



SCA Heavy Equipment Capture Report

- Initial Inspection
 Supplement

Vehicle Owner _____ SCA File # _____ Claim Number _____ Insured: _____
 Claimant: _____ Ins. Company _____ Policy _____

Location of Vehicle	Advance Charges	Cause of Damage		Vehicle Status
<input type="checkbox"/> Repair Facility	Towing: \$ _____	<input type="checkbox"/> Collision	<input type="checkbox"/> Theft	Drivable: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Towing Facility		<input type="checkbox"/> Fire	<input type="checkbox"/> Vandalism	Date of Inspection: _____
<input type="checkbox"/> Place of Business	Storage: \$ _____	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Animal	<input type="checkbox"/> Before repair
<input type="checkbox"/> Drive By		<input type="checkbox"/> Hail	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> During Repair
<input type="checkbox"/> Residence	Other: \$ _____	<input type="checkbox"/> Submersion	<input type="checkbox"/> Other	<input type="checkbox"/> After Repair
<input type="checkbox"/> Other		<input type="checkbox"/> Overturn (explain below)		

Vehicle Modified Yes No Vehicle Disassembled Yes No Hot Shutdown (explain below) Yes No

Comments:

Inspection Activity

Agreed Repair Figure Established	Yes <input type="checkbox"/> No <input type="checkbox"/>	Betterment - Depreciation involved	Yes <input type="checkbox"/> No <input type="checkbox"/>
Repair Facility Supplied with Estimate	Yes <input type="checkbox"/> No <input type="checkbox"/>	Appearance Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/>
Owner Supplied with Estimate	Yes <input type="checkbox"/> No <input type="checkbox"/>	Estimate in Excess of Shop	Yes <input type="checkbox"/> No <input type="checkbox"/>
Repair Facility Owner's Choice	Yes <input type="checkbox"/> No <input type="checkbox"/>	Repair Facility Estimate Amount: \$ _____	

Comments:

Value Comparison

Estimate Amount: \$ _____ Approx Retail ACV: \$ _____ Source _____ Date _____
 Additional Damage? Yes No Amount \$ _____ Unrelated Damage? Yes No Amount \$ _____

Comments:

Repair Options

Aftermarket Parts Used? Yes No Supplier _____

LKQ Parts Used? Yes No Supplier _____

Betterment Applied? (explain below) Yes No

Comments:

Salvage Disposition:

Towing:

Downtime:

Recommendations:

Appraiser: _____

Date: _____

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Year: _____ Manufacturer _____ Model No. _____ Vehicle Type _____ State _____

License _____ VIN Number _____ Odometer/Hours Reads: _____

Color _____ Cab Type _____ Drive Type _____ Engine Make/Model _____ Fuel _____

Horsepower _____ Transmission Type _____ # Gears Forward _____ # Gears Reverse _____

Equipment	Excavator	Crawler/Dozer	Forklift	Crane
<input type="checkbox"/> Power Steering <input type="checkbox"/> Tilt/Telescope Wheel <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Heater <input type="checkbox"/> Insulation Package <input type="checkbox"/> Windows <input type="checkbox"/> Glass <input type="checkbox"/> Other <input type="checkbox"/> Suspension Seat <input type="checkbox"/> AM/FM Stereo <input type="checkbox"/> Cassette <input type="checkbox"/> CD <input type="checkbox"/> Roll-Over Protection <input type="checkbox"/> Out Riggers <input type="checkbox"/> Wet Kit <input type="checkbox"/> PTO	<input type="checkbox"/> Bucket Size _____ Inches _____ Yards <input type="checkbox"/> Undercarriage _____ % Remaining <input type="checkbox"/> Extended Boom <input type="checkbox"/> Third Boom <input type="checkbox"/> Thumb Backhoe <input type="checkbox"/> Front Loader Size _____ Inches _____ Yards <input type="checkbox"/> Rear Bucket Size _____ Inches <input type="checkbox"/> Aux. Hydraulics <input type="checkbox"/> Extend - A - Hoe <input type="checkbox"/> Outriggers <input type="checkbox"/> Working Lights <input type="checkbox"/> Quick Coupler	<input type="checkbox"/> Front Blade Size _____ Yards <input type="checkbox"/> 6 Way Blade <input type="checkbox"/> Rear Ripper _____ # of Teeth <input type="checkbox"/> Pad Width _____ Inches <input type="checkbox"/> Undercarriage _____ % Remaining Skid Steer <input type="checkbox"/> Front Loader Size _____ Inches _____ Yards <input type="checkbox"/> Other Attachments _____ _____ _____ <input type="checkbox"/> Aux. Hydraulics <input type="checkbox"/> Hand Controls <input type="checkbox"/> Foot Controls <input type="checkbox"/> Back-up Alarm	Capacity _____ Lbs. # of Stages _____ <input type="checkbox"/> Side Shift <input type="checkbox"/> Lift Range _____ Ft. <input type="checkbox"/> Ram Lift <input type="checkbox"/> Chain Lift <input type="checkbox"/> Towable <input type="checkbox"/> Yes <input type="checkbox"/> No Farm Tractor <input type="checkbox"/> Dual Rear Wheels <input type="checkbox"/> Front Loader <input type="checkbox"/> Rear Attachments <input type="checkbox"/> PTO <input type="checkbox"/> 3-Point Hitch Combines Type: <input type="checkbox"/> Corn <input type="checkbox"/> Wheat <input type="checkbox"/> Rice Header Size _____ <input type="checkbox"/> Dual Front Wheels	Capacity _____ Lbs. Maximum Extension Boom _____ Ft. Jib _____ Ft. <input type="checkbox"/> Regular Terrain <input type="checkbox"/> Rough Terrain <input type="checkbox"/> Trailer Mounted <input type="checkbox"/> Self Propelled Tires/Tracks <input type="checkbox"/> Pneumatic Tires <input type="checkbox"/> Solid Tires <input type="checkbox"/> Steel Tracks <input type="checkbox"/> Rubber Tracks <input type="checkbox"/> Tracks over Wheels

Condition Ratings

- Above Average
- Average
- Below Average

Additional Comments
