

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

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

Name of Natural Gas 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 @ 717-554-5498; 717-554-2286; 717-554-3666)

(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.*)