

CHASSIS POOL INCIDENT REPORT (CPIR)

ADMINISTRATIVE NOTE: If you are reporting a total loss or stolen chassis, please complete Sections 1 and 3 below. For information on where to return damaged chassis, please contact the appropriate Claims Support Team Representative from the list on Page 5:

SECTION 1 – INCIDENT REPORT

1. Your Name: _____
Company: _____
Phone: _____
Email: _____

2. Date of Report: _____

3. Chassis Number: _____

4. Pool Name: _____

5. Associated Container: _____

Where is the associated Container now:

Is the Chassis in the same location? Yes _____ No _____

If no, where is Chassis now?

Chassis Pool User: _____

User notified: Yes _____ No _____

6. Chassis Pool Contributor: _____

Contributor notified: Yes _____ No _____

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SECTION 2 – INCIDENT DETAILS

Add information as available, or if applicable

1. Date and Time of Incident: _____
2. Describe where the incident occurred (include highway name/number, street name, mile marker, town, city, state and landmarks) :
3. Brief Description of the Incident

4. Were any hazardous materials being carried? Yes _____ No _____

If yes, please provide the UN Number and Emergency Contact:

5. Was any pollution caused by the incident? This includes the discharge, dispersal, release or escape of smoke, vapors, soot, fumes, acids, alkalis, toxic chemicals, liquids or gases, waste materials, oil or other petroleum substance or derivative (including any oil refuse or oil mixed wastes)) or other irritants, contaminants or pollutants into or upon land, the atmosphere, or any watercourse or body of water. Yes _____ No _____

6. Was there any cargo damage? Yes _____ No _____

If cargo damage, what was the container loaded with?

7. Did the police respond to the incident? Yes _____ No _____

If yes, please forward Police Report.

8. Motor Carrier's Information:

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Company Name: _____
 Address: _____
 Phone Number: _____
 DOT Number: _____
 SCAC Code: _____

Were other vehicles/individuals involved? Yes _____ No _____

Vehicle Details	Vehicle # 1	Vehicle # 2
Year		
Make		
Model		
Driver's Name		

Passengers:	I Yes _____ No _____	I Yes _____ No _____
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9. Were any injuries reported? Yes _____ (Explain Below) No _____

10. Witnesses to Accident:

Name: _____
 Address: _____
 Phone: _____

Name: _____
 Address: _____
 Phone: _____

11. Has Chassis / Container been impounded by Police? Yes _____ No _____

12. Have you appointed an investigator / surveyor? Yes _____ No _____

If yes, please provide details:

13. Have you reported this incident to your insurance company? Yes _____ No _____

If yes, please provide details:

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SECTION 3 – CONSTRUCTIVE TOTAL LOSS, LOSS AND STOLEN CCM CHASSIS

PHYSICAL DAMAGE:

1. Was chassis damaged in accident? Yes _____ No _____
2. Has chassis been returned to Pool location? Yes _____ No _____

If not returned, explain why:

3. Provide current location of Chassis:

TOTAL LOSS OR STOLEN CHASSIS:

1. Date loss reported: _____
2. Has police report been provided: Yes _____ No _____

If answer is no, please attach copy to this report or explain why:

3. Do you wish to be sent a DV invoice for this chassis? Yes _____ No _____

SECTION 4 – CPIR NOTIFICATION

PLEASE DIRECT THIS REPORT TO THE NOTIFY PARTIES OF EACH RESPECTIVE POOL, AS LISTED BELOW:

DCCP Management	DCCPRISK@ccmpool.com
MCCP Management	MCCPRISK@ccmpool.com
SACP Management	SACPRISK@ccmpool.com
MWCP Management	MWCPRISK@ccmpool.com
GCCP Management	GCCPRISK@ccmpool.com
COCP Management	COCPRISK@ccmpool.com

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Region	Claims Team Contact	Office Phone	Email Address
Headquarters Budd Lake, NJ	Ms. Lisa Menna	973-298-8924	lmenna@ccmpool.com
Headquarters Budd Lake, NJ	Mr. Stephen Bradshaw	973-446-7900 ext 179	sbradshaw@ccmpool.com