

# SALVAGE VEHICLE INFO

SUBMITTED BY \_\_\_\_\_ DATE \_\_\_\_\_  
CONTACT PHONE # \_\_\_\_\_

MAKE \_\_\_\_\_

MODEL \_\_\_\_\_

V.I.N. \_\_\_\_\_

VEHICLE OWNER \_\_\_\_\_

LICENSE PLATE NUMBER AND STATE \_\_\_\_\_

AMOUNT OF ESTIMATED DAMAGE (INS.) \$ \_\_\_\_\_

AMOUNT OF ESTIMATED DAMAGE (SHOP) \$ \_\_\_\_\_

AREA OF DAMAGE

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NATURE OF DAMAGE (IMPACT, FLOOD, HAIL, ETC.)

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INSURANCE COMPANY \_\_\_\_\_

CLAIM # \_\_\_\_\_

TOTAL LOSS DECLARED (PAID) BY:

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DATE OF DEPARTURE OF SALVAGE \_\_\_\_\_

TOWING COMPANY OF SALVAGE \_\_\_\_\_

DESTINATION OF SALVAGE (IF KNOWN)

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