



**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 <input type="checkbox"/> Powerline Contact <input type="checkbox"/> Fall from crane <input type="checkbox"/> Struck-by <input type="checkbox"/> Fire <input type="checkbox"/> Road Incident <input type="checkbox"/>		Boom Failure <input type="checkbox"/> Jib Failure <input type="checkbox"/> Component Part Failure <input type="checkbox"/> Rigging Failure <input type="checkbox"/> Dropped Load <input type="checkbox"/> Wire Rope Failure <input type="checkbox"/> Other <input type="checkbox"/>
Injuries:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of Person(s) Injured and nature of injuries (if known):	
Customer:	Name:		
	Address:	City and State:	Zip:
	Telephone:		
Distributor:	Name:		
	Address:	City and State:	Zip:
	Telephone:		
Property damage (including the crane)			

