



Tractor or Trailer Inspection Report

To be completed by independent garage not associated with Insured.

Vehicle Owner:		Date:		Agent:	
Complete Address:					
Inspecting Garage:					
Complete Address:				Telephone:	
Mechanic Making Inspection:					
Vehicle Description:		Year:	Make:	Date of last inframe major overhaul:	
Model:		Number of Cylinders:		Engine:	
Serial#:		Tag#:	Is speedometer operative:		
		Speedometer reading:			
		Hubometer reading (if any):			
Number of Axles:		Transmission Type:		Number of Speeds:	
Is vehicle air conditioned:				Tire Size:	

BODYPARTS	Good	Fair	Poor	MECHANICAL CONDITION	Good	Fair	Poor
Bumper				Brake Shoes rear			
Grill				Air lines			
Hood				Reservoir			
Windshield				Air Pump			
Door Window left				Wheel Seals			
Door window right				Fuel Tanks			
Door left				Fuel Lines			
Door right				Oil Lines			
Cab/overall				Wheels Front			
Cab Interior				Wheels Rear			
Sleeper				Engine			
Frame				Drive Train			
MECHANICAL PARTS				Tires: LF 32			
Steering mechanism				RF 32			
Suspension l/f				ILR /32 OLR /32			
Suspension r/f				ILR /32 OLR /32			
Suspension l/r				IRR /32 ORR /32			
Suspension r/r				IRR /32 ORR /32			
Fifth Wheel				Inspector: Please indicate your estimate of value for this equipment if you feel qualified to do so. \$ _____			
Electrical System							
Exhaust System							