

TEL: 904-786-7402  
FAX: 904-786-7438

**DAMAGE REPORT**  
**L&J DIESELOGIC**  
**5323 LENOX AVE**  
**JACKSONVILLE FL 32205**



PO#:

DAMAGE REPORT NUMBER

ENGINE MODEL

ENGINE NO. (14 DIGITS)

WORKS NUMBER

DATE OF DAMAGE

**DR-**  
AMENDED ☐

NAME: \_\_\_\_\_  
LOCATION ADDRESS: \_\_\_\_\_  
MANUFACTURER: \_\_\_\_\_

COMPLAINT/DAMAGE (PROVIDE AS MUCH DETAIL AS POSSIBLE)

CUSTOMER'S COMPLAINT:

PROBLEM/DIAGNOSIS:

- ☐ REQUEST GUIDANCE FOR REPAIR  
☐ REQUEST WARRANTY COVERAGE

TOTAL ESTIMATE OF REPAIR: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_

SIGNATURE OF TECH: \_\_\_\_\_

MEC RESPONSE

MEC COMMENTS:

MEC SIGNATURE & DATE: