

# Recreational Vehicle Description Report

Questions? Contact the Mitchell Service Bureau: (800) 710-2451 Fax: (858) 530-8904 Email: [tlsupport@mitchell.com](mailto: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:		
Mileage:	Length:	Ext. Color:	Engine:	Engine Size:			
Chassis Mfg:			Transmission:		No. of Axles		
Location of the Vehicle:			Zip Code:		Inspected By:		Date:

## OPTIONS AND EQUIPMENT:

<p><b>SAFETY</b></p> <input type="checkbox"/> Airbag - Front <input type="checkbox"/> Airbag - Side	<input type="checkbox"/> Fog Lights <input type="checkbox"/> Grille Guards <input type="checkbox"/> Heated Mirror <input type="checkbox"/> Heated Seats <input type="checkbox"/> Heavy Duty Cooling <input type="checkbox"/> Hood Air Scoop <input type="checkbox"/> Leather Seats <input type="checkbox"/> Manual Remote Mirror <input type="checkbox"/> Roll Bar <input type="checkbox"/> Running Boards <input type="checkbox"/> Skid Plate <input type="checkbox"/> Special Paint/Trim <input type="checkbox"/> Special Seats/Interior <input type="checkbox"/> Telescopic Wheel <input type="checkbox"/> Tilt Steering Wheel <input type="checkbox"/> Trailer Towing Package <input type="checkbox"/> Winch	<input type="checkbox"/> Remote Mirror <input type="checkbox"/> Steering <input type="checkbox"/> Windows <b>GENERAL</b> <input type="checkbox"/> Air Leveling System <input type="checkbox"/> Dual Leveling System <input type="checkbox"/> Hydraulic Leveling System <input type="checkbox"/> Power Hitch Jack <input type="checkbox"/> Power Leveling Jacks <input type="checkbox"/> Stabilizer Jacks <b>GENERATORS</b> <input type="checkbox"/> 2-8 KW Gas <input type="checkbox"/> 6-8 KW Diesel <b>APPLIANCES</b> <input type="checkbox"/> Central Vacuum Cleaner <input type="checkbox"/> Dishwasher <input type="checkbox"/> Gas Grille Cook Top <input type="checkbox"/> Microwave/Convection Combo <input type="checkbox"/> Water Heater # of Gal. _____	<input type="checkbox"/> Exhaust Brake <b>ENTERTAINMENT</b> <input type="checkbox"/> DVD <input type="checkbox"/> Satellite Sys. <input type="checkbox"/> TV - #_____, Type_____ <input type="checkbox"/> VCR/VCP <b>MISCELLANEOUS</b> <input type="checkbox"/> Auxiliary Battery <input type="checkbox"/> Awning - Electric <input type="checkbox"/> Awning - Manual <input type="checkbox"/> Ceiling Fan <input type="checkbox"/> Electric Step <input type="checkbox"/> Inverter <input type="checkbox"/> Manual Slide-Out <input type="checkbox"/> Power Roof Vent <input type="checkbox"/> Power Slide-Out <input type="checkbox"/> Rear Vision Camera/Monitor <input type="checkbox"/> Slide-Out Tray <b>ROOF</b> <input type="checkbox"/> Hard Top <input type="checkbox"/> Luggage Rack <input type="checkbox"/> Overhead Console <input type="checkbox"/> Special Roof
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**TYPE:**     Class - A                       Class - C                       Fifth Wheel Trailer                       Tent Trailer  
 Toy Box                       Class - B                       Conversion Van                       Travel Trailer  
 Other \_\_\_\_\_

## VEHICLE CONDITION:

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

EXTERIOR		COMMENTS
EXTERIOR 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	
MIRRORS	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	
INTERIOR		
CABIN/WOODWORK	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	
CARPET/FLOORS	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	
SINK/COUNTERTOPS	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> U	

FURNITURE	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> U	
BATHROOM	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> U	
REFRIGERATOR	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> U	
STOVE	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> U	
WASHER/DRYER	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> U	
TV	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> U	
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	
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	
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	
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	
MECHANICAL							
MOTOR	<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	
GENERATOR	<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	
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:**