



PROPERTY DAMAGE REPORT

INCIDENT INFORMATION

| | |
|--------------------------------|-------------------|
| Date of Incident: | Time of Incident: |
| Date Safety Notified: | Time Reported: |
| Superintendent/Foreman: | Division: |
| Project Manager: | Project Number: |
| Location of Accident/Incident: | |

EMPLOYEE DATA

| | |
|--------------------|----------------------|
| Employee Name: | Phone: |
| Job Title: | Years of Experience: |
| Type of Equipment: | Equipment: |

PROPERTY DAMAGE INFORMATION

Describe in detail the circumstances of the incident. Give a chronological sequence of events. If materials, equipment and/or vehicles were involved, start before they were brought to the incident scene and describe who, what, where, when, how, and why the incident happened in your words below.

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| Brief Description of Damages: | Cause of Damage: |
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|---|--|--|-------------------|
| Property Owner Information (Name, Address, Contact Person, Phone) | | Insurance Information (Company, Address, Contact, Phone) | |
| <div>Company Involved in Incident:</div> <div>MSI Subcontractor Other</div> | | | |
| Description of Damaged Property (Please include Make/Model/Year if Vehicle) | | License/Equipment # | Estimated Damage: |
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| Total Estimated Damages | | | |

| WITNESS INFORMATION | |
|-----------------------------------|-----------------------------------|
| Witness 1: (Name, Address, Phone) | Witness 2: (Name, Address, Phone) |
| ADDITIONAL NOTES/COMMENTS | |
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