

Freight Damage Incident Report Form

Date of Incident

Time of Incident

Location

Reported By

Contact Information

Carrier Name

Carrier Reference Number

Consignee Name

Consignor/Shipper Name

Description of Freight (Type, Quantity, etc.)

Description of Damage

Photos/Attachments

Choose File

No file selected

Visible Damage

Concealed Damage

Goods Accepted?

Additional Comments

Signature

Date Signed

