PENNSYLVANIA PUBLIC UTILITY COMMISSION
ACCIDENT REPORT FORM
"D"

TO:  SECRETARY
PUBLIC UTILITY COMMISSION
2nd Floor, Commonwealth Keystone Building
400 North Street
Harrisburg, PA  17120

___________________________________________________________Utility Company

Date of Accident ___________________________       Date of Report ___________________________

Location Where Accident Occurred_______________________________________________________

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

FATALITY / OCCURRENCE OF AN UNUSUAL NATURE
(These events require immediate telephone notification to the PUC’s emergency cell phones @ 717-941-0003, 773-7380 or 773-7379)

______________________________________________________________________________
(Name)    (Age)   (Residence)   (Emp., Tres., Other, patron or Consumer)

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

INJURED

______________________________________________________________________________
(Name)    (Age)   (Residence)   (Emp., Tres., Other, patron or Consumer)

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

CAUSES OF AND CIRCUMSTANCES ATTENDING ACCIDENT

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

(SIGNED) _____________________________    ____________________
(Name)                                               ( Title of Reporting Officer)

(Telephone Number)_________________________________________________________

NOTE: Classify fatalities or injured persons as EMPLOYEE, TRESPASSER, OTHER, PATRON or CONSUMER.

cc: Bureau of Technical Utility Services

(Attach additional 8½ x 11 paper if needed.)

Revised 4/2017