

Property Damage/Loss Report

Weather Conditions:	LOST, STOLEN, OR DAMAGED	PROPERTY INFORMAT	TION	
Location of Incident:	Date of Loss:	Time of Occ	urrence:	
Did occurrence happen on an ARCO/Murray	Weather Conditions:		Temp.:	
Jobsite? Type of Property:	Location of Incident:		Zip Code:	
Other If other, please explain:	Did occurrence happen on an ARCO/Mujobsite?	ırray 🗌 Yes 🗌 No	Project #:	
Will the damage delay project completion or delivery?	Type of Property: Tools/Equipment	□ New Construction Materia	ls Pollution/Environmental Contamination	
Make/Model of Equipment: Serial #: Please explain the extent of property damage, location, and quantity: Did occurrence affect the operations of a third party?	Other If other, please explain:		Estimated Value:	
Please explain the extent of property damage, location, and quantity: Did occurrence affect the operations of a third party? Yes No	Will the damage delay project completio	n or delivery?	If yes, how long?	
Did occurrence affect the operations of a third party? Yes No Was a police report filed? Yes No Report/Case Number: Was damaged property an ARCO/Murray vehicle? Yes No IF YES, PLEASE COMPLETE AN AUTO ACCIDENT FORM. OWNER/SUPPLIER INFORMATION Equipment/Material Owner: Who had possession of material or equipment (company)? Was equipment leased or rented? Yes No If yes, do we have a copy of the agreement? Yes No Have written notifications been sent to the responsible parties and insurance carriers? Yes No N/A If yes, to whom? Contact Name for Property: Address: City: State: Phone #: Was anyone injured? Yes No IF YES, PLEASE COMPLETE BODILY INJURY REPORT. WITNESS INFORMATION Name Phone Number Alt. Phone Number COMMENTS Report Completed By: (Print Name)	Make/Model of Equipment:		_ Serial #:	
Was a police report filed?	Please explain the extent of property	damage, location, and quant	ity:	
Was a police report filed?				
Was damaged property an ARCO/Murray vehicle?	·	. ' '		
OWNER/SUPPLIER INFORMATION Equipment/Material Owner: Who had possession of material or equipment (company)? Was equipment leased or rented? Yes No If yes, do we have a copy of the agreement? Yes No Na we written notifications been sent to the responsible parties and insurance carriers? Yes No N/A Yes, to whom? Contact Name for Property: Address: City: State: Phone #: Was anyone injured? Yes No IF YES, PLEASE COMPLETE BODILY INJURY REPORT. WITNESS INFORMATION Name Phone Number Alt. Phone Number COMMENTS Report Completed By: (Print Name)	· · · · — — · · — — — · · · · · · · · ·			
Equipment/Material Owner: Who had possession of material or equipment (company)? Was equipment leased or rented?	Was damaged property an ARCO/Murray vehicle? ☐ Yes ☐ No IF YES, PLEASE COMPLETE AN AUTO ACCIDENT FORM.			
Who had possession of material or equipment (company)? Was equipment leased or rented?	OWNER/SUPPLIER INFORMAT	ION		
Was equipment leased or rented?	Equipment/Material Owner:			
Have written notifications been sent to the responsible parties and insurance carriers?	Who had possession of material or equipment (company)?			
If yes, to whom? Contact Name for Property: City: State: Phone #: Was anyone injured? Yes No IF YES, PLEASE COMPLETE BODILY INJURY REPORT. WITNESS INFORMATION Name Phone Number Alt. Phone Number COMMENTS Report Completed By: (Print Name)	Was equipment leased or rented? $\ \square$ Y	es No If yes, do we hav	e a copy of the agreement?	
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City: State: Phone #:	If yes, to whom?			
Was anyone injured? Yes No IF YES, PLEASE COMPLETE BODILY INJURY REPORT. WITNESS INFORMATION Name Phone Number Alt. Phone Number COMMENTS Report Completed By: (Print Name)	Contact Name for Property:	Address: _		
Was anyone injured? Yes No IF YES, PLEASE COMPLETE BODILY INJURY REPORT. WITNESS INFORMATION Name Phone Number Alt. Phone Number COMMENTS Report Completed By: (Print Name)	Citv:	 State: P	hone #:	
Name Phone Number Alt. Phone Number COMMENTS Report Completed By: (Print Name)	•			
COMMENTS Report Completed By: (Print Name)	WITNESS INFORMATION			
Report Completed By: (Print Name)	Name	Phone Number	Alt. Phone Number	
Report Completed By: (Print Name)				
Report Completed By: (Print Name)				
(Print Name)	COMMENTS			
(Print Name)				
(Print Name)				
	,		Date:	