

		Audatex Request #		Audatex ID # (Required)					
		<input type="checkbox"/> Total Loss      Point of Impact: Gross Estimate Amount \$:		Claim Rep Name	Claim Rep Phone #	Loss Date			
Claim #		Policy #		Owner Name		(1st) Owner Phone #		Loss Type	
Market Area (City/Zip/Postal Code)		Inspection (City & State)		<input type="checkbox"/> Insured <input type="checkbox"/> Claimant		(2nd) Owner Phone #			
10 <sup>th</sup> digit-model year J=88 K=89 L=90 M=91 N=92 P=93 R=94 S=95 T=96 V=97 W=98 X=99 Y=2000 1=01 2=02 3=03 4=04 5=05 6=06 7=07 8=08 9=09 A=10									
Ext Color:		VIN:							
Year	Make	Model	Body Style <input type="checkbox"/> Conventional <input type="checkbox"/> COE <input type="checkbox"/> Forward Cab		CabType <input type="checkbox"/> Standard Cab <input type="checkbox"/> Ext. Cab <input type="checkbox"/> Crew Cab <input type="checkbox"/> Day Cab <input type="checkbox"/> Sleeper Cab		Drive Type <input type="checkbox"/> 2wd <input type="checkbox"/> 4wd		
Trim	Body Type <input type="checkbox"/> Dump Truck <input type="checkbox"/> Grain Truck <input type="checkbox"/> Tanker <input type="checkbox"/> High Cube/Reefer <input type="checkbox"/> Flatbed		Mileage	Engine Make/Model		Horsepower		Transmission <input type="checkbox"/> Auto <input type="checkbox"/> Manual <input type="checkbox"/> Autoshift	
Transmission Make	# of Gears	GVW	Wheel Base	Suspension Type <input type="checkbox"/> Spring <input type="checkbox"/> Air <input type="checkbox"/> Hendrickson <input type="checkbox"/> Other			# of Rear Axles		
# of Driven Axles		Rear Axle Rating		Front Axle Rating		Drop Axle(s)		Dual Rear Wheels <input type="checkbox"/> Yes	
<b>EQUIPMENT</b>									
<b>CAB EQUIPMENT</b> <input type="checkbox"/> Power Steering <input type="checkbox"/> Power Windows <input type="checkbox"/> Power Locks <input type="checkbox"/> Cruise Control <input type="checkbox"/> Tilt/Telescoping Wheel <input type="checkbox"/> Air Conditioning Radio Type <input type="checkbox"/> AM/FM Stereo <input type="checkbox"/> AM/FM Cass <input type="checkbox"/> AM/FM CD <input type="checkbox"/> CB Radio <input type="checkbox"/> Jake Brake Air Ride Seats <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <b>DUMP TRUCK</b> Body Year: Body Manufacture: Body Material <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum Body Length (ft.): <input type="checkbox"/> Liner <input type="checkbox"/> Air Dump Gate <input type="checkbox"/> Heated Body Roll Tarp <input type="checkbox"/> Manual <input type="checkbox"/> Power Dumping Hoist <input type="checkbox"/> Elect/Hydraulic <input type="checkbox"/> PTO Hydraulic <input type="checkbox"/> PTO <input type="checkbox"/> Wet Kit Pintle Hitch <input type="checkbox"/> Yes <input type="checkbox"/> Plumbed Salt/Sand Spreader <input type="checkbox"/> Tailgate Spreader <input type="checkbox"/> Slide-in V-Style Spreader Year: Spreader Mfg:		Spreader Model: Spreader Material <input type="checkbox"/> Painted Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Stainless Inner Liner Spreader Length (ft.): Spreader Capacity (yds.): Spreader Floor Type <input type="checkbox"/> Chain <input type="checkbox"/> Belt # of Blades in Spreader <input type="checkbox"/> 1 <input type="checkbox"/> 2 Snow Plow <input type="checkbox"/> Mount/Hydraulics <input type="checkbox"/> Mount/Hyd/Blade Blade Type <input type="checkbox"/> Straight Blade <input type="checkbox"/> V-Blade Blade Length (ft.): <input type="checkbox"/> Side Wing Plow Wing Plow Length (ft.): # of Fuel Tanks: Total Fuel Cap # gal: <b>GRAIN TRUCK</b> Body Year: Body Manufacture: Body Material <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Stainless Steel Body Length: Box Type <input type="checkbox"/> Grain Box <input type="checkbox"/> Silage Box <input type="checkbox"/> Box Extensions Roll Tarp <input type="checkbox"/> Manual <input type="checkbox"/> Power <input type="checkbox"/> PTO/Hydraulic Hoist Gate Type <input