



## OCC Incident Information Card

**INCIDENT INFORMATION** report to OCC via 405-521-2258 or <http://www.occeweb.com>

49 CFR-196.3 Definition -- Damage or excavation damage means any excavation activity that results in the need to repair or replace a pipeline due to a weakening, or the partial or complete destruction, of the pipeline, including, but not limited to, the pipe, appurtenances to the pipe, protective coatings, support, cathodic protection or the housing for the line device or facility. Can also be emailed to TRPipelinesafety@occ.ok.gov

| REPORT TOP SECTION TO OCC VIA PHONE OR WEB WITHIN 1 HR OF DISCOVERY OF DAMAGE   |                     |  |
|---|---------------------|--|
| Date of Incident:   |                     | Time of Incident:  |
| Time Operator Confirmed:  | Time OCC Contacted: | Method Contacted:<br><input type="checkbox"/> Phone <input type="checkbox"/> Web |
| Operator Company:<br><input type="checkbox"/> WGI <input type="checkbox"/> WTG-Hugoton <input type="checkbox"/> WTG   |                     | Operator Phone Number:   |
| Operator Contact Name:  |                     | Operator Contact Email:  |
| Incident Address:   |                     |  |
| City:   |                     | County:  |
| # of Fatalities and Personal Injuries if any:   |                     | GPS Coordinates(Decimal Degrees):<br>Lat: _____ Long: _____                      |
| Excavator Name:   |                     | Excavator Phone Number:  |
| Excavator Address:  |                     |  |
| All significant facts known by operator relevant to cause and extent of damages:  |                     |  |
| ADDITIONAL INFORMATION NEEDED FOR OCC SEMI-ANNUAL REPORT  |                     |  |
| Damage by:<br><input type="checkbox"/> Third Party <input type="checkbox"/> Operator's Contractor <input type="checkbox"/> Operator   |                     |  |
| Type of Excavator:<br><input type="checkbox"/> Contractor <input type="checkbox"/> County <input type="checkbox"/> Farmer <input type="checkbox"/> Railroad <input type="checkbox"/> State <input type="checkbox"/> Utility <input type="checkbox"/> Home Owner<br><input type="checkbox"/> If Unknown/Other please list _____            |                     |  |
| Damaged with:<br><input type="checkbox"/> Auger <input type="checkbox"/> Backhoe/Trackhoe <input type="checkbox"/> Boring <input type="checkbox"/> Bulldozer <input type="checkbox"/> Grader/Scraper <input type="checkbox"/> Hand Tools<br><input type="checkbox"/> Trencher <input type="checkbox"/> If Unknown/Other please list _____ |                     |  |
| Type of Facility Damaged:   |                     |  |
| Primary Cause of Damage:  |                     |  |

\*\*Send completed copy to WTG Damage Prevention Coordinator