Texas Damage Reporting Form (TDRF) - Excavator

Incident Information

Date of Incident: ____________________________
County: __________________ City: ____________________________
Subdivision/Other Location Name: ______________________________
Street Number: ______ Street Name: ____________________________
Nearest Intersection: _________________________________________

Format Type for Latitude and Longitude: ___________

<table>
<thead>
<tr>
<th>‘Format Type’ choices are: Decimal, Degrees, NAD 83</th>
</tr>
</thead>
</table>

Latitude: __________________ Longitude: __________________

Time of incident: ___ hr ___ mins ____ AM / PM

Right of way where incident occurred: ____________________________

<table>
<thead>
<tr>
<th>‘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</th>
</tr>
</thead>
</table>

Who is providing this information?

Type of Entity: ____________________________

<table>
<thead>
<tr>
<th>‘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</th>
</tr>
</thead>
</table>

Name of person providing this information: ______________________________

Excavator Contact Information

Company Name: ________________________________
Mailing Address: ________________________________
City: __________________ State: ______
Zip5: ______ Zip4: ______
Contact Name: ________________________________
Phone Number: __________________ Fax: ___________
Email Address: ________________________________