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| Washington Utilities and Transportation CommissionElectric 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:  |