



Vehicle Summary Report

Claim# _____ Location Name _____ Inspection Date _____

Vehicle Condition

Keys Available? Yes No

Does The Vehicle Start? Yes No

Reason _____

Doors Unlocked? Yes No

Drivable? Yes No

Reason _____

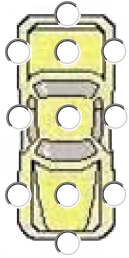
Vehicle Damage

Primary POI

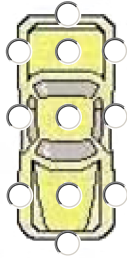
Secondary POI

Overall Vehicle Condition

Damages



Front



Front

Repairable Total Loss

Current Condition _____

NADA _____

Collision

Fire

Flood

Hail

Mechanical

Vandalism

None

Flood Damage Within The Interior?

Yes No

Did Water Enter The Engine?

Yes No

Towing & Storage

Towing _____ Storage Per Day _____ Collecting Since _____ Total Storage _____ Total _____

Comments

Large empty box for handwritten or typed comments.



APPRAISAL COMPANY

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