

PENNSYLVANIA PUBLIC UTILITY COMMISSION PIPELINE OPERATOR ACCIDENT REPORT FORM "D"

EMAIL TO: RA-PC-UCTA8-REPORTS@pa.gov

Name of Pipeline Operator 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 @ 717-787-1063; 717-497-4711

(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.