

**NEW HAMPSHIRE DEPARTMENT of ENERGY  
UTILITY ACCIDENT REPORT  
(In compliance with Puc 509.07)**

Report No. \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_\_\_

Name and Address of Utility: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Discovery: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

Person Injured: Name: \_\_\_\_\_ Age: \_\_\_\_\_

Residence: \_\_\_\_\_

Employer: \_\_\_\_\_

Was person injured an employee, under contract with utility, invitee, licensee, trespasser or other? \_\_\_\_\_  
State nature and extent of injury, current condition, and probable duration of disability: \_\_\_\_\_

Anticipated return to work date (if applicable): \_\_\_\_\_  
Description of cause and manner of accident: \_\_\_\_\_

If death results after this report is filed, that fact must be stated in subsequent report.

In case of death, state the following: Date of death: \_\_\_\_\_ Previous Accident Report # : (if applicable) \_\_\_\_\_

Violation: Yes \_\_\_ No \_\_\_ Statute if applicable: Federal \_\_\_\_\_ State \_\_\_\_\_

Estimated amount of property damage and breakdown of property damage amounts: \_\_\_\_\_

Method of discovery of accident: \_\_\_\_\_

Estimated amount of gas released (mcf) and value of gas released, including calculations: \_\_\_\_\_

Time operator or contractor acting on behalf of operator arrived on scene: _____	Time operator made pipeline safe: _____
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Date and time final restoration and return to gas service was completed: _____	Quantity of people evacuated and quantity of meters shut off or service interrupted: _____
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Description of the pipeline facility involved (age, material type, diameter, location, classification, above ground, below ground, depth, pressure at time of accident, map of pipeline): \_\_\_\_\_

Date and time of notification to the National Response Center (if required): \_\_\_\_\_

Recommendation for and steps taken to guard against repetition of accident: \_\_\_\_\_

**Supervisor's Name / Title:** \_\_\_\_\_  
(please print)

**Supervisor's Signature:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

*Puc 508.03(b) states: A utility shall submit a written report to the commission on form E-5, "Utility Accident Report", pursuant to Puc 509.07, within 10 working days following the occurrence of any accident involving a release of gas from a pipeline, a release of LNG or LPG or a release of gas from a LNG or LPG facility in which: Any person has been killed; Any person has received an injury which requires same day professional medical treatment; Any person has received an injury which incapacitates that person from active work for a total of 6 days or more during the 10 days immediately following the accident; or Any property damage over \$5,000 in amount has been caused. If any event later occurs in connection with an accident which renders an accident reportable under this section or significantly changes the circumstances of a report previously submitted, the utility shall submit a new or updated report, as appropriate. A utility shall submit to the commission a copy of any written accident or incident report submitted to the federal government.*