

ILLINOIS COMMERCE COMMISSION
 Illinois Underground Utility Facilities Damage Prevention Act
 Incident Report

Provide the following information and include copies of any relevant photos, drawings, damage reports, etc.

INCIDENT DATE & TIME:		REPORT DATE:	
Date: _____	Time: _____		
REPORTER: _____		Work No. _____	
Company: _____		Fax No. _____	
Address: _____		E-Mail: _____	
City: _____			
State: _____ Zip Code: _____			
EXCAVATOR: _____		Work No. _____	
Contact Person: _____		Fax No. _____	
Address: _____		E-Mail: _____	
City: _____			
State: _____ Zip Code: _____			
UTILITY OPERATOR: _____			
LOCATE COMPANY: _____			
INCIDENT LOCATION:		Please Check One:	Please Check One:
Address: _____		Public Property: <input type="checkbox"/>	State ROW*: <input type="checkbox"/>
City/town: _____		Private Property: <input type="checkbox"/>	City ROW: <input type="checkbox"/>
County: _____			County ROW: <input type="checkbox"/>
*Right of Way			

INCIDENT DESCRIPTION:

Provide a detailed explanation of the circumstances and cause of the incident:

[Empty box for incident description]

If the incident was a result of the owner's/operator's failure to mark properly the location of underground facilities, provide a detailed sketch and/or picture of the incident area and the damaged facilities that includes (a) the underground utilities, roads, fixed landmarks, etc., (b) the point of damage using distances to the landmarks, (c) the actual position of each paint mark or flag placed by the operator for the facility, and (c) the actual distances between the facilities and the paint or flags.

JULIE Dig Number(s): _____

Mechanical Equipment/Hand Tool Involved: _____

Nature of Excavation or Demolition (Trenching/Plowing/Drilling/Boring/etc.): _____

Direction of excavation relative to the facility: Parallel Perpendicular

INCIDENT IMPACT:

No. Customers Affected: _____ Repair Cost: _____

Injury - No. of Outpatient Care: _____ Injury - No. of Inpatient Care: _____ Fatalities: _____

Fire Department Response: Yes No Police Department Response: Yes No

Other Property Impacted: _____

Other Property Repair Cost: _____

FACILITIES INVOLVED:

Type of facility (check one):

Gas Water Electric CATV Telecommunications Sewer Common Carrier Pipeline Facility

Material Type: (check one):

Steel Plastic Cast Iron Copper Fiber Optic Concrete Other _____

Facility Size: Pipe: _____ inches diameter
Operating Pressure: _____ psig / inches water
Voltage: _____ Volts / Kv
Other: _____

Facility Function (check one):

Service Main Primary Secondary Transmission Trunk Other _____

Depth Of Facility: _____ Inches