



# CRANE ACCIDENT & DAMAGE REPORT

DATE OF REPORT: \_\_\_\_\_

PERSON REPORTING FROM FIELD: \_\_\_\_\_

DATE OF ACCIDENT: \_\_\_\_\_ TIME OF ACCIDENT: \_\_\_\_\_

ACCIDENT LOCATION: \_\_\_\_\_

MODEL: \_\_\_\_\_ SERIAL NUMBER: \_\_\_\_\_

**DISTRIBUTOR:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**CUSTOMER:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**WORK IN PROGRESS AT THE TIME OF ACCIDENT:** \_\_\_\_\_

\_\_\_\_\_

**DETAILS OF THE ACCIDENT (INCLUDE PHOTOS):** \_\_\_\_\_

\_\_\_\_\_

NUMBER OF PERSON(S) INJURED: \_\_\_\_\_ NUMBER OF PERSON(S) HOSPITALIZED: \_\_\_\_\_

PROPERTY DAMAGE: \_\_\_\_\_

WHAT ACTION IS CUSTOMER TAKING? \_\_\_\_\_

\_\_\_\_\_

WHAT ACTION IS DISTRIBUTOR TAKING? \_\_\_\_\_

\_\_\_\_\_

### ADDITIONAL INFORMATION

HOURLY METER READING: \_\_\_\_\_ CARRIER MILEAGE: \_\_\_\_\_

BOOM LENGTH: \_\_\_\_\_ BOOM ANGLE: \_\_\_\_\_ WEIGHT OF LOAD: \_\_\_\_\_ LIFTING RADIUS: \_\_\_\_\_

NUMBER OF PARTS OF LINE: \_\_\_\_\_

POSITION OF BOOM AT TIME OF LIFT (E.G. USE 12 O'CLOCK AS POSITION OF BOOM AT FRONT OF CRANE) \_\_\_\_\_

\_\_\_\_\_

### PLEASE ANSWER THE FOLLOWING QUESTIONS (EXPLAIN IN DETAIL IF NECESSARY, ATTACH A SEPARATE SHEET)

WERE OUTRIGGERS FULLY EXTENDED? \_\_\_\_\_ WERE ALL VERTICAL STABILIZERS EXTENDED? \_\_\_\_\_

WERE BOOM SECTIONS EQUALLY EXTENDED? \_\_\_\_\_ LOAD MOMENT INDICATOR: **INSTALLED OR OPTIONAL**

ANTI-TWO BLOCK: **INSTALLED OR OPTIONAL**

JIB BEING USED? \_\_\_\_\_ JIB ANGLE (IN DEGREES) \_\_\_\_\_

RETURN FORM TO: CRANEWARRANTY@LOADKINGMFG.COM