Cargo Damage Incident Report Form

Date of Report		
Date of Incident		
Paparted By		
Reported By		
Contact Information		
Company Name		
Company Name		
Shipment / Bill of Lading No.		
Container No.		
Origin		
Destination		
Description of Cores		
Description of Cargo		
Outputit t		
Quantity		
Type of Damage		
Extent of Damage		
Extent of Damage		
Location of Incident		
Location of incident		
Circumstances of Damage / Additional Details		
Actions Taken		

Witnesses	