

**STATE OF ILLINOIS
ILLINOIS COMMERCE COMMISSION**

ACCIDENT REPORT

For use by all public utilities and non-Competitive telecommunications carriers

Sheet No.

STATEMENT OF OFFICER

For Ending ,
(Month, Quarter or Year)

Date

Name of reporting utility or carrier _____

Character of business _____

Main office, street and No. _____

City or Town _____

City or place where accident happened _____

Date Time _____

Estimated damage to property, if any _____

PERSONS KILLED OR INJURED

(1) Name & Address	Killed or Injured	(2) Occupation

(3) State Nature and cause of accident and names of persons witnessing accident.

Name and title of officer sending this report

(Name)

(Title)

1. Use a line for each person killed or injured. Give each person's age if known or readily ascertainable, or his approximate age.

2. See classification on back of this sheet.

3. Give full particulars as to cause of the accident. *(See classification on back of this sheet)*. Enter name and occupation of each employee or other person witnessing accident.

NOTE: If more space is required, use other side.

CLASSIFICATION OF PERSONS

- | | | | |
|-----|------------------------|-----|---|
| 1. | Attendants | 17. | Machinists |
| 2. | Blacksmiths | 18. | Main and service employees |
| 3. | Cablemen | 19. | Messengers |
| 4. | Chauffeurs, drivers | 20. | Meter testers or readers |
| 5. | Coal and coke handlers | 21. | Oilers |
| 6. | Coal gas stokers | 22. | Operators (<i>telephone or telegraph</i>) |
| 7. | Electricians | 23. | Operators (<i>substation, system or load dispatchers</i>) |
| 8. | Engineers | 24. | Repair personnel |
| 9. | Firemen | 25. | Shop personnel |
| 10. | Forman | 26. | Stevedores |
| 11. | Gas Fitters | 27. | Water gas operators |
| 12. | Groundmen | 28. | Truckers or warehouse laborers |
| 13. | Helpers | 29. | Wiremen |
| 14. | Installers | 30. | Other employees |
| 15. | Laborers | 31. | Other persons |
| 16. | Linemen | | |

CLASSIFICATION OF ACCIDENT

- | | | | |
|-----|--|-----|---|
| (a) | Acids, chemicals, etc. | (j) | Hanging or swinging objects or materials |
| (b) | Collapse, fall, etc. of objects | (k) | Heat prostration, sickness, etc. |
| (c) | Electric shocks and burns | (l) | Machinery, engines, motors, etc., in motion |
| (d) | Elevators, hoisting apparatus, etc. | (m) | Overcome by gas |
| (e) | Explosives, inflammable, or hot substances | (n) | Projecting objects or materials (<i>nails, glass, etc.</i>) |
| (f) | Fall of persons | (o) | Struck by auto, wagon, or other vehicle |
| (g) | Flying objects (<i>cinders, dust, splashing solder</i>) | (p) | Transmission apparatus (<i>belts, gears, shafting, ropes, etc.</i>) |
| (h) | Flying particles (<i>other than cinders, dust, splashing solder</i>) | (q) | Use of hand tools, apparatus, etc. |
| (i) | Handling material | (r) | Other causes |