

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	Paint Condition	Color:		
	<input type="checkbox"/> Conventional	<input type="checkbox"/> Sleeper	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Combination	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
	Hood <input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum	Seat Make <input type="checkbox"/> Single <input type="checkbox"/> Single & Jump	<input type="checkbox"/> Manual <input type="checkbox"/> Air	Interior Condition <input type="checkbox"/> Excellent <input type="checkbox"/> Good	<input type="checkbox"/> Average <input type="checkbox"/> Poor	Interior <input type="checkbox"/> Standard <input type="checkbox"/> Classic	<input type="checkbox"/> Deluxe	
	Special Paint <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe	<input type="checkbox"/> 2 Tone	Lettering <input type="checkbox"/> Yes <input type="checkbox"/> No	Cab or Sleeper Length _____			

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"/> APU – Aux.
				<input type="checkbox"/> Diesel	<input type="checkbox"/> Six	<input type="checkbox"/> V	<input type="checkbox"/> Turbo	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Power Unit
	Did Engine Run After Upset? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Oil Level _____	Coolant Level _____						
	Transmission Make	Model	Speeds	Auxiliary Transmission <input type="checkbox"/> Yes <input type="checkbox"/> No	PTO _____				

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

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"/> Disc <input type="checkbox"/> ABS
	Rear Suspension Wt. Capacity _____	Rear Suspension <input type="checkbox"/> Air Bag <input type="checkbox"/> Air Leaf <input type="checkbox"/> Vocational <input type="checkbox"/> Spring <input type="checkbox"/> Other	

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

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	For Truck Bodies and Equipment, use F20-976
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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			
Name	Address	Phone	Quote
1.			
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

Name	Address	Phone	Quote
1.			
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 _____