

**MCA 69-4-529**  
**Initial Incident Reporting Form**

<u>Notification Center Use Only</u>
Incident Report Number: _____
Date Received: _____

**\*Description of the Incident:**

**Date of Incident/Damage:** \_\_\_\_\_

**Geographic location of Incident/Damage:**

Address or Location Description: \_\_\_\_\_

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

County: \_\_\_\_\_

**Which Violation of MCA 69-4-5 resulted in damage to your underground facility (ugf)?**

- Did not notify a notification center before beginning excavation. [503(1)]
- Did not wait for marks to be completed or wait for 2 Full Business days after submitting a locate request [502(1)]
- Did not provide adequate information for the person completing the locate to determine excavation area. [503(2)]
- Did not get a relocate of underground facility (ugf) marks were affected by weather, time or other factors. [503(4)(a)]
- Did not request a relocate after 30 days (of the date of an executed ticket), before continuing excavation. [503(4)(b)]
- Did not preserve the ugf marks while excavating. [503(5)]
- Did not notify the ugf owner or notification center of an ugf that was not located. [503(6)]
- Did not excavate in a careful and prudent manner or was negligent. [503(8)]
- Did not locate and mark the location within 2 business days (of the date of an executed excavation ticket). [503(3)]
- Marks were not reasonably accurate. (not within 18" of the outside lateral dimensions of both sides of the ugf.) [503(3) & 503(5)]
- No violation - Information Only - Please explain below.

**Any Additional Description of the Incident:**

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**Excavator Involved in damage:**

\*Name: \_\_\_\_\_

\*Address: Street \_\_\_\_\_  
Street or PO Box \_\_\_\_\_  
City, State Postal Code \_\_\_\_\_

\*Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Excavator is:     Professional Excavator         Property Owner

Was a locate requested?  Yes /  No /  Unknown    If yes, ticket number: \_\_\_\_\_

**\*Damage Incurred by the Excavator:**

Personal Property:  Yes     No        Personal Injury or Death:  Yes     No

Additional Info:

**As a result of this incident, are you aware of any other:**

Damage to Personal Property:  Yes  No        Personal Injury or Death:  Yes  No

**Any Third Party Involved in the Incident:**  Yes  No

\*Name: \_\_\_\_\_

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

\*Telephone Number: \_\_\_\_\_

**\*Description of the Damage to the Underground Facility:**

**Type of underground facility damaged:**

**Pipeline**     Jurisdictional

Non-Jurisdictional

**Natural Gas Pipeline**

Product released

No product released

**Liquids Pipeline**

Product released

No product released

**Other, \_\_\_\_\_**

Product released

No product released

**Type of Pipeline:**

Transmission     Distribution     Gathering

**Electric**

Service interrupted

No service interrupted

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Type of Electric:        Primary        Secondary

**Telecommunication**

<b>Fiberoptic</b> <input type="checkbox"/> Service interrupted <input type="checkbox"/> No service interrupted	<b>Copper</b> <input type="checkbox"/> Service interrupted <input type="checkbox"/> No service interrupted	<b>Coax</b> <input type="checkbox"/> Service interrupted <input type="checkbox"/> No service interrupted
<b>Type of Telecommunication:</b> <input type="checkbox"/> Transport <input type="checkbox"/> Distro <input type="checkbox"/> Service		

**Water**

Service interrupted     No service interrupted  
**Type of Water:**    Main     Service     Private

**Sewer**

Service interrupted     No service interrupted  
**Type of Sewer:**    Main     Lateral/Service     Private

**Other, specify:** \_\_\_\_\_  
 Service interrupted     No service interrupted

**Additional Description of the Damage to the Underground Facility:**

**Facility Owner Filing Report**

**By submitting this report, any information you provide, is to the best of your knowledge at the time the report was submitted.**

Report Date: \_\_\_\_\_

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

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

Street or PO Box \_\_\_\_\_

City, State Postal Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Person Completing Report: \_\_\_\_\_

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

*According to MCA 69-4-529:*

- The Incident must be reported within 30 days of the incident to the Notification Center: <mailto:MTIncidentReport@montana811.org>.
- You must notify the excavator involved that this incident has been filed.
- \* - annotates information that must be reported if the information is available.

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- *“third party” means a person who is not an excavator or an underground facility owner.*
- *This incident report will be available for public inquiry, except for any personal information protected by an individual privacy interest.*

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Number of Locates requested or received in past 365 days: \_\_\_\_\_

If the number of locates requested is larger than 100, what date is the 100th requested before the date of this report? \_\_\_\_\_