
Important Notices:

1. This form shall be completed and returned to DCLI within 24 hours of the incident's occurrence.
2. Please return the completed form by email to: Patrick.Valentine@dcli.com
3. Police must be notified of all incidents involving personal injury or property damage.
4. Any equipment involved in an incident shall NOT be altered, repaired, or destroyed without specific written approval from DCLI.

Required Information:

DATE OF INCIDENT:

TIME OF INCIDENT:

CHASSIS NUMBER:

CONTAINER NUMBER:

REPORTING PARTY INFORMATION:

NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

CLAIMS/SAFETY MANAGER INFORMATION:NAME *(if different than Reporting Party):*

PHONE:

EMAIL:

INCIDENT INFORMATION:NAME OF DRIVER *(if different than Reporting Party):*

CITY WHERE INCIDENT OCCURED:

STATE WHERE INCIDENT OCCURED:

LOCATION OF INCIDENT *(include highway name/ number, street name, mile marker, landmarks, etc.):*

DESCRIPTION OF INCIDENT:

WEATHER/ROAD CONDITIONS:

DATE POLICE WERE NOTIFIED:

TIME POLICE WERE NOTIFIED:

POLICE REPORT STATE:

POLICE REPORT COUNTY:

WERE THERE ANY WITNESSES TO THE INCIDENT?

Yes

No

If Yes, provide the name, address, and phone number for each witness below:

	Name	Address	Phone Number
Witness 1			
Witness 2			
Witness 3			

WERE THERE ANY OTHER VEHICLES INVOLVED?

Yes

No

If Yes, provide the number of vehicles involved:

and fill in the table below with details for each vehicle:

	Year	Make	Model	Plate Number	Driver's Name	Passenger(s)
Vehicle 1						
Vehicle 2						
Vehicle 3						

WAS THERE THIRD-PARTY PROPERTY DAMAGE?

Yes

No

If Yes, provide details.

WERE THERE ANY PERSONAL INJURIES?

Yes

No

If Yes, provide name of the injured person and injury.

WERE THERE ANY FATALITIES?

Yes

No

If Yes, provide the name(s) of the individual(s).

WERE ANY CITATIONS/TICKETS ISSUED?

Yes

No

If Yes, to whom?

WAS THE EQUIPMENT TOWED AWAY?

Yes

No

PRESENT LOCATION OF THE CHASSIS/CONTAINER:

Facility Address:

Contact Name:

Contact Number:

PRESENT LOCATION OF THE TRACTOR AND OTHER VEHICLES INVOLVED:

Facility Address:

Contact Name:

Contact Number: