



Federated Mutual Insurance Company
PO Box 486
Owatonna, MN 55060-0486
Phone: (800) 533-0472
Fax: (856) 636-8660
E-mail: pccclaims@fedins.com

Heavy Truck/Tractor Identification & Equipment Report

Adjuster Fred Schneider

Our Loss Number: 480374-1

Vehicle Owner Bon Furman's Commercial Sweeping Address _____ Phone _____
City _____ State _____ Zip Code _____ Policy No. _____

Location of Inspection Springfield IL Date Received 1-29 Date Appraised 1-29

| | | | | | | | | |
|------------------------|----------------|-------------------|------------------|-------------------|---|-----------------------|---------------------------|-----------------|
| 1. Unit Identification | Year <u>12</u> | Make <u>Isuzu</u> | Model <u>NFR</u> | Date Mfg. _____ | Serial No. <u>54PB4W1B9CS</u> | Mileage <u>113559</u> | License No. <u>254386</u> | State <u>IL</u> |
| | Hours _____ | Hubometer _____ | ICC No. _____ | Unit No. <u>8</u> | Glider Kit <input type="checkbox"/> Yes <input type="checkbox"/> No | Kit Date _____ | Kit Serial No. _____ | |

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|--------|---|---|---|---|--|---|
| 2. Cab | <input checked="" type="checkbox"/> Cab Over | <input type="checkbox"/> Straight | <input type="checkbox"/> Steel | <input checked="" type="checkbox"/> Fiberglass | Paint Condition | Color <u>White</u> |
| | <input type="checkbox"/> Conventional | <input type="checkbox"/> Sleeper | <input type="checkbox"/> Aluminum | <input type="checkbox"/> Combination | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor |
| | Hood <input checked="" type="checkbox"/> Fiberglass | Seat Make <input type="checkbox"/> Single | <input type="checkbox"/> Manual | Interior Condition <input type="checkbox"/> Excellent | <input type="checkbox"/> Average | Interior <input type="checkbox"/> Standard <input type="checkbox"/> Deluxe |
| | <input type="checkbox"/> Aluminum | <input checked="" type="checkbox"/> Single & Jump | <input type="checkbox"/> Air | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Classic |
| | Special Paint <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Describe _____ | <input type="checkbox"/> 2 Tone | Littering <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Cab or Sleeper Length _____ | |
| | Radio <input type="checkbox"/> AM | <input checked="" type="checkbox"/> AM-FM | <input checked="" type="checkbox"/> A/C | <input type="checkbox"/> Roof Air Deflector | <input type="checkbox"/> Side Fairings | |
| | <input type="checkbox"/> CASS | <input checked="" type="checkbox"/> CD | <input type="checkbox"/> CB | <input type="checkbox"/> Full Aero Dynamic Package | | |

| | | | | | | | | |
|----------------|--|-----------------------|---------------------------|--|---|--------------------------------|---------------------------------------|--|
| 3. Power Train | Engine <u>Isuzu</u> | Model <u>296</u> | H.P. <u>296</u> | <input checked="" type="checkbox"/> Gas | <input type="checkbox"/> Four | <input type="checkbox"/> Eight | <input type="checkbox"/> Engine Brake | Hot Shut Down <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Diesel | <input checked="" type="checkbox"/> Six | <input type="checkbox"/> V | <input type="checkbox"/> Turbo | |
| | Did Engine Run After Upset? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown | Oil Level <u>Good</u> | Coolant Level <u>Good</u> | | | | | |
| | Transmission Make <u>Isuzu</u> | Model <u>MVD</u> | Speeds _____ | Auxiliary Transmission <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | PTO <u>Yes</u> | | | |
| | Rear Axle Make <u>Isuzu</u> | Model <u>G23</u> | Number Speeds <u>1</u> | <input checked="" type="checkbox"/> Single | <input type="checkbox"/> Twin Screw | <input type="checkbox"/> Tag | <input type="checkbox"/> Pusher | |
| | | | | <input type="checkbox"/> Tandem | <input type="checkbox"/> Tri | | | |

| | | | | | | | | |
|----------|---|---------------------------------------|-----------------------------------|------------------------------------|-----------------------------------|-------------------------------------|---|----------------------------|
| 4. Frame | <input checked="" type="checkbox"/> Steel | <input type="checkbox"/> Heat Treated | <input type="checkbox"/> Aluminum | <input type="checkbox"/> Magnesium | <input type="checkbox"/> Extended | <input type="checkbox"/> Reinforced | <input checked="" type="checkbox"/> Standard Length | Wheel base in inches _____ |
|----------|---|---------------------------------------|-----------------------------------|------------------------------------|-----------------------------------|-------------------------------------|---|----------------------------|

