

Intermodal – Reporting for Carrier

Cornerstone Reference Number: _____ Date: _____

Container Number: _____ PO# _____

Type of Exception: Over Short Damaged (Mark all that apply)

Reporting Party (Carrier Name) _____

Contact Name and Phone Number of Reporting Party _____

Consignee: _____ Delivery Date: _____

Commodity Description of Exception: _____

Packaging: Carton Bundle Drum Reels OTHER _____
 Was product palletized? YES NO

Quantity Damaged/Short _____ Value (if known) _____

Type of Damage: (Check All that APPLY) *Please take and provide pictures of the damage

<input type="checkbox"/> Wet	<input type="checkbox"/> Crushed	<input type="checkbox"/> Dented	<input type="checkbox"/> Broken	<input type="checkbox"/> Leaking	<input type="checkbox"/> Load Shift
------------------------------	----------------------------------	---------------------------------	---------------------------------	----------------------------------	-------------------------------------

Blocking and Bracing Yes No *Please take and provide pictures of blocking/bracing

Type	<input type="checkbox"/> Drop Down Load Filler	<input type="checkbox"/> Bulk-head Doors	<input type="checkbox"/> Dunnage	<input type="checkbox"/> Other (specify)
------	---	---	----------------------------------	--

Location of Damage

<input type="checkbox"/> Nose of Trailer	<input type="checkbox"/> Middle of Trailer	<input type="checkbox"/> Tail/Door of Trailer	<input type="checkbox"/> Throughout
--	--	---	-------------------------------------

Wet Damage Caused by Visible hole in the car Leaking at the seam(s)

Was product rejected by consignee? YES NO

Disposition

<input type="checkbox"/> Dumped	<input type="checkbox"/> Will Rework	<input type="checkbox"/> Will deliver as is to Consignee	<input type="checkbox"/> Need repack cartons Y/N -
---------------------------------	--------------------------------------	--	--

Shortage Origin Seal intact Yes No Seal number(s) _____

Did driver monitor unloading? YES NO

Truck/Trailer Accident? YES NO Truck/Trailer Stolen? YES NO

Overage Was product accepted by consignee Yes No
 If NO, please advise disposition. _____

Name and Phone Number of Consignee Contact: _____

COMMENTS: _____

Please provide all reports to claims@cornerstone-systems.com.