

**NEW HAMPSHIRE DEPARTMENT OF ENERGY  
UTILITY ACCIDENT REPORT**

Utility: \_\_\_\_\_

Current Date: \_\_\_\_\_

Report No.: \_\_\_\_\_

Five Day Report \_\_\_\_\_

**General Information**

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

Did an entire Electric Substation lose service for more than five minutes? Yes \_\_\_\_\_ No \_\_\_\_\_

State cause of accident and extent of damage:

**Fatality/Injury Information**

Name of Injured Person: \_\_\_\_\_

Injured person's relationship with utility: \_\_\_\_\_

Nature and extent of injury: \_\_\_\_\_

Did accident involve electric contact: Yes \_\_\_\_\_ No \_\_\_\_\_ Was injury fatal? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of death: \_\_\_\_\_ Previous Report No. (if applicable): \_\_\_\_\_

**Pole/Anchor Information**

Was pole licensed? Yes \_\_\_\_\_ No \_\_\_\_\_

Was pole properly located? Yes \_\_\_\_\_ No \_\_\_\_\_ Undetermined \_\_\_\_\_

Was anchor licensed? Yes \_\_\_\_\_ No \_\_\_\_\_

Was anchor properly located? Yes \_\_\_\_\_ No \_\_\_\_\_ Undetermined \_\_\_\_\_

If "Five Day Report" is checked, immediate or next day notification as defined by En 306.06 is required, followed by this form being filed within five business days of the accident. A detailed report must then follow within 15 days of the accident.

If "Quarterly Report" is checked, this form must be submitted at the end of the present quarter.

Attach diagram if necessary and also attach police report if applicable.

If death occurs within 60 days following the reported accident as a direct result of the accident, and is known by the utility, after this report is filed, that fact must be stated in an additional report.

If answering "No" to Pole/Anchor properly located questions, attach license and a diagram of the actual location versus the licensed location.

**Supervisor's Name/Title:** \_\_\_\_\_

(please print)

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