



EXHIBIT A
Mobile/Tower Crane Preliminary
Field Machine Incident and Damage Report
(Please Type or Print)

Date of Report:			
Person Reporting from Field:			
Telephone:			
Email:			
Date of Incident:			
Time of Incident:			
Location of Incident:	Address:	City and State:	Country:
Product line:	Grove <input type="checkbox"/>	National <input type="checkbox"/>	Potain <input type="checkbox"/> Shuttlelift <input type="checkbox"/>
Crane Model/Serial Number:	Model:	SN:	
Type of Incident:	Tipover <input type="checkbox"/> Fire <input type="checkbox"/> Jib Fall <input type="checkbox"/> Powerline Contact <input type="checkbox"/> Component Part Failure <input type="checkbox"/> Struck-by <input type="checkbox"/>	Dropped Load <input type="checkbox"/> Road Incident <input type="checkbox"/> Boom Failure <input type="checkbox"/> Jib Latch Failure <input type="checkbox"/> Rigging <input type="checkbox"/> Other <input type="checkbox"/>	
Injuries:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of Person(s) Injured:	
Customer:	Name:		
	Address:	City and State:	Zip:
	Telephone:		
Distributor:	Name:		
	Address:	City and State:	Zip:
	Telephone:		

Work in progress at the time of the Incident:	
Detailed circumstance of the Incident (include photos where possible)	
Property damage (including the crane):	
What action is customer taking?	
What action is distributor taking?	
What action is requested from Manitowoc?	

Additional Details required for Mobile Cranes (Only):

Please answer the following questions (Explain in detail. If necessary, attach a separate sheet)

Hourmeter Reading:	
Carrier Mileage:	
Counterweight Configuration:	
Boom Length:	
Boom Telescope Sequence: (T1, T2, T3, T4, T5)	
Boom Angle:	
Lifting Radius:	

Number of Parts of Line:				
Weight of Load:				
Position of Boom at time of lift: (Use 12 o'clock position of boom at front of crane)				
Were <u>all</u> Outriggers beams full extended?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Were <u>all</u> Vertical jacks extended?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Outrigger Beam Length/Percentage:	LF:	LR:	RF:	RR:
Front Jack extended?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Rated Capacity Limiter Operational?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
RCL Code Selected:				
RCL Bypass position:				
Anti-two block Operational?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Jib being used?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Jib Length:				
Jib Offset Angle (in degrees):				
Describe Load, Rigging and Capacity Deducts:				

Additional Details required for Tower Cranes (Only):

Please answer the following questions (Explain in detail. If necessary, attach a separate sheet)

Length of Jib:	
Height under the lifting hook:	
Other characteristics:	

For **Europe – Tower Cranes** – email the completed form to: europorange-support@manitowoc.com
For **Europe – Mobile Cranes** – email the completed form to: EMEAGMK-Service@manitowoc.com
For **Asia** – email the completed form to: asiarange-support@manitowoc.com
For the **US and Canada** – email the completed form to: warranty.team@manitowoc.com