

Lattice Boom 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:		Zip:
Crane Model/Serial Number:	Model:			SN:	
Type of Incident:	Tipover □ Powerline Contact □ Fall from crane □ Struck-by □ Fire □ Road Incident □		Boom Failure □ Jib Failure □ Component Part Failure □ Rigging Failure □ Dropped Load □ Wire Rope Failure □ Other □		
Injuries:	Yes ☐ Number of Person(s) Injured and nature of injuries (if known): No ☐				
Customer:	Name:	l			
	Address: City		City an	d State:	Zip:
	Telephone:				
Distributor:	Name:				
	Address: Cit		City and State:		Zip:
	Telephone:				
Property damage (including the crane)					

Type of work being performed at the time of the Incident:	Detailed description	of the Incident (include pho	otos when possible)
Operation \square Parked \square			
Assembly/Disassembly of Crane □			
Maintenance \square Transport \square			
Other			
Include information regarding			
factors such as:			
Examples:			
Ground conditions – level and support			
Weather conditions – wind, rain, fog			
Abnormal loading - dynamic, shock, nonvertical			
What action is customer taking?			
What action is distributor taking?			
What action is requested from			
Manitowoc?			
Boom Length:			
Jib Length and Type:			
Boom Angle:			
Jib Angle:			
Counterweight Configuration:			
Weight of Load(s):			
Describe Load(s), Rigging and			
Capacity Deducts:			
Lifting Radius:			
Number of Parts of Line:			
Capacity Chart in Use:			
Drum(s) Reeved:			
Boom/Jib Points Reeved:			
Point & Drum used in at time of			
lift:			
Position of Boom at time of lift			
(Use 12 o'clock as position of			
boom at front of crane)			
Height under the lifting hook:			
Other characteristics:			
Attachments Installed:			
Attachment Serial Numbers:			
Counterweight Position (if			
applicable):			
Load Moment	Installed: Yes □	No □	Operational: Yes \square No \square
Indicator/Limiter:			Bypassed \square
Anti-two Block:	Installed: Yes □	No 🗆	Operational: Yes No
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Return completed form to the local Manitowoc Distributor or local Manitowoc Regional office: For the US and Canada – email the completed from to: $\underline{warranty.team@manitowoc.com}$