

## USA INSURANCE INCIDENT NOTIFICATION

<b>Date &amp; Time of Incident</b>		<b>Location of the Incident</b>	
<b>Equipment Number</b>		<b>Eco-Online number</b>	
<b>Project Number</b>		<b>Branch/Company code</b>	
<b>Mammoet Involved Party</b>		<b>Passenger(s)</b>	
<b>INITIAL INCIDENT CLASSIFICATION</b>		<b>INJURY</b>	<b>POLICE</b>
<input type="checkbox"/> Damage - Motor Vehicle Accident <input type="checkbox"/> Damage - Equipment <input type="checkbox"/> Environmental		<input type="checkbox"/> Insured Party Injury <input type="checkbox"/> Third Party Injury <input type="checkbox"/> EMS Transported Party <input type="checkbox"/> Fatality	<input type="checkbox"/> Police to Scene <input type="checkbox"/> Police Not Called <input type="checkbox"/> Police Declined <input type="checkbox"/> Driver(s) Exchange of Information <input type="checkbox"/> Report # _____ <input type="checkbox"/> Agency _____
<b>Description of the incident (Describe Who, What, When, Where, Why and How)</b>			
<b>Details on Damage(s) and Injury</b>			
<b>Insured Vehicle / Equipment Location (Select All that Apply)</b>			
<input type="checkbox"/> Drivable <input type="checkbox"/> Non-Drivable <input type="checkbox"/> Vehicle / Equipment still in use <input type="checkbox"/> Vehicle / Equipment at a repair facility <input type="checkbox"/> Vehicle / Equipment at a Mammoet Yard <input type="checkbox"/> Exact Location of the Vehicle / Equipment: _____			
<b>Notes for Insurance (Please include any additional pertinent details)</b>			
<input type="checkbox"/> Fleet Administrator Notified ( <a href="mailto:sara.beers@mammoet.com">sara.beers@mammoet.com</a> or <a href="mailto:michelle.campbell@mammoet.com">michelle.campbell@mammoet.com</a> ) <input type="checkbox"/> Dash Camera Footage Available <input type="checkbox"/> Dash Camera Footage Not Available			
<b>Author:</b> <b>Supervisor / Project Manager / Ops. Manager</b>		<b>SHE-Q Advisor / SHE-Q Manager</b>	

Photos (Insured Vehicle/Equipment, Third Party Property, Exchange of Information)	