type="checkbox"/> Grain Gate <input type="checkbox"/> Silage Gate <input type="checkbox"/> Drill-Fill Hydraulics # of Fuel Tanks: Total Fuel Cap # gal:		<b>TANKER BODY</b> Body Year: Body Manufacture: Tank Material <input type="checkbox"/> Painted Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Lined Tank Tank Cap: Gallons: Barrels: Oval/Round Tank <input type="checkbox"/> Oval <input type="checkbox"/> Round # of Compartments: <input type="checkbox"/> Baffles Int./Ext. Plumbing <input type="checkbox"/> Internal <input type="checkbox"/> External <input type="checkbox"/> Fresh Air Vent <b># of Certified Hatches:</b> <input type="checkbox"/> Liquid Control Meters <input type="checkbox"/> DOT Bumper <input type="checkbox"/> Scrubber Box <input type="checkbox"/> Emergency Valves <input type="checkbox"/> Side Floats <input type="checkbox"/> Hoses Hydraulic/Direct Drive <input type="checkbox"/> Hydraulic <input type="checkbox"/> Direct <input type="checkbox"/> Pump Equipment Pump Year: Pump Make: Pump Model/Size: Tank Code/Use <input type="checkbox"/> Crude Oil <input type="checkbox"/> Fuel <input type="checkbox"/> Water <input type="checkbox"/> Food Grade <input type="checkbox"/> Sewage # of Fuel Tanks: Total Fuel Cap # gal:		<b>HIGH CUBE/REEFER</b> Body Year: Body Manufacture: Body Length: Body Material <input type="checkbox"/> Aluminum <input type="checkbox"/> FRP <input type="checkbox"/> Steel Deck Material <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel Rear Door Type <input type="checkbox"/> Roll-up <input type="checkbox"/> Swing Open <input type="checkbox"/> Additional Side Doors Hydraulic Lift Gate <input type="checkbox"/> Rail Gate <input type="checkbox"/> Tuk-A-Way Gate Ramp Type: E-Track # of ft: <input type="checkbox"/> Insulated Body # of Fuel Tanks: Total Fuel Cap # gal: Reefer Manufacture: Reefer Model: Reefer Hours: Cold Plate Mfg: Cold Plate Model:		<b>FLAT BED</b> Body Year: Body Manufacture: Body Length: Body Material <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel Deck Material <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel Side Material <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Hydraulic Lift Gate <input type="checkbox"/> Dumping Hoist <input type="checkbox"/> PTO # of Fuel Tanks: Total Fuel Cap # gal: <b>Crane Equipment</b> Crane Year: Crane Make: Crane Model: Crane Cap: Crane Mount Type <input type="checkbox"/> Front Mount <input type="checkbox"/> Rear Mount Max Boom Ext: Jib Extension: <input type="checkbox"/> Outriggers <b>Man Lift Equipment</b> Man Lift Year: Man Lift Make: Man Lift Model: Man Lift Cap: Max Lift Height: # of Man Buckets <input type="checkbox"/> 1 Man <input type="checkbox"/> 2 Man <input type="checkbox"/> Outriggers	
<b>CONDITIONING:</b>									
INTERIOR		<input type="checkbox"/> ABOVE AVERAGE		<input type="checkbox"/> AVERAGE		<input type="checkbox"/> BELOW AVERAGE		Prior Damage Cost: \$	
EXTERIOR		<input type="checkbox"/> ABOVE AVERAGE		<input type="checkbox"/> AVERAGE		<input type="checkbox"/> BELOW AVERAGE		Prior Damage Cost: \$	
MECHANICAL		<input type="checkbox"/> ABOVE AVERAGE		<input type="checkbox"/> AVERAGE		<input type="checkbox"/> BELOW AVERAGE			
ENGINE	Rebuilt Engine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Miles on Rebuilt:		Cost: \$			
TRANS	Rebuilt Trans	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Miles on Rebuilt:		Cost: \$			
OTHER MECHANICAL RECEIPTS		Desc/\$:			Date work done/Part(s):				
FRONT TIRES		<input type="checkbox"/> ABOVE AVERAGE		<input type="checkbox"/> AVERAGE		<input type="checkbox"/> BELOW AVERAGE			
REAR TIRES 1 <sup>st</sup> AXLE		<input type="checkbox"/> ABOVE AVERAGE		<input type="checkbox"/> AVERAGE		<input type="checkbox"/> BELOW AVERAGE			
REAR TIRES 2 <sup>nd</sup> AXLE		<input type="checkbox"/> ABOVE AVERAGE		<input type="checkbox"/> AVERAGE		<input type="checkbox"/> BELOW AVERAGE			
<b>GEN'L COMMENTS:</b>									