

Utility Trailer 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:		
Ext. Color:	Length:		Width:		Height:		
Gross Weight:			Weight Capacity:		Axles		
Location of the Vehicle:			Zip Code:		Inspected By:		Date:

OPTIONS AND EQUIPMENT:

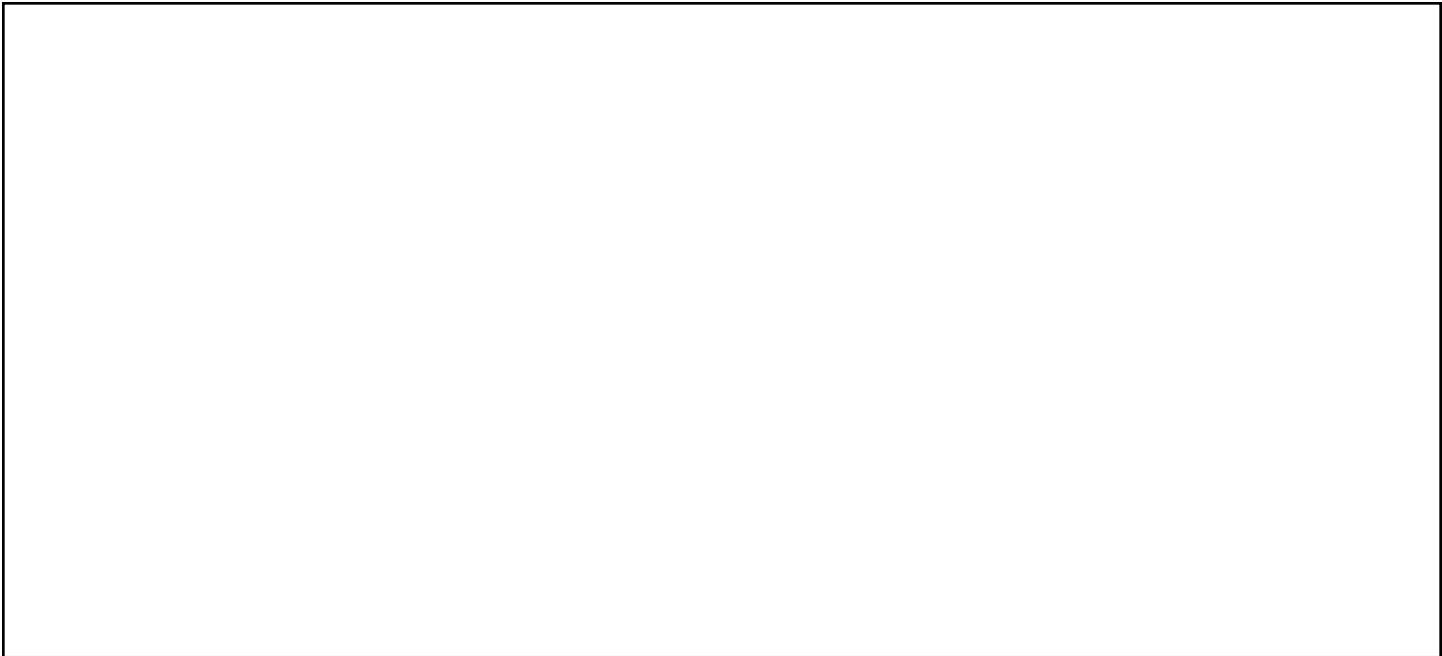
<p>SAFETY</p> <input type="checkbox"/> Car Hauler <input type="checkbox"/> Dry Van Dump <input type="checkbox"/> Flat Bed <input type="checkbox"/> Furniture <input type="checkbox"/> Landscape <input type="checkbox"/> Low Boy <input type="checkbox"/> Refrigerated Van Tank <input type="checkbox"/> Utility <input type="checkbox"/> Other _____	<p>CONSTRUCTION</p> Exterior: _____ Sides: _____ Interior Lining: _____	<p>WHEELS</p> <input type="checkbox"/> Aluminum <input type="checkbox"/> Spoke <input type="checkbox"/> Steel <input type="checkbox"/> Chrome	<p>MISCELLANEOUS</p> <input type="checkbox"/> Air Suspension <input type="checkbox"/> Brakes Surge/Electric <input type="checkbox"/> Detachable Ramp <input type="checkbox"/> Electronic Hook Ups <input type="checkbox"/> Fenders <input type="checkbox"/> Fold Up Ramp <input type="checkbox"/> Interior Lighting <input type="checkbox"/> Pull Out Ramp <input type="checkbox"/> Roll-Up Rear Door <input type="checkbox"/> Shelving
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VEHICLE CONDITION:

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

INTERIOR							COMMENTS
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	
ROOF	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> U	
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	
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:

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