

Motorcycle Description Report

Questions? Contact the Mitchell Service Bureau: (800) 710-2451 Fax: (858) 530-8904 Email: tlsupport@mitchell.com



Carrier Name:		Claim-Suffix ID:		Claimant Phone:		Loss Date:	
License Plate:		Insured Name:		Insured Phone:		Loss Type:	
VIN:		Year:	Make:	Model:	Sub-model:		
Milage:	Body Style:	Ext. Color:	Engine:	Transmission:	Drive Train:		
Location of the Vehicle:			Zip Code:	Inspected By:	Date:		

AFTERMARKET OPTIONS AND EQUIPMENT:

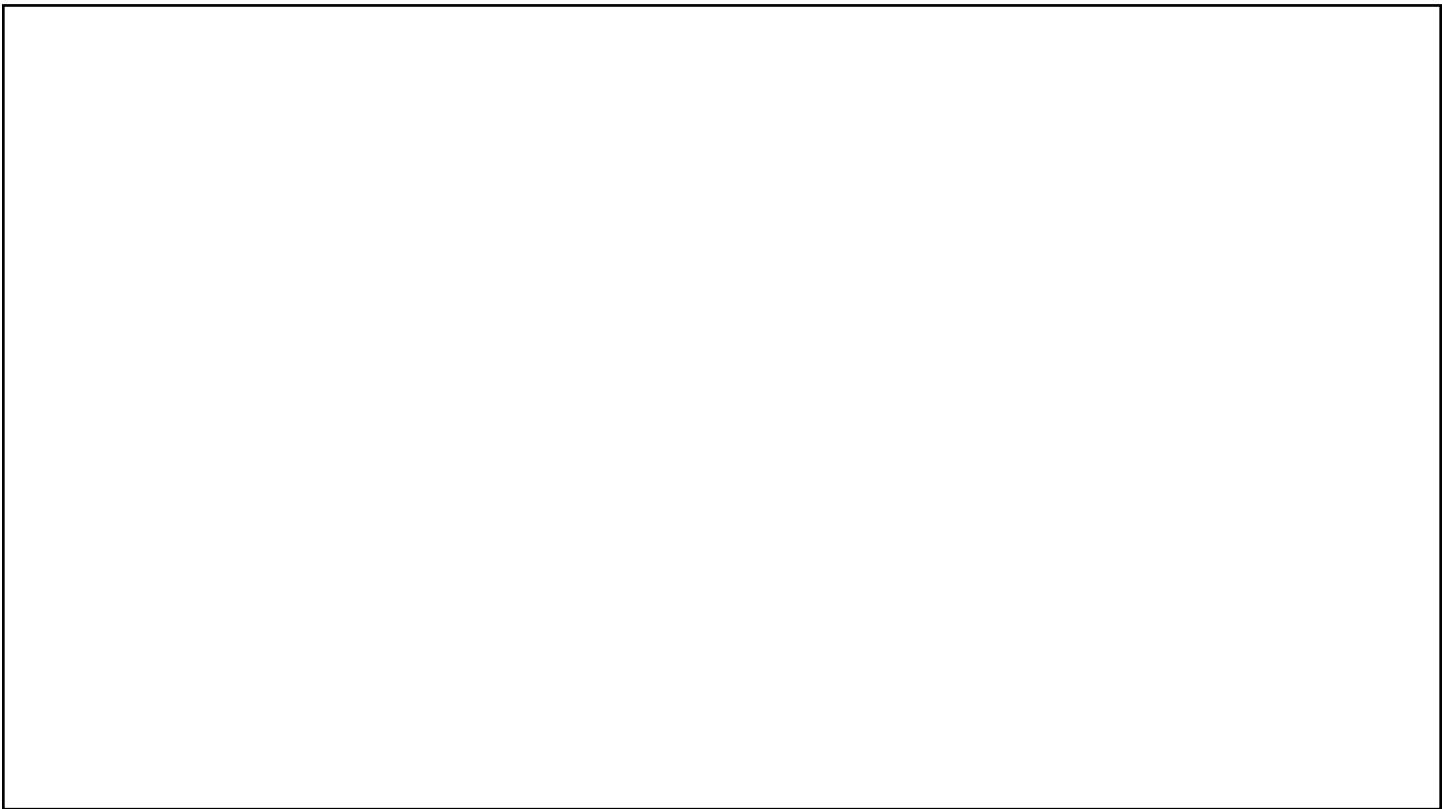
EQUIPMENT	<input type="checkbox"/> Audio - CD Remote changer	<input type="checkbox"/> Fairing / Windshield	<input type="checkbox"/> Performance Tires
<input type="checkbox"/> Alarm	<input type="checkbox"/> Audio - Intercom	<input type="checkbox"/> Fog Lights	<input type="checkbox"/> Saddle Bags
<input type="checkbox"/> Back Rest	<input type="checkbox"/> Cruise Control	<input type="checkbox"/> Forward Foot Controls	<input type="checkbox"/> Seat(s)
<input type="checkbox"/> Audio - CB Radio	<input type="checkbox"/> Engine Guards / Sliders	<input type="checkbox"/> Luggage Rack / Tour Pack	<input type="checkbox"/> Trailer Hitch
<input type="checkbox"/> Audio - AM/FM Radio	<input type="checkbox"/> Exhaust - Headers	<input type="checkbox"/> Oil Cooler	<input type="checkbox"/> Wheels
<input type="checkbox"/> Audio - AM/FM CD	<input type="checkbox"/> Exhaust - Muffler(s)	<input type="checkbox"/> Paint (describe in comments)	

VEHICLE CONDITION:

5 - Excellent 4 - Very good 3 - Good 2 - Fair 1 - Poor U - Unknown

BODY		COMMENTS
ENGINE GUARDS/SLIDERS	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	
FAIRING/WINDSHIELD	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	
HAND CONTROLS/HANDLEBARS	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	
LUGGAGE RACK/TOUR PACK	<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 (describe in comments)	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	
SADDLE BAGS	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	
SEAT(S)	<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		
DRIVE BELT/CHAIN AND SPROCKETS	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	
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	
HEADERS	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	
MUFFLER(S)	<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 AND WHEELS		
FRONT TIRE	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	
FRONT WHEEL	<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 TIRE	<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 WHEEL	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	

OTHER AFTER-MARKET PARTS NOT LISTED, REFURBISHMENTS/PRIOR DAMAGE:
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COMMENTS:

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