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| Washington Utilities and Transportation Commission  Electric Incident Notice Form  *Fulfills requirements per WAC 480-100-383* | |
| Utility Company: | |
| Person Completing Report: | |
| Reporting Person Title: | |
| Date Reported: | Time Reported: |
| Date Incident Occurred: | Time Occurred: |
| Location of Incident: | |
| Short description of incident: | |
|  | |
| Name and address of parties involved: | |
|  | |
| Injuries: | Number injured: |
| Fatalities: | Number deceased: |
| Damaged to system or other property: | |
| Outage: | Outage duration: |
| Number of customers out: |
| Area made safe: | |