

## CHASSIS POOL INCIDENT REPORT (CPIR)

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**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:

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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 \_\_\_\_\_

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