

Work Zone Incident and Property Damage Report

All claims must be submitted in writing. We will not consider any verbal claims.
No claim will be considered if this form is not completed with the requested information.
This form is to be completed by the person reporting the property damage and mailed to
the address below:

E.R. Snell Contractor, Inc. Phone: 770-985-0600
P.O. Box 306 Fax: 770-985-2998
1785 Oak Road
Snellville, GA 30078

Attn: Safety Department

Name: _____ Phone (Day): _____
Address: _____ Phone (Evening): _____
City: _____
State/Zip: _____

Date incident occurred: _____ Time incident occurred: _____

Date incident reported: _____

Location where the alleged damage occurred: (ex. Street Name, Highway Number, or City)

What was damaged: (house, yard or other property):

Vehicle Damaged:
Year _____ Make _____ Model _____ Tag No. _____
Vin. No. _____

What caused the damage: (something in the roadway, a piece of equipment, or the construction in general)
(attach pictures, required)

Was a police report written: Yes No Name of police officer: _____
City: _____
County: _____
State: _____

Case No: _____
Did you Contact any E.R. Snell Employee at the site of incident (circle one) YES NO if Yes list on back

Description of how incident occurred:

Signature: _____ Date: _____