**Accident Notice & Investigation Report[[1]](#footnote-1)**

**For Maryland Utility Accidents Reported Pursuant to COMAR 20.50.03.04 and Maryland PUA §5-304[[2]](#footnote-2)**

The public utility company filing the accident notice must fill in all applicable information in sections A, B, and C of this form. Please email the completed form to: **DLEngineeringAccidentReports\_PSC@maryland.gov.[[3]](#footnote-3)** For fatalities, promptly report the incident via a phone call to the Chief Engineer at: **(410) 767 8069**. For all incidents please promptly report via email to the address above.

**1. Report Number (Staff use): AR-**Choose an item.**-**Click here to enter text.**-**Choose an item.

**Utility Company Fill Out Sections A-C**

**A: Overview**

**1. Date of Accident:** Click here to enter a date.

**2. Utility Report Date:** Click here to enter a date.

**3. EN-6 Filing Date:** Click here to enter a date.

**4. Utility:** Choose an item.

**5. Reporting Official:** Click here to enter text.

**A. Phone Number:**  Click here to enter text.

**B. Email:** Click here to enter text.

**6. Accident Category:** Choose an item.

**7. Type of Accident (injury, property damage, or fatality):** Choose an item.

**B. Facts Related to the Case**

**1. Personal Injury Requiring Hospitalization**

**A. Name of Injured Person:** Click here to enter text.

**B. Individual Status:** Choose an item.

**2. Property Damage Exceeding $50,000**

**A. Owner of Property:** Click here to enter text.

**B. Estimated Property Damage:** Click here to enter text.

**3. Loss of Life**

**A. Name of Deceased:** Click here to enter text.

**B. Individual Status:** Choose an item.

**4. Location of Accident:** Click here to enter text.

**5. Weather Conditions:** Click here to enter text.

**6. Activity Description:** Click here to enter text.

**7. Feeder No (Electric only):** Click here to enter text.

**8. Substation No (Electric only):** Click here to enter text.

**9. Operating Voltage of Plant involved in Accident (Electric only):** Click here to enter text.

**10. Date(s) of Equipment Installation Involved in the Accident:** Click here to enter a date.

**C. Utility Company Report and Findings**

**1. Utility Report Summary:** Click here to enter text.

**2. Was the proper Personal Protective Equipment (PPE) Being Worn?** Choose an item.

**A. If not, what was not worn and why?** Click here to enter text.

**3. Regulatory or Safety Regulations:**

**A. Applicable COMAR Regulations:** Click here to enter text.

**Was Applicable COMAR met? If not explain.** Click here to enter text.

**B. Applicable National Electric Safety Codes:** Click here to enter text.

**Were Applicable National Electric Safety Codes met? If not explain.** Click here to enter text.

**C. Applicable National Electric Codes and applicable year:** Click here to enter text.

**Were Applicable National Electric Codes met? If not explain.** Click here to enter text.

**D. OSHA Safety Regulations:** Click here to enter text.

**Were Applicable OSHA Safety Regulations met? If not explain.** Click here to enter text.

**E. Utility Operation and Maintenance Procedures (O&M Program):** Click here to enter text.

**Were Applicable Utility O&M Procedures followed? If not explain.** Click here to enter text.

**F. Pipeline Safety Regulations:** Click here to enter text.

**Were Pipeline Safety Regulations followed?** Click here to enter text.

**4. Lessons Learned:** Click here to enter text.

**5. Corrective Actions Being Taken for This Event:** Click here to enter text.

**6. Prior Reported Occurrences over the Past 10 Years?** Choose an item.

**A. If so, what Corrective Actions/Training was conducted?** Click here to enter text.

**7. Attach any Photos or Drawings of the Accident Site as Appendices to the EN-6.**

**Staff Use Only**

**D. Investigating Engineer Report and Findings**

**1. Investigation Summary:** Click here to enter text.

**A.** **Causal Factors:** Click here to enter text.

**B. Actions Taken by the Utility:** Click here to enter text.

**2. Indicate the Applicable Regulatory Standards:** Click here to enter text.

**3. Regulatory or Safety Regulations Noncompliance?** Choose an item.

**4. Recommendations:** Click here to enter text.

**5. Investigation Completed On:** Click here to enter text.

**6. Investigated By:** Choose an item.

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Enter Engineer’s Name and Title

**Appendix 1:** Click here to enter text.

1. For gas utilities, incidents involving the release of gas are not reported on this form (see COMAR 20.55.01.04B(9)). [↑](#footnote-ref-1)
2. Maryland PUA §5-304(b)(2) and Maryland Public Information Act General Provisions §4–344 apply to this notice. [↑](#footnote-ref-2)
3. Submit this form in its original format to: Chief Engineer, Public Service Commission, 6 St. Paul Street, Baltimore, MD 21202 and via email to: DLEngineeringAccidentReports\_PSC@maryland.gov. [↑](#footnote-ref-3)