



EXHIBIT B
Lattice Boom Crane Preliminary
Field Machine Incident and Damage Report
(Please Type or Print)

Date of Report:			
Person Reporting from Field:			
Telephone:			
Email:			
Date of Incident:			
Time of Incident:			
Location of Incident:	Address:	City and State:	Zip:
Crane Model/Serial Number:	Model:	SN:	
Type of Incident:	Tipover <input type="checkbox"/> Fire <input type="checkbox"/> Jib Fall <input type="checkbox"/> Powerline Contact <input type="checkbox"/> Component Part Failure <input type="checkbox"/> Struck-by <input type="checkbox"/>	Dropped Load <input type="checkbox"/> Road Incident <input type="checkbox"/> Boom Failure <input type="checkbox"/> Jib Latch Failure <input type="checkbox"/> Rigging <input type="checkbox"/> Other <input type="checkbox"/>	
Injuries:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of Person(s) Injured:	
Customer:	Name:		
	Address:	City and State:	Zip:
	Telephone:		
Distributor:	Name:		
	Address:	City and State:	Zip:
	Telephone:		
Work in progress at the time of the Incident:			
Detailed circumstance of the Incident (include photos where possible)			

Property damage (including the crane)	
What action is customer taking?	
What action is distributor taking?	
What action is requested from Manitowoc?	
Boom Length:	
Jib Length:	
Boom Angle:	
Jib Angle:	
Weight of Load(s):	
Lifting Radius:	
Number of Parts of Line:	
Capacity Chart in Use:	
Drum(s) Reeved:	
Boom/Jib Points Reeved:	
Point & Drum in at time of lift:	
Position of Boom at time of lift (Use 12 o'clock as position of boom at front of crane)	
Attachments Installed:	
Attachment Serial Numbers:	
Counterweight Position (if applicable):	
Load Moment Indicator:	Installed: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Operational: Yes <input type="checkbox"/> No <input type="checkbox"/>
Anti-two Block:	Installed: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Operational: Yes <input type="checkbox"/> No <input type="checkbox"/>

Return completed form to the local Manitowoc Distributor or local Manitowoc Regional office:
 For the US and Canada – email the completed form to: warranty.team@manitowoc.com