



## Scope and Photo Assignment Field Worksheet

**Field inspector:** Print this worksheet and fill it out at the vehicle or fill it out electronically on a mobile device at the vehicle.

### Med. & Heavy Truck/Tractor/Bus

**Includes; Semi, Box Truck, Cement Mixer, Refuse, Dump, Tanker, High Cube, Reefer, Flat and Bus.**

Date Inspected: \_\_\_\_\_ SCA File # \_\_\_\_\_ Appraisers Name & Cell \_\_\_\_\_  
 Vehicle Owner Name: \_\_\_\_\_ Vehicle Owner Email: \_\_\_\_\_  
 Vehicle Owner Cell: \_\_\_\_\_ Was Owner Present for Inspection?: \_\_\_ YES \_\_\_ NO  
 Inspection Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
 VIN: \_\_\_\_\_ License Plate: \_\_\_\_\_  
 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Mileage: \_\_\_\_\_ (If no mileage, explain reason here: \_\_\_\_\_)

**Vehicle Owners Choice of Shop:** Be sure ask the vehicle owner for this info. If the vehicle owner has a copy of the shop estimate, obtain a copy or photo it and upload to Dash

Shop Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Shop Phone: \_\_\_\_\_ Shop Tax ID# \_\_\_\_\_ Estimator or Mgr Name: \_\_\_\_\_

**Photo Checklist:** Photo all applicable and as many as necessary. Check off the list as completed.

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|--|--|
| <input type="checkbox"/> 4 Corner shots inc. license plate   | <input type="checkbox"/> VIN # inside door jamb                            |
| <input type="checkbox"/> Min of 10 photos of damage (Obtain as much visual detail of damage as possible) | <input type="checkbox"/> Engine VIN/ID Plate                               |
| <input type="checkbox"/> Close up shots of any old damage  | <input type="checkbox"/> Fuel Tank ID Plates                               |
| <input type="checkbox"/> Interior photo showing dash and options   | <input type="checkbox"/> Reefer Unit Plate (If equipped)                   |
| <input type="checkbox"/> Photo of shift knob   | <input type="checkbox"/> Vehicle Build Sheet (If available, ask owner)     |
| <input type="checkbox"/> 2 Photos of overall interior  | <input type="checkbox"/> APU Unit and Plate (if equipped – Behind sleeper) |
| <input type="checkbox"/> Photo of mileage/odometer (Make sure it's not set on "trip")                    | <input type="checkbox"/> Photo of shop labor rate sign (if applicable)     |
| <input type="checkbox"/> Photo of registration<br>(Explain if unavailable: _____)                        | <input type="checkbox"/> Photo of shop estimate (If applicable)            |

**Fact of Loss (FOL):** Speak with the vehicle owner, ask a general question how the loss occurred,  
Example “Other vehicle turned in front of me and I hit their driver side door, causing the damage on my front bumper and left headlamp”

**F.O.L. Notes -**

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**Repairs/Replacements Needed:** List the parts and labor hours that need to be replaced/repared that cannot be seen in the photos. Example: Repair Cab Floor 1.0, Replace Battery Tray, etc (Hidden items)

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**Unrelated or Old Prior Damage:** List any damages old or unrelated to the claim

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**Final Comments:** List any final comments about the inspection or conversation with the vehicle owner.  
Example – If the vehicle owner is claiming damages that don’t appear to be consistent with the other damages. Or, if the vehicle owner stated that someone else already came out from the other insurance company, etc.

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**FIELD INSPECTOR – PLEASE NOTE:**

**If the damages appear to be moderate to heavy and/or appear to be more than 35% of the vehicle value, the following Condition and Options checklist on Pages 3-5 must be filled out.**

**If the damage is minor, only Pages 1-2 are required.**

**Vehicle Type, Equipment Options and Condition:** If you are unsure of the model of the unit, the equipment options, the engine type, etc ask the vehicle owner.

