

**PENNSYLVANIA PUBLIC UTILITY COMMISSION
ACCIDENT REPORT FORM TO ELECTRIC SAFETY DIVISION
BUREAU OF INVESTIGATION AND ENFORCEMENT**

EMAIL TO: RA-PC-PUC-UCTA8-ELEC@pa.gov

Name of Electric Distribution Company:

Date of Accident _____ *Date of Report* _____

Location Where Accident Occurred _____

FATALITY/OCCURANCE OF AN UNUSUAL NATURE

(These events require immediate telephone notification to the PUC's emergency cell phones @ 717-836-5227; 717-585-1951; 717-433-0883)

(Name) (Age) (Residence) (Employee, Trespasser, Other, Patron or Consumer)

INJURED

(Name) (Age) (Residence) (Employee, Trespasser, 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. (*Attach additional 8½ x 11 paper if needed.*)