

Work Zone Incident and Property Damage Report

All claims must be submitted in writing. We will not consider any verbal claims.
No claim will be considered if this form is not completed with the requested information.
This form is to be completed by the person reporting the property damage and mailed to
the address below:

E.R. Snell Contractor, Inc.
P.O. Box 306
1785 Oak Road
Snellville, GA 30078

Phone: 770-985-0600
Fax: 770-985-2998
E-mail address: _____

Attn: Safety Department

Name: _____ Phone (Day): _____
Address: _____ Phone (Evening): _____
City: _____ Email Address: _____
State/Zip: _____

Date incident occurred: _____ Time incident occurred: _____

Date incident reported: _____

Location where the alleged damage occurred:

1. Street Name, Hwy Name and City: _____
2. Which lane and direction of travel: _____
3. Distance in relation to nearest intersection: _____

What was damaged: (house, yard or other property): _____

Vehicle Damaged:
Year _____ Make _____ Model _____ Tag No. _____
Vin. No. _____

What caused the damage: (something in the roadway, a piece of equipment, or the construction in general)
(Attach pictures, required)

Was a police report written: Yes No Name of police officer: _____
City: _____
County: _____
State: _____

Case No: _____
Did you Contact any E.R. Snell Employee at the site of incident (circle one) " YES" " NO"
If "YES", please provide Name of ERS Employee and Phone Number: _____

Description of how incident occurred: _____

Print Name: _____

Signature: _____ Date: _____