

Heavy Truck/Tractor Identification & Equipment Report

Adjuster _____ Our Loss Number: _____

Vehicle Owner _____ Address _____ Phone _____

City _____ State _____ Zip Code _____ Policy No. _____

Location of Inspection _____ Date Received _____ Date Appraised _____

1. Unit Identification	Year	Make	Model	Date Mfg.	Serial No.	Mileage	License No.	State
	Hours	Hubometer	ICC No.	Unit No.	Glider Kit <input type="checkbox"/> Yes <input type="checkbox"/> No	Kit Date	Kit Serial No.	

2. Cab	<input type="checkbox"/> Cab Over <input type="checkbox"/> Straight <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Conventional <input type="checkbox"/> Sleeper <input type="checkbox"/> Aluminum <input type="checkbox"/> Combination <input type="checkbox"/> Other		Paint Condition		Color:		
	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor		Hood		Interior Condition		Interior
	<input type="checkbox"/> Fiberglass <input type="checkbox"/> Single <input type="checkbox"/> Manual <input type="checkbox"/> Aluminum <input type="checkbox"/> Single & Jump <input type="checkbox"/> Air		<input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Poor		<input type="checkbox"/> Standard <input type="checkbox"/> Deluxe <input type="checkbox"/> Classic		
	Special Paint <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____		<input type="checkbox"/> 2 Tone <input type="checkbox"/> Lettering <input type="checkbox"/> Yes <input type="checkbox"/> No		Cab or Sleeper Length _____		
Radio <input type="checkbox"/> AM <input type="checkbox"/> AM-FM <input type="checkbox"/> CASS <input type="checkbox"/> CD <input type="checkbox"/> CB		<input type="checkbox"/> A/C <input type="checkbox"/> Roof Air Deflector <input type="checkbox"/> Full Aero Dynamic Package		<input type="checkbox"/> Side Fairings			
Special Equipment							

3. Power Train	Engine	Model	H.P.	<input type="checkbox"/> Gas <input type="checkbox"/> Four <input type="checkbox"/> Eight <input type="checkbox"/> Engine Brake	Hot Shut Down		
			<input type="checkbox"/> Diesel <input type="checkbox"/> Six <input type="checkbox"/> V <input type="checkbox"/> Turbo			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Did Engine Run After Upset? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
	Transmission Make		Model	Speeds	Auxiliary Transmission		PTO _____
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Rear Axle Make		Model	Number Speeds	<input type="checkbox"/> Single <input type="checkbox"/> Twin Screw	<input type="checkbox"/> Tag		
				<input type="checkbox"/> Tandem <input type="checkbox"/> Tri	<input type="checkbox"/> Pusher		

4. Frame	<input type="checkbox"/> Steel <input type="checkbox"/> Heat Treated <input type="checkbox"/> Aluminum <input type="checkbox"/> Magnesium <input type="checkbox"/> Extended <input type="checkbox"/> Reinforced <input type="checkbox"/> Standard Length	Wheel base in inches _____
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5. Fifth Wheel	Make _____ Model _____	<input type="checkbox"/> Fixed <input type="checkbox"/> Sliding <input type="checkbox"/> Manual <input type="checkbox"/> Air
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6. Fuel Tanks	Make _____ Number _____ Capacity _____	<input type="checkbox"/> Steel <input type="checkbox"/> Painted <input type="checkbox"/> Step <input type="checkbox"/> Aluminum <input type="checkbox"/> Polished <input type="checkbox"/> Saddle
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7. Suspension	Front Axle Capacity _____	Steering <input type="checkbox"/> Man. <input type="checkbox"/> Power	Brakes <input type="checkbox"/> Hydraulic <input type="checkbox"/> Air <input type="checkbox"/> Power Assist <input type="checkbox"/> DOT 121 <input type="checkbox"/> Air brake dryer				
	Rear Suspension Wt. Capacity _____	Rear Suspension <input type="checkbox"/> Air Bag <input type="checkbox"/> Air Leaf <input type="checkbox"/> Hendrickson <input type="checkbox"/> Spring <input type="checkbox"/> Torsion <input type="checkbox"/> Other					

8. Wheels	Front	<input type="checkbox"/> Disc <input type="checkbox"/> Steel <input type="checkbox"/> Polished <input type="checkbox"/> Painted <input type="checkbox"/> Spoke <input type="checkbox"/> Aluminum <input type="checkbox"/> Chrome
	Rear Outer	<input type="checkbox"/> Disc <input type="checkbox"/> Steel <input type="checkbox"/> Polished <input type="checkbox"/> Painted <input type="checkbox"/> Spoke <input type="checkbox"/> Aluminum <input type="checkbox"/> Chrome
	Rear Inner	<input type="checkbox"/> Disc <input type="checkbox"/> Steel <input type="checkbox"/> Polished <input type="checkbox"/> Painted <input type="checkbox"/> Spoke <input type="checkbox"/> Aluminum <input type="checkbox"/> Chrome

9. Tires	Tire	Make & Size	/32	Highway	Traction	Recap	Bias	Radial	Damaged	Tire	Make & Size	/32	Highway	Traction	Recap	Bias	Radial	Damaged	
	LF									RF									
	LRFO									RRFO									
	LRFI									RRFI									
	LRRO									RRRO									
	LRRI									RRRI									

10. Exhaust	<input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Undercab <input type="checkbox"/> Vertical <input type="checkbox"/> Straight Pipe <input type="checkbox"/> Mufflers <input type="checkbox"/> Steel <input type="checkbox"/> Chrome
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Comments & Additional Equipment	
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Appraiser _____

Unit Description	Year	Make	Model	Date Mfg.	Serial No.	Mileage	License No.	State
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	Guide Book Value + or -	
	Wholesale	Retail
A. Basic Book Value		
B.		
C.		
D.		
E.		
F.		
G.		
H.		
I.		
Guide Book Total:		

Recondition + or -		
Item	Description	Cost
	Total Reconditioning:	

Guide Book Value + or - Reconditioning _____

Guide Book Value Total _____

Market Survey				
1.	Name	Address	Phone	Quote
2.				
3.				

Market Value Range _____
 Appraiser's suggested ACV _____
 Comments:

SALVAGE: Unit at _____

Wrecker charges _____ Storage per day \$ _____ From _____

Salvage bids by phone Yes No

1.	Name	Address	Phone	Quote
2.				
3.				

Appraiser's suggested opinion of salvage value _____

This unit could possibly produce higher salvage recovery in other areas, explain _____

Appraisal amount _____ Recommend repair Yes No

Explain _____

Recommend total Yes No
 Comments:

Appraiser _____