CHASSIS INCIDENT REPORT (CIR)

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 NexGen's Claims Support Team Representative (contact information at bottom of page 4).

SECTION 1 – INCIDENT REPORT

1. Your Name: _____

Company: _____

Phone: _____

Email: _____

2. Date of Report: _____

3. Chassis Number: _____

4. Associated Container: _____

Where is the associated Container now:

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

If no, where is Chassis now?

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. Did the police respond to the incident? Yes ☐ No ☐

If yes, please forward Police Report.

7. Motor Carrier's Information:

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:	Yes ☐ No ☐	Yes ☐ No ☐

8. Were any injuries reported? Yes ☐ (Explain Below) No ☐

9. Witnesses to Accident:

Name: _____ Name: _____

Address: _____ Address: _____

_____ _____

Phone: _____ Phone: _____

10. Has Chassis / Container been impounded by Police? Yes ☐ No ☐

11. Have you appointed an investigator / surveyor? Yes ☐ No ☐

If yes, please provide details:

12. Have you reported this incident to your insurance company? Yes ☐ No ☐

If yes, please provide details:

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

PHYSICAL DAMAGE:

1. Was chassis damaged in accident? Yes ☐ No ☐
2. Has chassis been returned to Pick Up 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 – CIR NOTIFICATION

PLEASE DIRECT THIS REPORT TO: **NexGen Risk Department** at risk@nexgenmms.com

FOR MORE INFORMATION CONTACT:

Lisa Menna
Supervisor, Claims and Contracts Administration
NexGen Multimodal Solutions LLC
100 Enterprise Drive, Suite 601
Rockaway, NJ 07866
Direct: 973-298-8924
Main: 973-298-8900
lmenna@nexgenmms.com