| | | | | | | |
|----------------|------------|-------------|--------------------------------|----------------------------------|---------------------------------|------------------------------|
| 5. Fifth Wheel | Make _____ | Model _____ | <input type="checkbox"/> Fixed | <input type="checkbox"/> Sliding | <input type="checkbox"/> Manual | <input type="checkbox"/> Air |
|----------------|------------|-------------|--------------------------------|----------------------------------|---------------------------------|------------------------------|

| | | | | | | |
|---------------|-------------------|-----------------|--------------------|--|-----------------------------------|---------------------------------|
| 6. Fuel Tanks | Make <u>Isuzu</u> | Number <u>1</u> | Capacity <u>60</u> | <input checked="" type="checkbox"/> Steel | <input type="checkbox"/> Painted | <input type="checkbox"/> Step |
| | | | | <input checked="" type="checkbox"/> Aluminum | <input type="checkbox"/> Polished | <input type="checkbox"/> Saddle |

| | | | | | | |
|---------------|---|--|---|----------------------------------|--|--|
| 7. Suspension | Front Axle Capacity <u>4000</u> | Steering <input type="checkbox"/> Man. <input checked="" type="checkbox"/> Power | Brakes <input type="checkbox"/> Hydraulic <input type="checkbox"/> Air <input checked="" type="checkbox"/> Power Assist | <input type="checkbox"/> DOT 121 | <input type="checkbox"/> Air brake dryer | |
| | Rear Suspension Wt. Capacity <u>12000</u> | Rear Suspension <input type="checkbox"/> Air Bag <input type="checkbox"/> Air Leaf <input type="checkbox"/> Hendrickson <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Torsion <input type="checkbox"/> Other | | | | |

| | | | |
|-----------|--|---|--|
| 8. Wheels | Front <input checked="" type="checkbox"/> Disc <input type="checkbox"/> Spoke | <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Aluminum | <input type="checkbox"/> Polished <input checked="" type="checkbox"/> Chrome <input checked="" type="checkbox"/> Painted |
| | Rear Outer <input checked="" type="checkbox"/> Disc <input type="checkbox"/> Spoke | <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Aluminum | <input type="checkbox"/> Polished <input type="checkbox"/> Chrome <input checked="" type="checkbox"/> Painted |
| | Rear Inner <input checked="" type="checkbox"/> Disc <input type="checkbox"/> Spoke | <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Aluminum | <input type="checkbox"/> Polished <input type="checkbox"/> Chrome <input checked="" type="checkbox"/> Painted |

| Tires | Tire | Make & Size | 32 | Highway Traction | Recap | Bias | Radial | Damaged | Tire | Make & Size | 32 | Highway Traction | Recap | Bias | Radial | Damaged |
|-------|------|-----------------|-----------|------------------|-------|------|--------|---------|------|-------------|----|------------------|-------|------|--------|-------------------------------------|
| | | | | | | | | | | | | | | | | |
| | LF | <u>Mich 16"</u> | <u>3</u> | | | | | | RF | | | | | | | |
| | LRFO | | <u>11</u> | | | | | | RRFO | | | | | | | |
| | LRFI | | <u>12</u> | | | | | | RRFI | | | | | | | <input checked="" type="checkbox"/> |
| | LRRO | | | | | | | | RRRO | | | | | | | |
| | LRFI | | | | | | | | RRFI | | | | | | | |
| | LRRI | | | | | | | | RRRI | | | | | | | |

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|-------------|--|-------------------------------|--|-----------------------------------|--|-----------------------------------|--------------------------------|---------------------------------|
| 10. Exhaust | <input checked="" type="checkbox"/> Single | <input type="checkbox"/> Dual | <input checked="" type="checkbox"/> Undercab | <input type="checkbox"/> Vertical | <input type="checkbox"/> Straight Pipe | <input type="checkbox"/> Mufflers | <input type="checkbox"/> Steel | <input type="checkbox"/> Chrome |
|-------------|--|-------------------------------|--|-----------------------------------|--|-----------------------------------|--------------------------------|---------------------------------|

Comments & Additional Equipment Nite Hawk, Raptor Edge Sweeper body

Appraiser _____

