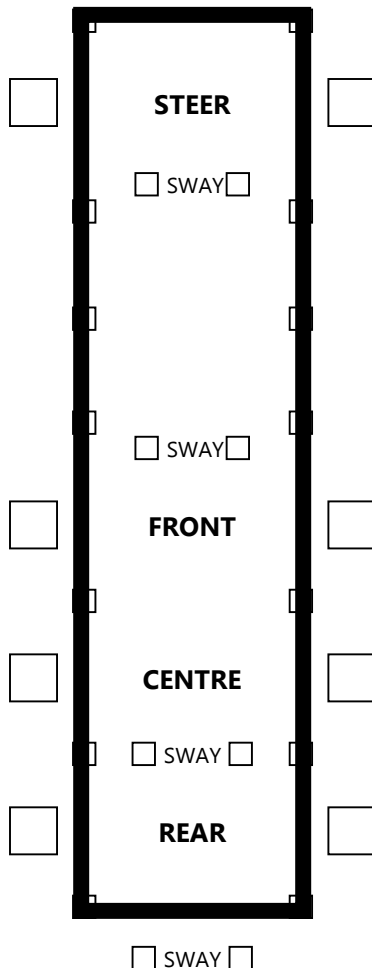


Commercial Frame Report

Claim Number:	Customer Name:	Adjuster:	Estimator:
Vehicle Year, Make, and Model:		Serial Number:	Licence Plate:

Indicate **axles** with ☐
 Indicate **low spots** with ☐
 Indicate **buckles/roll/sag** with ☐
 Indicate **sway direction** with ☐

☐ SWAY ☐



Area		Condition	Repair Hrs.
Steer Axle		Camber _____ Caster _____ Toe _____	
Left Steer Suspension			
Right Steer Suspension			
Left Front Axle		Camber _____ Toe _____	
Right Front Axle		Camber _____ Toe _____	
Left Centre Axle		Camber _____ Toe _____	
Right Centre Axle		Camber _____ Toe _____	
Left Rear Axle		Camber _____ Toe _____	
Right Rear Axle		Camber _____ Toe _____	
5th Wheel			
Frame	Twist		
	Sway		
	Diamond		
	Buckles		
Gauge Frame			
Gauge Housings			
Gauge Fifth Wheel			
Total			

Comments:

Repair Shop Technician:	Attending Estimator:	Date:
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