



TRAILER INSPECTION REPORT

COMPANY:		DATE OF LOSS:	CLAIM NO:	INSPECTION DATE:	
INSURED:		CLAIMANT:		WHF FILE NO:	
PHYSICAL LOCATION OF DAMAGED VEHICLE:					
YEAR	MAKE	MODEL	MFG. DATE:	LICENSE (ST & YR)	SERIAL NUMBER
VEHICLE TYPE:			VEHICLE CONDITION:		
			<input type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> POOR		
VEHICLE LENGTH:	VEHICLE WIDTH:	VEHICLE HEIGHT:	REEFER:	DRY VAN:	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
DUMP TRAILER	SIDEWALL HEIGHT:	FLAT BED:	LOG TAILER:	NO BOLSTERS - LOG TRAILER:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
TYPE OF CONSTRUCTION - FRAME:			TYPE OF FLOOR:		
<input type="checkbox"/> STEEL <input type="checkbox"/> ALUMINUM <input type="checkbox"/> IN BODY			<input type="checkbox"/> WOOD <input type="checkbox"/> STEEL <input type="checkbox"/> ALUMINUM		
TYPE OF EXTERIOR CONSTRUCTION:		WALL POST:	INSULATED:		
<input type="checkbox"/> STEEL <input type="checkbox"/> ALUMINUM		<input type="checkbox"/> INTERIOR <input type="checkbox"/> EXTERIOR	<input type="checkbox"/> YES <input type="checkbox"/> NO		
TYPE OF REAR DOORS - GATES, ETC:					
MAKE OF REEFER UNIT:		MODEL OF REEFER UNIT:	REEFER SERIAL NO.:	REEFER HOURS:	
REEFER UNIT YEAR MODEL:		ADDITIONAL EQUIPMENT - DRY VAN & REEFER TRAILERS:			
VAN/TRAILER INTERIOR		TYPE OF WALL PANELS	TYPE OF ROOF		
REAR AXLES	TANDEM AXLE:	SPREAD AXLE		SLIDER TANDEM:	
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TRI - AXLE: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	
REAR SUSPENSION	MAKE/TYPE:	TYPE SUSPENSION - SPRIN <input type="checkbox"/> AIR RIDE <input type="checkbox"/> CENTER POINT <input type="checkbox"/>			
TYPE SUSPENSION-OTHER					
WHEELS/TYPE:		# STEEL	# ALUMINUM	OTHER:	
SPOKE: <input type="checkbox"/> BUDD <input type="checkbox"/>					
TIRES	NAME BRAND	# VIRGIN	# RECAPS:	TIRE SIZE	
TIRES:	L/R/F/O	/32	R/R/F/O	/32	3rd Axle-L/O
	L/R/F/I	/32	R/R/F/I	/32	3rd Axle-L/I
	L/R/R/O	/32	R/R/R/O	/32	3rd Axle-R/O
	L/R/R/I	/32	R/R/R/I	/32	3rd Axle-R/I
ADDITIONAL EQUIPMENT / COMMENTS:					
ADJUSTER:		LOCATION:	DATE:		