



# TRUCK INSPECTION REPORT

COMPANY			DATE OF LOSS		WHF FILE NO.			COMPANY CLAIM NUMBER		INSP. DATE		
INSURED			CLAIMANT				LOCATION OF VEHICLE					
YEAR	MAKE	MODEL			DATE MFG.	TYPE	LICENSE (ST & YR)		UNIT NUMBER	MILEAGE		
H.R. CLOCK		HUBOMETER	SERIAL NUMBER			ICC NUMBER		C.O.E. CAB SIZE		<input type="checkbox"/> CAB OVER <input type="checkbox"/> CONVENTIONAL		
SLEEPER SIZE	LETTERING	PAINT TYPE	NO. OF COLORS	PAINT CONDITION	INTERIOR	INTERIOR CONDITION	RADIO		OTHER			
				<input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> POOR	<input type="checkbox"/> STANDARD <input type="checkbox"/> CLASSIC <input type="checkbox"/> DELUXE	<input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> POOR	<input type="checkbox"/> AM <input type="checkbox"/> CD <input type="checkbox"/> AM-FM <input type="checkbox"/> CASS. <input type="checkbox"/> CB	<input type="checkbox"/> ROOF AIR DEFLECTOR <input type="checkbox"/> FULL AERO-DYNAMIC PKG. <input type="checkbox"/> SIDE FAIRINGS				
ENGINE MAKE	ENGINE MODEL	YEAR	OVERHAUL DATE	LITERS	HORSE POWER	NO. CYL.	ENG. BRAKE		ELECTRONIC	DID ENGINE RUN AFTER UPSET?		
			<input type="checkbox"/> MAJOR <input type="checkbox"/> MINOR				<input type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TURBO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
AIR TO AIR AFTER COOLER	TRANSMISSION MAKE		TRANSMISSION MODEL		NO. SPEEDS	AUXILIARY TRANS.	REAR AXLE MAKE		REAR AXLE MODEL	RATIO	NUMBER SPEEDS	
<input type="checkbox"/> GOOD <input type="checkbox"/> POOR						<input type="checkbox"/> YES <input type="checkbox"/> NO						
CAPACITY (LBS)	TYPE SUSPENSION		NO OF AXLES	TWIN SCREW	TAG MAKE		WHEEL TYPE & QTY. EA.		FRAME INFORMATION			
	<input type="checkbox"/> SPRING <input type="checkbox"/> AIR RIDE			<input type="checkbox"/> YES <input type="checkbox"/> NO			ALUM STEEL OTHER	<input type="checkbox"/> STEEL <input type="checkbox"/> HEAT TREATED <input type="checkbox"/> ALUMINUM <input type="checkbox"/> MAGNESIUM				
UPPER TANK	RADIATOR LOWER TANK	CORE		PTO	WET LINE (KIT)		WET LINE BRAND NAME		5TH WHEEL MAKE		5TH WHEEL TYPE	
<input type="checkbox"/> GOOD <input type="checkbox"/> DAMAGED	<input type="checkbox"/> GOOD <input type="checkbox"/> DAMAGED	<input type="checkbox"/> GOOD <input type="checkbox"/> DAMAGED		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO						<input type="checkbox"/> FIXED <input type="checkbox"/> SLIDING	
FUEL TANKS		FUEL TANK SIZES (GALLONS)		FRONT AXLE WEIGHT CAPACITY (LBS)		STEERING MAKE		BRAKE SIZE	BRAKES-OTHER			
<input type="checkbox"/> STEEL <input type="checkbox"/> PAINTED <input type="checkbox"/> STEP	<input type="checkbox"/> ALUMINUM <input type="checkbox"/> POLISHED <input type="checkbox"/> SADDLE	LEFT	RIGHT			<input type="checkbox"/> MANUAL <input type="checkbox"/> PWR.			<input type="checkbox"/> HYDRAULIC <input type="checkbox"/> AIR <input type="checkbox"/> POWER ASSIST			
TIRES-FRONT		MAKE / SIZE / TYPE				D A M	R C P	% W O R	SPECIAL EQUIPMENT / COMMENTS			
STEERING AXLE		LEFT		RIGHT								
<input type="checkbox"/> LIVE <input type="checkbox"/> DEAD												
FRONT REAR AXLE		L/O		L/I								
<input type="checkbox"/> LIVE <input type="checkbox"/> DEAD												
		R/O		R/I								
SECOND REAR AXLE		L/O		L/I								
<input type="checkbox"/> LIVE <input type="checkbox"/> DEAD												
		R/O		R/I								
		R/O		R/I								
THIRD REAR AXLE		L/O		L/I								
<input type="checkbox"/> LIVE <input type="checkbox"/> DEAD												
		R/O		R/I								
TOWING COMPANY			ADDRESS					TELEPHONE NUMBER				
TOWING BILL	STORAGE BEING CHARGED		STORAGE DAILY CHARGE		PERMISSION TO MOVE FROM OWNER			VEHICLE CONDITION				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ORAL <input type="checkbox"/> WRITTEN							
ADJUSTER		LOCATION					TODAY'S DATE					