

		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 <input type="checkbox"/> 6wd				
Trim	Body Type <input type="checkbox"/> Tractor/Power Unit <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Refuse/Garbage		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>SEMI TRACTOR</b> Sleeper Type <input type="checkbox"/> Flat Top <input type="checkbox"/> Mid Roof <input type="checkbox"/> Hi-Rise <input type="checkbox"/> Aerodyne <input type="checkbox"/> Condo Sleeper Size(in): <input type="checkbox"/> Refrigerator <input type="checkbox"/> Microwave <input type="checkbox"/> Entertainment System <input type="checkbox"/> APU Power System <b>EXTERIOR EQUIPMENT</b> Aluminum Wheels # of: Cab Protector <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Roobar		<b>EXTERIOR EQUIPMENT CONT.</b> 5 <sup>th</sup> Wheel Type <input type="checkbox"/> Fixed <input type="checkbox"/> Manual <input type="checkbox"/> Air Slide Aero Kit <input type="checkbox"/> Roof Only <input type="checkbox"/> Side Only <input type="checkbox"/> Roof & Sides <input type="checkbox"/> Full # of Fuel Tanks: Total Fuel Cap # gal: <input type="checkbox"/> Webasto/Pro Heat Tool Boxes <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Sun Visor <input type="checkbox"/> Dual Breathers <input type="checkbox"/> Dual Exhaust <input type="checkbox"/> Beacons <input type="checkbox"/> PTO <input type="checkbox"/> Wet Kit <input type="checkbox"/> Product Pump/Blower Fenders <input type="checkbox"/> Quarter Fender <input type="checkbox"/> Half Fender <input type="checkbox"/> Full Fender <b>DRUM CEMENT MIXER</b> Body Year: Body Manufacture: Body Type <input type="checkbox"/> Rear Discharge <input type="checkbox"/> Front Discharge		<b>DRUM CEMENT MIXER CONT.</b> Body Capacity (yds): <input type="checkbox"/> Water System <input type="checkbox"/> Boost-A-Load Axle <b>CONCRETE PUMPER</b> Body Year: Body Manufacture: Body Model: Boom Meter Length: Pump Model: <b>VOLUMETRIC MIXER</b> Body Year: Body Manufacture: Body Capacity (yds): <input type="checkbox"/> Water System <input type="checkbox"/> Boost-A-Load Axle Ticket Printer <input type="checkbox"/> Mechanical <input type="checkbox"/> Automated <input type="checkbox"/> Automated/Admix <input type="checkbox"/> Additional Admix System <input type="checkbox"/> Liquid Color System <input type="checkbox"/> Tarp Cover <input type="checkbox"/> VM Fiber Feeder <input type="checkbox"/> Pneumatic Fill System Cement Auger <input type="checkbox"/> Flowable Fill <input type="checkbox"/> Rapid Set <input type="checkbox"/> Auto Shut Off <input type="checkbox"/> Extra Vibrators <input type="checkbox"/> Heavy Duty Chutes		<b>REFUSE ROLL OFF</b> Body Year: Body Manufacture: <input type="checkbox"/> Load/Unload Hoist Hoist Capacity <input type="checkbox"/> 20,000 LBS <input type="checkbox"/> 40,000 LBS <input type="checkbox"/> 60,000 LBS <input type="checkbox"/> 75,000 LBS Roll Tarp <input type="checkbox"/> Manual <input type="checkbox"/> Power <input type="checkbox"/> PTO <input type="checkbox"/> Wet Kit # of Fuel Tanks: Total Fuel Cap # gal: <input type="checkbox"/> Container Box Container Year: Container Material <input type="checkbox"/> Steel Container Capacity <input type="checkbox"/> 5 Yards <input type="checkbox"/> 8 Yards <input type="checkbox"/> 12 Yards <input type="checkbox"/> 15 Yards <input type="checkbox"/> 20 Yards <input type="checkbox"/> 22 Yards <input type="checkbox"/> 32 Yards <input type="checkbox"/> 35 Yards <b>AUTOMATED SIDE LOAD</b> Body Year: Body Manufacture: Body Model: Body Cap (yds): <input type="checkbox"/> Cart Tipper <input type="checkbox"/> PTO <input type="checkbox"/> Wet Kit # of Fuel Tanks: Total Fuel Cap # gal:		<b>REAR LOAD</b> Body Year: Body Manufacture: Body Model: Body Cap <input type="checkbox"/> 5 Yards <input type="checkbox"/> 8 Yards <input type="checkbox"/> 12 Yards <input type="checkbox"/> 15 Yards <input type="checkbox"/> 20 Yards <input type="checkbox"/> 22 yards <input type="checkbox"/> 32 Yards <input type="checkbox"/> 35 Yards <input type="checkbox"/> Upper Winch <input type="checkbox"/> Kick Bar <input type="checkbox"/> Cart Tipper <input type="checkbox"/> PTO <input type="checkbox"/> Wet Kit # of Fuel Tanks: Total Fuel Cap # gal: <b>FRONT LOAD</b> Body Year: Body Manufacture: Body Model: Body Cap <input type="checkbox"/> 40 Yards <input type="checkbox"/> Front Fork-Lift System <input type="checkbox"/> PTO <input type="checkbox"/> Wet Kit # of Fuel Tanks: Total Fuel Cap # gal:	
<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								
GEN'L COMMENTS:									