



ORTT- HEAVY TRUCK APPRAISER REPORT

INSURANCE COMPANY: \_\_\_\_\_ CLAIM#: \_\_\_\_\_ FILE#: \_\_\_\_\_

OWNER: (Name & Address) \_\_\_\_\_

DATES: LOSS: \_\_\_\_\_ ASSIGNMENT: \_\_\_\_\_ INSPECTION: \_\_\_\_\_ COMPLETION: \_\_\_\_\_

YEAR: \_\_\_\_\_ Prod. Date: \_\_\_\_\_ FRONT WHEELS: (Type) \_\_\_\_\_

MAKE: \_\_\_\_\_ REAR WHEELS: (Type) \_\_\_\_\_

MODEL: \_\_\_\_\_ TIRES: (Make & Type) \_\_\_\_\_

VIN: \_\_\_\_\_ SIZE: \_\_\_\_\_ NEW (MATCHED SET)

UNIT#: \_\_\_\_\_ MILEAGE: \_\_\_\_\_ TREAD DEPTH: (32) LF \_\_\_\_\_ RF \_\_\_\_\_

CAB TYPE: \_\_\_\_\_ BBC: \_\_\_\_\_ (in. ) LRFO \_\_\_\_\_ LRFI \_\_\_\_\_ RRFI \_\_\_\_\_ RRFO \_\_\_\_\_

WHEEL POWER: \_\_\_\_\_ WB: \_\_\_\_\_ (in.) LRRO \_\_\_\_\_ LRRI \_\_\_\_\_ RRRI \_\_\_\_\_ RRRO \_\_\_\_\_

LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_ FUEL TANKS: # \_\_\_\_\_ TYPE: \_\_\_\_\_ SIZE: \_\_\_\_\_

SLEEPER: (Make&Type) \_\_\_\_\_ FIFTH WHEEL: (Type) \_\_\_\_\_

SIZE: \_\_\_\_\_ (in.) Options: \_\_\_\_\_ A/C  A/M F/M  Cassette  CD  CB

ENGINE: (Make) \_\_\_\_\_ HP: \_\_\_\_\_ Wind Deflector  Aero Dynamic (cab-sides)

MODEL: \_\_\_\_\_ SERIAL: \_\_\_\_\_ AIR DRYER:  CRUISE:  ABS:  PS:

PROD DATE: \_\_\_\_\_ Hrs: \_\_\_\_\_ JAKE BRAKE:  WETLINE/PTO:

SHUTDOWN:  OVERHAUL  ADDITIONAL OPTIONS/ BODY: \_\_\_\_\_

OVERHAUL (Type & Date) \_\_\_\_\_

TRANSMISSION: (Make) \_\_\_\_\_

MODEL: \_\_\_\_\_ #SPEEDS: \_\_\_\_\_

SERIAL#: \_\_\_\_\_

FRONT AXLE: (GAWR) \_\_\_\_\_ Lbs

SUSPENSION: (Type) \_\_\_\_\_

REAR AXLE(S) (GAWR) \_\_\_\_\_ Lbs Repairable Unit  Total Loss

MAKE & MODEL \_\_\_\_\_

SUSPENSION: (Type) \_\_\_\_\_ ACV\$ \_\_\_\_\_ Salvage Value\$ \_\_\_\_\_

INSPECTION COMMENTS and DETAILS

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APPRAISER NAME: \_\_\_\_\_