

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 _____
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 _____ Title _____
Printed Name _____ Date _____

If you have any questions, please call the New Hampshire Department of Energy at 603-271-3670. Please email all documents to safety@energy.nh.gov.