

(COMPLETE ALL APPLICABLE PARTS)

DATE OF DAMAGE: _____ TIME OF DAY: _____

JOB NO.: _____ JOB SUPERVISOR: _____

EQUIP / TOOL DESCRIPTION: _____

EQUIP NO.: _____ LICENSE NO.: _____

DESCRIPTION OF CIRCUMSTANCE (BE SPECIFIC):

LOCATION (PLANT NAME, HIGHWAY INTERSECTION, ETC):

DESCRIPTION OF
DAMAGE: _____

WAS ANY DAMAGE INFLICTED ON THE PROPERTY OF OTHERS? _____ YES _____ NO

IF YES, EXPLAIN THE DAMAGE: _____

NAMES AND TELEPHONE NO. OF WITNESSES:

NAME

TELEPHONE NO.

ACTION TAKEN: _____

