

REQUEST AND RELEASE FOR DATA IMAGING AND INCIDENT REPORTING SERVICES FORM

**Imaging Request Information
(All fields are required)**

Requestor Information <i>(The person requesting the data imaging)</i>		Truck Tractor Owner <i>(The person/ company the truck-tractor belongs to)</i>	
Contact:		Contact:	
Company:		Company:	
Address:		Address:	
Phone:		Phone:	
E-mail:		E-mail:	
Chassis Information: (All items mandatory)			
Model, 17 Digit VIN:			
Vehicle Mileage: <i>(If available)</i>		Date/ Time of Incident:	
Collision Detail:			

Contact a designated affiliate for forms

**Intended Report Recipients
(All reports are sent in PDF format with a digital signature)**

Recipient	Name	
	E-Mail Address	
	Phone Number	
Recipient	Name	
	E-Mail Address	
	Phone Number	
Recipient	Name	
	E-Mail Address	
	Phone Number	

EXCLUSION OF INCIDENTAL, CONSEQUENTIAL AND CERTAIN OTHER DAMAGES:

TO THE MAXIMUM EXTENT PERMITTED BY APPLICABLE LAW, IN NO EVENT SHALL MACK TRUCKS, INC., ITS SUBSIDIARIES, AFFILIATES, SUPPLIERS OR APPROVED SERVICE PROVIDER BE LIABLE FOR ANY SPECIAL, INCIDENTAL, INDIRECT, OR CONSEQUENTIAL DAMAGES WHATSOEVER (INCLUDING, BUT NOT LIMITED TO, DAMAGES FOR LOSS OF PROFITS OR CONFIDENTIAL OR OTHER INFORMATION, FOR BUSINESS INTERRUPTION, FOR PERSONAL INJURY, FOR LOSS OF PRIVACY, FOR FAILURE TO MEET ANY DUTY INCLUDING THOSE OF GOOD FAITH OR REASONABLE CARE, FOR NEGLIGENCE, OR FOR ANY OTHER PECUNIARY OR OTHER TYPE OF LOSS WHATSOEVER) ARISING OUT OF OR IN ANY WAY RELATED TO THE USE OF OR INABILITY TO USE THE RECONSTRUCTION PRODUCT, THE PROVISION OF OR FAILURE TO PROVIDE SUPPORT SERVICES, OR OTHERWISE UNDER OR IN CONNECTION WITH ANY PROVISION OF THIS AGREEMENT, EVEN IN THE EVENT OF THE FAULT, TORT (INCLUDING NEGLIGENCE), STRICT LIABILITY, BREACH OF CONTRACT OR BREACH OF WARRANTY OF MACK TRUCKS, INC. OR ANY SUBSIDIARY, AFFILIATE, OR SUPPLIER, AND EVEN IF MACK TRUCKS, INC. OR ANY SUCH SUBSIDIARY, AFFILIATE, SUPPLIER OR APPROVED SERVICE PROVIDER HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

Requestor Signature: _____ Date: _____

Tractor Owner Signature: _____ Date: _____

APPROVED SERVICE PROVIDER:



9401-D Southern Pine Blvd, Charlotte, NC 28273
704-525-5700, 704-525-5888 (fax)
Attention: Timothy M Cheek, P.E.
Updated January 2017

CHAIN OF CUSTODY FORM

CHASSIS INFORMATION			
Model, 17 Digit VIN:			
Vehicle Mileage (if available)		Date/ Time of Incident:	
Collision Details:			

Contact a designated affiliate for forms

To track the location and actions performed with the modules while out of your possession.

DATE	NAME	LOCATION	ACTION PERFORMED	SIGNATURE

APPROVED SERVICE PROVIDER OF MACK TRUCKS INC:



9401-D Southern Pine Blvd, Charlotte, NC 28273
704-525-5700, 704-525-5888 (fax)
Attention: Timothy M Cheek, P.E.
Updated January 2017