

**SECC**  
**INCIDENT / DAMAGE REPORT**

ACCURACY IS HIGHLY IMPORTANT. SWORN TESTIMONY REGARDING THE FACTS GIVEN BELOW MAY BECOME NECESSARY IN THE EVENT OF LEGAL ACTIONS.

**ANSWER ALL QUESTION**

SECC Job #: \_\_\_\_\_ W.O.# \_\_\_\_\_

Incident date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ am / pm Report date: \_\_\_/\_\_\_/\_\_\_

Incident location (address): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

Employee/Subcontractor causing damage: \_\_\_\_\_

Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

If sub-contactor, Ins. Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

**PROPERTY / VEHICLE DAMAGE:**

Owner of damaged property, vehicle: \_\_\_\_\_  
Contact No. \_\_\_\_\_

Description of damaged property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of damaged vehicle:  

| Year  | Make | Model | VIN |
|-------|------|-------|-----|
| _____ |      |       |     |

**INJURED PEDESTRIAN:**

Name of injured person(s) and contact No.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of INJURY(S): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**UTILITY DAMAGE:**

Type of utility damaged: \_\_ Telephone \_\_ Electric \_\_ Gas \_\_ Water \_\_ Sewer \_\_ CATV \_\_ Other  
Description of damage: \_\_\_\_\_  
\_\_\_\_\_

Size and Type of damaged plant: \_\_\_\_\_  
Damage done by: \_\_\_ Backhoe \_\_\_ Trencher \_\_\_ Bore \_\_\_ Shovel \_\_\_ Other \_\_\_\_\_

**INVESTIGATION:**

**PROPERTY / VEHICLE DAMAGE / INJURED PEDESTRIAN:**

What Happened? Be Specific:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Photos taken of damage or injury? \_\_\_\_\_ Yes \_\_\_\_\_ No

**UTILITY DAMAGE:**

Was existing cable or utility shown on print?  Yes  No  
Existing utility identified before starting?  Yes  No  
Locator required locating and marking?  Yes  No  
If no, why not? \_\_\_\_\_  
\_\_\_\_\_

One Call Conf. Number: \_\_\_\_\_ Did locator respond?  Yes  No  
If no, why not? \_\_\_\_\_  
\_\_\_\_\_

Name of Locator \_\_\_\_\_

Did locator locate?  Yes  No  
Did locator mark facilities?  Yes  No  
Was location accurate (within 18 inches)?  Yes  No  
If no, distance from point to damage point. \_\_\_\_\_ Ft. \_\_\_\_\_ Inches

Exact depth of damaged facility: \_\_\_\_\_ Ft. \_\_\_\_\_ Inches  
Construction practices specify hand-exposing 2 ft to either side of location point.  
Did we hand expose within this distance?  Yes  No  
If no, why not? \_\_\_\_\_

Our excavation path:  Angled  Paralleled  Crossed Damaged Service  
Photos taken of damages?  Yes  No

**FINDINGS AND CONCLUSIONS**

What was the direct cause of the damage/injury?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other factors contributed? : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why did it happen? : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were deficiencies in tools, training and/or attitude identified? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which practices were violated, if any? : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECOMMENDED ACTION:**

What should be done to prevent this or similar accidents from happening again? : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By whom? : \_\_\_\_\_  
When? : \_\_\_\_\_

Report completed by \_\_\_\_\_ Date: \_\_\_\_\_  
Signature \_\_\_\_\_