

STATE OF ILLINOIS
ILLINOIS COMMERCE COMMISSION

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

Report No.

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 to the best of my knowledge, information and belief NO 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 _____