

**Boxcar – Reporting for Carrier**

Cornerstone Reference Number: \_\_\_\_\_ Date: \_\_\_\_\_

Car Number: \_\_\_\_\_ PO# \_\_\_\_\_

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

Reporting Party (Warehouse Name) \_\_\_\_\_

Contact Name and Phone Number of Reporting Party \_\_\_\_\_

Ultimate Consignee: \_\_\_\_\_ Delivery Date: \_\_\_\_\_

Commodity Description of Exception: \_\_\_\_\_

Packaging:  Cases     Kegs         Tray-packs     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
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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)
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**Location of Damage**

<input type="checkbox"/> A – End	<input type="checkbox"/> B – End	<input type="checkbox"/> Doorway	<input type="checkbox"/> Throughout
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Wet Damage Caused by     Visible hole in the car     Leaking at the seam(s)

**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 -
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Shortage    Origin Seal intact     Yes     No    Seal number \_\_\_\_\_

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

COMMENTS: \_\_\_\_\_

Was Damage Reported to Delivery Railroad?     YES     NO

Please provide all reports to [jhaley@cornerstone-systems.com](mailto:jhaley@cornerstone-systems.com) or by fax to 662-510-0558.