SUN TERMINALS INC.

INCIDENT & DAMAGE REPORT

PLEASE FILL OUT COMPLETELY - USE A SEPARATE SHEET IF NEEDED

Case Number	

Date / Time of Incident		**Location**	

Dock Receipt Number(s)	
Names of those involved:	

List any equipment involved & possible damages:

Description of the Incident:

Witnesses (make sure that at some time – as close to time of incident- a statement is collected from each of the witnesses):

OFFICE USE ONLY:

Date / Time Incident Reported to Insurance	
Person who Reported to Insurance	

Name and Signature of Manager/Supervisor on Duty: _____