



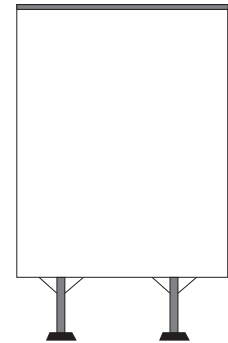
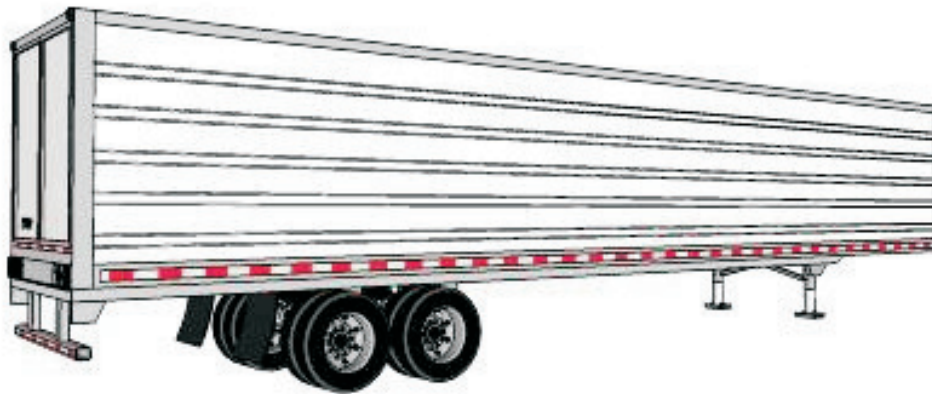
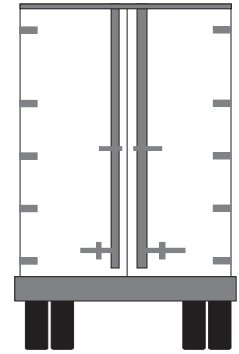
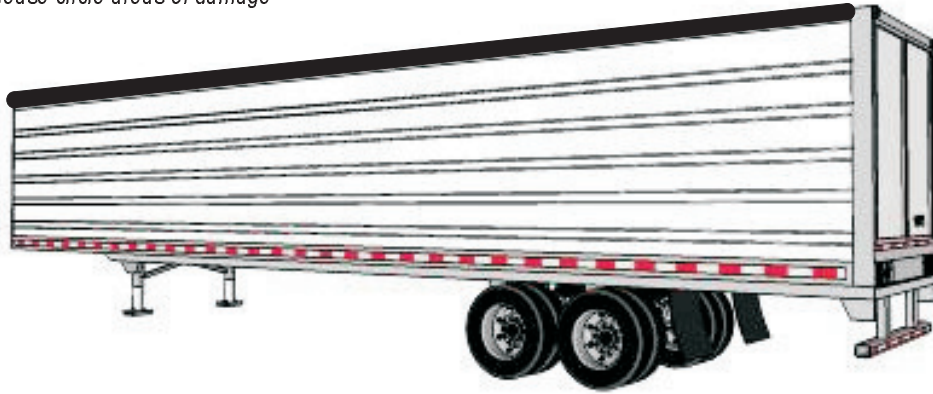
BOX 219 • NEERLANDIA, AB T0G 1R0
 PHONE 780.674.7916 • WWW.WTWE.CA

TRAILER DAMAGE REPORT

Date: _____

Driver name: _____

Please circle areas of damage



Physical Address and/or Customer Name where damage occurred: _____

Damage occurred while: Loading Unloading Driving Unattended Other (see below)

Description of events surrounding damage: _____

Driver Signature: _____

PLEASE PHONE WERKMAN IMMEDIATELY AND TURN IN DAMAGE REPORT TO OFFICE WITHIN 24 HOURS