**Condition of Unit:**

Paint -         Below Average         Average         Exceptional  
 Interior -      Below Average         Average         Exceptional  
 Body -         Below Average         Average         Exceptional

**Cab Type:**

Conventional  
 Cab-Over (COE)  
 Forward Cab

**Engine:**

Gas  
 Diesel

**Engine Manufacturer:**

**(Mandatory for Class 6-8 Truck)**

Cummins  
 Caterpillar  
 Detroit  
 Paccar  
 Mercedes Benz  
 International  
 Other \_\_\_\_\_

**Engine Model #** \_\_\_\_\_

**Horsepower:** \_\_\_\_\_

**(Necessary for Class 6-8 Truck)**

**Engine Rebuilt?** (Ask truck owner- include photo of receipts)

YES     NO

**Transmission Manufacturer:**

Rockwell  
 Eaton Fuller  
 Allison  
 Spicer  
 Mack  
 Volvo  
 ZF Meritor  
 Other: \_\_\_\_\_

**Transmission Speeds:**

Automatic  
 6  
 7  
 8  
 9  
 10  
 13  
 15  
 16  
 18  
 Other \_\_\_\_\_

**If Engine was rebuilt:**

In Frame Major  
 Out of Frame Major  
 Date \_\_\_\_\_

**Mechanical Options:**

- Air Brakes
- Jake Brake
- Wetline Kit
- Double Frame

- PTO (Power Take Off Unit)
- APU (Alternate Power Unit – Generator type unit, usually located behind sleeper outside)

**Cab Options:**

- Air Ride Drivers Seat
- Air Ride Passenger Seat
- Tilt Wheel
- Cruise Control

- Power Windows
- Power Locks
- Air Conditioning
- CB Radio
- Built-in Navigation

**Sleeper:**

Sleeper Size \_\_\_\_\_(in)

**Sleeper Type:**

- Condo
- Double Bunk
- Stand-Up Sleeper
- Mid-roof

**Sleeper Options:**

- Microwave
- TV
- Refrigerator
- DVD
- Other \_\_\_\_\_

**Axles:**

How many Drive Axles? \_\_\_\_\_ (More than one rear axle may be a drive axle, look underneath)

**Axle Weight Ratings:** (See tag on inside of door jamb for this info)

- Gross vehicle weight (GVW): \_\_\_\_\_ (lbs)
- Wheelbase \_\_\_\_\_(in)
- Front Axle Weight Rating \_\_\_\_\_(lbs)
- Rear Axle #1 Weight Rating \_\_\_\_\_(lbs)
- Rear Axle #2 Weight Rating \_\_\_\_\_(lbs)
- Rear Axle #3 Weight Rating \_\_\_\_\_(lbs)
- Rear Axle #4 Weight Rating \_\_\_\_\_(lbs)

**Suspension Type:**

- Spring
- Hendrickson
- Air Ride
- Camelback

**Fuel Tanks:**

- Steel
- Aluminum
- # of Tanks \_\_\_\_\_
- Gallons each \_\_\_\_\_

**Hitch/5<sup>th</sup> Wheel Type:**

- Fixed
- Air Slide
- Manual Slide
- Pintle Hitch
- Other \_\_\_\_\_

**Front Wheels:** \_\_\_\_\_ Steel \_\_\_\_\_ Aluminum

**Outside Rear Wheels:** \_\_\_\_\_ Steel \_\_\_\_\_ Aluminum

**Inside Rear Wheels:** \_\_\_\_\_ Steel \_\_\_\_\_ Aluminum

**Tires:**

Front tire size \_\_\_\_\_ Tread Remaining \_\_\_\_\_ %

Rear Axle #1 Tire Size \_\_\_\_\_ Tread Remaining \_\_\_\_\_ %

Rear Axle #2 Tire Size \_\_\_\_\_ Tread Remaining \_\_\_\_\_ %

Rear Axle #3 Tire Size \_\_\_\_\_ Tread Remaining \_\_\_\_\_ %

Rear Axle #4 Tire Size \_\_\_\_\_ Tread Remaining \_\_\_\_\_ %

**Truck Rear Body if equipped** -i.e. Box, Dump, Flat, Wrecker, Cement, Trash, Vacuum, Tanker body (Please photo all MFG ID plates):

Year \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Length \_\_\_\_\_ (ft)

Width \_\_\_\_\_ (ft)

Height \_\_\_\_\_ (ft)

Capacity (If tank) \_\_\_\_\_ (gal)

**Rear Body Exterior Construction Type:**

\_\_\_ Aluminum

\_\_\_ Steel

\_\_\_ Fiberglass

\_\_\_ Wood

**Rear Body Additional Equipment (if equipped)**

**Crane/Lift Bucket/Liftgate**

Year \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Reach/Length \_\_\_\_\_ (ft)

Weight Capacity \_\_\_\_\_ (lbs)

**Refrigeration Unit (If equipped)**

Year \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Hours \_\_\_\_\_ (ft)

Rebuild Cost (If applicable) \_\_\_\_\_

Rebuild Date (if applicable) \_\_\_\_\_

**Additional Equipment if not listed above:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_