

**PENNSYLVANIA PUBLIC UTILITY COMMISSION
ACCIDENT REPORT FORM
"D"**

**TO: SECRETARY
PUBLIC UTILITY COMMISSION
2nd Floor, Commonwealth Keystone Building
P. O. Box 3265
Harrisburg, PA 17105-3265**

Utility 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 @ 717-773-7377, 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 Fixed Utility Services**

(Attach additional 8½ x 11 paper if needed.)