

# Cargo Crime Incident Report

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Carrier:	
Contact Name:	
Contact Information:	

## GENERAL THEFT DETAILS:

Type of Theft:	<input type="checkbox"/> CARGO <input type="checkbox"/> TRUCK <input type="checkbox"/> TRAILER
Date/Time of Theft:	
Location of Theft:	
Violence:	<input type="checkbox"/> NO <input type="checkbox"/> YES   DESCRIPTION:

## POLICE DEPARTMENT REPORTED TO:

Police Agency	Police Division	Report/Occurrence No.

## VEHICLE(S) DETAILS:

Vehicle(s)	Year	Make	Model	Colour	Decals	VIN/Chassis No./Plate No.

## CARGO DETAILS:

Product Description	Brand	No. of Pieces	Container Serial No. (any identifiable markings)

## INSURANCE COMPANY REPORTED TO:

Insurance Company	Claim Number	Additional Comments

## RECOVERY DETAILS:

Recovered Property:	<input type="checkbox"/> CARGO <input type="checkbox"/> TRUCK <input type="checkbox"/> TRAILER
Date/Time of Recovery:	
Location of Recovery:	
Recovered By:	

Information contained in this document is for the sole purpose of data collection. Whereas, the carrier, Canadian Trucking Alliance and the Insurance Bureau of Canada (IBC) do enter into an agreement to share information for the purposes of investigating motor vehicle theft and related offences, such as but not limited to conspiracy, fraud, and possession of stolen property. The information will be forwarded by secure email to an IBC analyst and subsequently forwarded to the named contact person from the respective Police Service. Any disclosure of information pursuant to this agreement shall be only for the stated purpose. There shall be no dissemination or disclosure of the information to any other agency, body or organization including but not limited to the media without prior approval