

COMMERCIAL VEHICLE DESCRIPTION REPORT

LIGHT / MEDIUM / HEAVY DUTY

Mitchell Total Loss Service Center: (800)710-2450 | Fax: (858) 530-8904 | Email: tlv.efax@mitchell.com

Carrier Name:	Claim-Suffix ID:	Deductible:	Loss Date:
License Plate:	Insured/Claimant Name:	Insured/Claimant Phone:	Loss Type:
VIN:	Year:	Make:	Model:
Odometer Reading:	Ext. Color:	Engine: Make Model HP	Transmission: Make: # of Gears (Speed):
Vehicle Type: <input type="checkbox"/> Flat Bed <input type="checkbox"/> Stake Bed <input type="checkbox"/> Service Utility <input type="checkbox"/> Tow Truck <input type="checkbox"/> Dump <input type="checkbox"/> Other:			
Location of Vehicle (Zip Code):		Inspected By:	Date:

OPTIONS AND EQUIPMENT:

<p>INTERIOR</p> <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Alarm Audio - <input type="checkbox"/> MP3/CD Player <input type="checkbox"/> Cassette <input type="checkbox"/> CD Changer <input type="checkbox"/> CB Radio Navigation <input type="checkbox"/> In Dash <input type="checkbox"/> GPS (Portable) <input type="checkbox"/> Power Windows <input type="checkbox"/> Power Locks <input type="checkbox"/> Cruise Control <input type="checkbox"/> Premium Level Interior <input type="checkbox"/> Tilt Steering <p>EXTERIOR</p> <input type="checkbox"/> Aero Package (Roof, Sides, Full Chassis) <input type="checkbox"/> Roof Fairing Only <input type="checkbox"/> Side Fairings Only <input type="checkbox"/> Chrome Bumper <input type="checkbox"/> Front Spoiler/Sun Visor <input type="checkbox"/> Cab Extenders Rear Fenders - <input type="checkbox"/> ¼ <input type="checkbox"/> ½ <input type="checkbox"/> Full Paint - <input type="checkbox"/> Two Tone <input type="checkbox"/> Custom Graphics <input type="checkbox"/> Custom <input type="checkbox"/> New / Install Date: _____ Aluminum Wheels - <input type="checkbox"/> Front <input type="checkbox"/> Outside Rear <input type="checkbox"/> Inside Rear <input type="checkbox"/> Tag Axle Wheel(s) - <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <p>SUSPENSION TYPE</p> <input type="checkbox"/> Air <input type="checkbox"/> Spring <p>SLEEPER TYPE</p> <input type="checkbox"/> Flat Top <input type="checkbox"/> Condo <input type="checkbox"/> Penthouse <input type="checkbox"/> Double Bunk Size _____ (Inches)	<p>BED TYPE/CONSTRUCTION</p> <input type="checkbox"/> Flat Bed Type <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Wood Length _____ (Feet) <input type="checkbox"/> Stake Bed Length _____ (Feet) <input type="checkbox"/> Skirted Flat Bed (Hauler) Length _____ (Feet) <input type="checkbox"/> Utility Bed Length _____ (Feet) <input type="checkbox"/> Enclosed Utility Bed (KUV) Length _____ (Feet) <input type="checkbox"/> Dump Bed Type <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Stake <input type="checkbox"/> Wood <input type="checkbox"/> Flat Bed <input type="checkbox"/> Chipper <input type="checkbox"/> Grain Length _____ (Feet) <input type="checkbox"/> Tow Truck Bed <input type="checkbox"/> Roll Back <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Wrecker Length _____ (Feet) <input type="checkbox"/> Dry Box / High Cube Length _____ (Feet) <input type="checkbox"/> Side Door <input type="checkbox"/> Roll Up Rear Door <input type="checkbox"/> Swing Doors <input type="checkbox"/> Refrigerated Box Length _____ (Feet) <input type="checkbox"/> Side Door <input type="checkbox"/> Roll Up Rear Door <input type="checkbox"/> Swing Doors	<p>BED TYPE/CONSTRUCTION</p> Tank <input type="checkbox"/> Septic <input type="checkbox"/> Water Size _____ (Gallons) <p>MISCELLANEOUS</p> <input type="checkbox"/> Fifth Wheel Slide <input type="checkbox"/> Air <input type="checkbox"/> Manual <input type="checkbox"/> Gooseneck Hitch <input type="checkbox"/> Fifth Wheel Hitch <input type="checkbox"/> Tow Hitch Receiver <input type="checkbox"/> Wet Line Kit / PTO <input type="checkbox"/> Engine Brake <input type="checkbox"/> Exhaust Brake <input type="checkbox"/> Dual Chrome/Stainless Exhaust <input type="checkbox"/> Dual Chrome/Stainless Air Cleaners <input type="checkbox"/> Window Tint <input type="checkbox"/> Power Steering <input type="checkbox"/> Lift Gate Capacity _____ (Pounds) <input type="checkbox"/> Headache Rack <input type="checkbox"/> Wheel Lift <input type="checkbox"/> Walk Through (Bulkhead Partition) <input type="checkbox"/> Tool Boxes Quantity _____ <input type="checkbox"/> Commercial Roof Rack <input type="checkbox"/> Nose Cone <input type="checkbox"/> Pull-out Ramp <input type="checkbox"/> Air Ride Cab <input type="checkbox"/> Service Light/Light Bar <input type="checkbox"/> Rotating Light <input type="checkbox"/> Air Horn <input type="checkbox"/> Winch Capacity _____ (Pounds) <input type="checkbox"/> E-Track Length _____ (Feet) <input type="checkbox"/> Generator: Manufacture: _____ Size _____ <input type="checkbox"/> Air Compressor: Manufacture: _____ Size _____ <input type="checkbox"/> Welder: Manufacture: _____ Size _____ <input type="checkbox"/> Crane: Manufacture: _____ Size _____
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VEHICLE CONDITION: 5 – Excellent 4 – Very good 3 – Good 2 – Fair 1 – Poor U – Unknown

CAB INTERIOR		Comments
Seats	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	
Carpets	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	
Dash	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	
Glass	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	
Headliner	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	
CAB EXTERIOR		
Body	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	
Paint	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	
BED INTERIOR		
Deck	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	
Walls	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	
BED EXTERIOR		
Body	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	
Paint	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	
MECHANICAL		
Engine	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	
Transmission	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	
TIRES		
Front	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	
Rear	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	

AFTER-MARKET INSTALLED PARTS, REFURBISHMENTS AND PRIOR DAMAGE:

COMMENTS: