HYSTER

ACCIDENT REPORT

File # _____
(FOR LRM USE ONLY)

NOTE! - IF ACCIDENT INVOLVES PERSONAL INJURY OR EXTENSIVE PROPERTY DAMAGE, IMMEDIATELY **PHONE** INFORMATION TO THE LAW & RISK MANAGEMENT DEPARTMENT, NACCO MATERIALS HANDLING GROUP, INC., FAIRVIEW, OREGON **(503) 721-6072.**

1. Owner's Name: _____ Accident Date: _____
   Address: _____ Reported by: _____
   _____ of _____ Company
   Contact: _____ Phone No.: _____
   Phone No.: _____ Make: _____ Model: _____
   Serial Number: _____
2. Operator of Unit: _____ Type of Mast/Group No.: _____
   Employee of: _____ Hour Meter: _____ Attachment: _____
   Rental or /Lease ? _____
3. Place where the accident occurred: Address _____
   City and State _____
   Name and address of the owner of the premises _____
4. State name, employer and address of each injured person and describe the nature of their injuries: (Phone Law & Risk Management Department per instructions above.):
   (a) _____
   (b) _____
   (c) _____
5. State the name, employer and address of each person not previously named who was present at the scene of the accident:
   (a) _____
   (b) _____
   (c) _____
6. Describe the nature and extent of any property damage: _____
   _____
   _____
7. How was the accident alleged to have occurred: _____
   _____
   _____
   _____
   _____
8. Where is the involved product now located? _____
9. Are any parts being held for inspection, and if so, who is holding them? _____
10. Was maintenance supplied by customer, third party service company, or dealer? _____ Phone No.: _____

Use additional sheets where necessary. Attach photographs, diagrams, or relevant data.

Send one copy to the
LAW & RISK MANAGEMENT DEPARTMENT
NACCO MATERIALS HANDLING GROUP, INC.
4000 NE BLUE LAKE ROAD
FAIRVIEW, OR 97024

PHONE: (503) 721-6072
(503) 721-6068
FAX: (503) 721-6058

Name: _____
(PLEASE PRINT)
Position or Title: _____
Company: _____
Address: _____
_____
Signed: _____
Date: _____

DCN 1638 (3/04)