

# PENNSYLVANIA PUBLIC UTILITY COMMISSION WATER ACCIDENT REPORT FORM "D"

EMAIL TO: [RA-PC-UCTA8-REPORTS@pa.gov](mailto:RA-PC-UCTA8-REPORTS@pa.gov)

Name of Water Company:

\_\_\_\_\_ 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 @ 717-941-0003; 717-773-7380; 717-773-7379

(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.**

cc: Bureau of Technical Utility Service