

# KARAVAN

## Property Damage Report Form

**Incident Date & Time:**

**Personal Injury:**

- Employee:                       • Non-employee:                       • N/A:

Specific Site of Incident. Department: \_\_\_\_\_ Line/Bay/Machine: \_\_\_\_\_

Description of the Incident:

Describe the incident, how it occurred, and who/what was involved. Provide only factual accounts and/or observations. You can attach any other information or pictures.

**Property Damages (Please Select):**

- Equipment:     • Trailers/Stacks:   
• Structural (i.e., building, poles):                       • Vehicle:   
• Furnishings (i.e., cabinets, toolboxes):                       • Other:  \_\_\_\_\_

**Witnesses:**

- Name: \_\_\_\_\_ - Employee? Yes  No  - Phone Number: \_\_\_\_\_

**Prepared By:**

- Name: \_\_\_\_\_    • Title: \_\_\_\_\_  
• Signature: \_\_\_\_\_    • Date: \_\_\_\_\_