

# Cargo Theft Incident Report & Checklist

## Section 1: Basic Incident Information

Date of Incident	[MM/DD/YYYY]
Time of Incident	[HH:MM AM/PM]
Location of Incident	[Address / GPS Coordinates]
Type of Location	[Warehouse / Truck Stop / En Route / Other: ____ ]
Reported By	[Name, Title, Contact Info]
Date/Time Reported	[MM/DD/YYYY - HH:MM AM/PM]

## Section 2: Cargo Details

Description of Goods	[Type, Quantity, Brand, Serial Numbers if applicable]
Estimated Value	[\$ Amount]
Packaging Type	[Pallets, Crates, Boxes, Loose, etc.]
Markings/Labels	[Any Identifying Info]
Temperature Sensitive?	[Yes/No]

## Section 3: Vehicle and Driver Details

Vehicle Make/Model/Color	[Details]
License Plate Number	[Number + State]
Trailer Number / Container ID	[If applicable]
Driver Name	[Full Name]
Driver Contact Info	[Phone, Email]
Last Known Location of Vehicle	[Address or GPS]
Was GPS Active?	[Yes/No - Provide Data if Available]

## Section 4: Theft Details

How was the Theft Discovered?	[Describe how it was noticed]
Theft Method	[Hijacking / Break-In / Fraud / Other: ____ ]
Were There Witnesses?	[Yes/No - If yes, collect names + statements]
Was Law Enforcement Contacted?	[Yes/No]
Agency Notified	[Agency Name, Officer Name, Contact Info]
Police Report Number	[Report ID]

## Section 5: Evidence Collected

<input type="checkbox"/>	Surveillance Footage Secured
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[ ]	GPS Data Archived
[ ]	Photographs Taken
[ ]	Witness Statements Collected
[ ]	Locks/Bolts Examined
[ ]	Physical Evidence Preserved
[ ]	Driver's Statement Filed

### Section 6: Notifications & Follow-Up

Internal Point of Contact	[Name, Title, Contact Info]
Insurance Notified?	[Yes/No - Company Name & Claim Number]
Broker/Shipper Notified?	[Yes/No - Contact Name]
Other Stakeholders Notified?	[List Names & Roles]
Recovery Efforts Initiated?	[Describe Actions Taken]

### Section 7: Internal Review (For Office Use)

Was the Theft Preventable?	[Yes/No - Explain]
Were SOPs Followed?	[Yes/No - Explain]
Recommended Preventive Actions	[Policy, Tech, or Training Changes]
Incident Closed?	[Yes/No - If no, explain follow-up plan]

Form Completed By:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_