did the locator use the operator's records to assist in locating the facilities?   Yes    No    If Yes, indicate record type: \_\_\_\_\_

Were facilities marked in accordance with:    § 56-265.19 of the Virginia Underground Utility Damage Prevention Act

20 VAC 5-309-110 of the Commission's Rules

the Virginia Underground Utility Marking Standards

Additional comments about this locate: *Note: This space limited to two (2) lines of texts. Use additional sheets as necessary.*

**Part L - Investigator Names:**

Excavator's: \_\_\_\_\_    Utility's: \_\_\_\_\_    Locator's: \_\_\_\_\_