

TOTAL LOSS REPORT

INDEX NUMBER	
CLAIM NUMBER	
VEHICLE OWNER	
INSPECTION DATE	

TOTAL LOSS YES <input type="checkbox"/> NO <input type="checkbox"/>	BORDERLINE <input type="checkbox"/> YES	TOWING	STORAGE PER DAY	DAY SINCE
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INSPECTION LOCATION	<input type="checkbox"/> BUSINESS <input type="checkbox"/> RESIDENCE <input type="checkbox"/> SHOP <input type="checkbox"/> OTHER
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OLD DAMAGE	TOTAL OLD DAMAGE \$
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RETAIL BOOK VALUE RETAIL BASE \$ Mileage <input type="checkbox"/> High <input type="checkbox"/> Low _____ _____ _____ _____ _____ _____ _____ NET TOTAL \$	OVERALL CONDITION (PRIOR TO LOSS) <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR TOTAL LOSS BASIS <input type="checkbox"/> ADP <input type="checkbox"/> CCC <input type="checkbox"/> Mitchell <input type="checkbox"/> Other Request Number: RETAIL MARKET VALUE \$ _____ LESS: OLD DAMAGE _____ ACTUAL CASH VALUE \$ _____ SALES TAX @ _____ % SETTLEMENT VALUE \$ _____ VEHICLE DRIVEABLE <input type="checkbox"/> YES <input type="checkbox"/> NO
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OFFICIAL GUIDE	EDITION DATE	LICENSE EXP.

SALVAGE BIDS			SALVAGE POOL	
BUYER	PHONE #	BID	BUYER	
1		\$		
2		\$		STALL NUMBER
3		\$		PERMISSION <input type="checkbox"/> YES <input type="checkbox"/> NO

APPRAISER'S COMMENTS:

APPRAISER	
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