



The Hampton Roads Chassis Pool

ACCIDENT RESPONSE REPORT

INFORMATION CHECKLIST TO BE COMPLETED BY THE MOTOR CARRIER

IMPORTANT NOTICE:

1- Vehicles or equipment (HRCP IP's as well as those of all others involved) **MUST NOT** be moved, repaired or destroyed UNTIL ALL PARTIES HAVE EXERCISED THE RIGHT TO INVESTIGATE.

2- HRCP II expects Motor Carriers to notify us verbally or by email as soon as you become aware and not more than 12 hours of an accident occurring. Written notice is expected within 1 business day. Please call 440-5191 or email bpalmer@hrcp2.org

MOTOR CARRIER: _____

FULL ADDRESS: _____

DATE OF ACCIDENT: _____

NAME OF YOUR SAFETY DIRECTOR: _____

SAFETY DIRECTORS TEL NBR, FAX & EMAIL: _____

NAME OF YOUR INSURANCE CARRIER, ADDRESS, TEL & FAX: _____

Container/Chassis Number: _____

INFORMATION REQUIRED:

Exact LOCATION OF ACCIDENT (must include highway name/number, street name, mile marker, town, city, state and landmarks): _____

Brief Description of Accident: _____

Hazardous Materials? No Yes IF yes: UN Number and emergency contact number: _____

Leaking? No Yes

HRCP II, L.L.C.

1431 International Terminal Blvd. • Norfolk, Virginia 23505



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Were there any other vehicles involved in the accident? No Yes

Number of Vehicles involved: _____

Year Make Model License Driver's Name Passenger

Vehicle #1 _____

Vehicle #2 _____

Vehicle #3 _____

Were there any personal injuries? No Yes

If yes, please provide injury description, who was injured and to what extent?

Were there any fatalities? No Yes

If Yes, provide name of individual(s) _____

Where were injured individuals transported? _____

Police Officer Badge Number: _____

Police Precinct, State, County and Report #: _____

Were there any witnesses to the Accident? No Yes

If Yes, provide name of witnesses, address & telephone number: _____

PRESENT LOCATION OF CONTAINER/CHASSIS (full address, include contact name and number at facility) _____

LOCATION OF OTHER VEHICLES INVOLVED (full address, include contact name and number at facility) _____

PLEASE RETURN THIS INFORMATION TO THE FOLLOWING FAX
NUMBER 1-877-607-4503 AND EMAIL bpalmer@hrcp2.org

COPIES OF ANY PRESS RELEASES REGARDING THE ACCIDENT

FORWARD PHOTOS REGARDING THE ACCIDENT

POLICE REPORT/ DOT REPORT

ACCIDENT REPORT (COMPLETED BY MOTOR CARRIER)

RESULTS FROM ANY DRUG TESTS

COPY OF WAYBILL

COPY OF T.I.R.

Report completed by: _____

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