



UTILITY ACCIDENT REPORT
Applicable to All Telephone Utilities

1. General Information

Legal Name _____

Federal Identification Number - _____
 Telephone Utility Identification
 Number if one has been assigned _____

Trade Name (s) (d/b/a)
 in New Hampshire _____

Complete Mailing
 Address _____

Phone Number - - _____

E-mail Address _____

Website _____

2. Accident Information

Date of accident _____

Date of accident report _____

Location of accident _____

Extent of property damage _____

3. Fatality/Injury Information (Attach additional sheets if more than one person injured)

Name of injured person: _____

Nature and extent of injury: _____

Did accident involve electric contact? Yes _____ No _____

Was injury fatal? Yes _____ No _____



4. Pole Information

If any utility poles were involved, specify their locations.

5. Signature

I certify that the information on this form is true and correct to the best of my knowledge and belief subject to the penalty for making unsworn false statements under RSA 641:3.

Authorized
Representative

Signature _____
Printed Name _____

Title _____
Date _____

If you have any questions, please call the New Hampshire Public Utilities Commission at 603-271-2431.
Please mail any documents to the above address.