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Physical Damage Investigation Report

Date of Accident _____ Time of Accident _____

Employee Name _____ Job Title _____

Equipment # _____

Date Reported _____

Location of Accident _____

Description of Accident _____

Disciplinary Action To Be Taken -

Written Warning _____

Probation _____

Suspension _____

Dismissal _____

Project Manager/Superintendent Signature _____ Date: _____

Employee Signature _____ Date: _____

****These accidents do not include employee injuries****