

**STATE OF ILLINOIS**  
**ILLINOIS COMMERCE COMMISSION**

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

Report No. \_\_\_\_\_  
Sheet No. : \_\_\_\_\_ to \_\_\_\_\_

**STATEMENT OF OFFICER**

For \_\_\_\_\_ Ending \_\_\_\_\_ ,  
(Month, Quarter or Year)

**ACCIDENT REPORT  
OF THE**

Name of reporting utility ] \_\_\_\_\_  
Telecommunications Carrier ] \_\_\_\_\_

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS.

This is to certify that I am the properly accredited officer of the above utility, to whom accidents are reported by its subordinate officers and agents, and annexed hereto, is a sheet or sheets, which together with the summary shown below constitute a full and true report according to the best of my knowledge, information and belief of all accidents resulting in injury to persons or property arising from the construction, maintenance or operation of said Utility within the State of Illinois during the period shown above, together with the nature and causes thereof and the circumstances connected therewith, in so far as required by the method and forms prescribed by the Illinois Commerce commission of Illinois under the Public Utilities Act.

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_

**SUMMARY OF ACCIDENTS**

Total summary for \_\_\_\_\_ ending \_\_\_\_\_  
(Month, Quarter or Year)

No. incidents \_\_\_\_\_ \$ \_\_\_\_\_  
Killed \_\_\_\_\_ Injured \_\_\_\_\_