



Checklist

* View claim confirmations at www.roadranger.com

This form is provided to assure information is available when calling RTW and is not required when filing a claim.

Date of call: _____
Repair Order Number _____
Dealer Code _____
VIN _____
OEM Driveline Warranty: _____
Customer/Fleet Name: _____
Component Model Number _____
Component Serial Number _____
Mileage _____
Date in service _____
Date of failure _____
Vehicle Vocation/Application _____
Engine peak torque (load related failures) _____ Ft Lbs.
Synthetic oil in use? Yes ___ No ___

Check symptoms that apply. Categories that require explanation use the area provided below to detail your findings.

What - Noise Shift Quality Leaks Other Fault Codes

- | | | | |
|-----------------------------------|---|------------------------------|--|
| <input type="checkbox"/> Rattle | <input type="checkbox"/> Won't Shift/Slow | <input type="checkbox"/> Oil | <input type="checkbox"/> Explain Active: _____ |
| <input type="checkbox"/> Whine | <input type="checkbox"/> Grinds | <input type="checkbox"/> Air | |
| <input type="checkbox"/> Clunk | <input type="checkbox"/> Jumps Out | | <input type="checkbox"/> Coolant Inactive: _____ |
| <input type="checkbox"/> Grinding | <input type="checkbox"/> Hard Shifting | | |

When

- | | | |
|--|--|--|
| <input type="checkbox"/> Gear Position | <input type="checkbox"/> Air Shift | <input type="checkbox"/> Running |
| <input type="checkbox"/> Speed Related | <input type="checkbox"/> Lever Shift | <input type="checkbox"/> Shifting |
| <input type="checkbox"/> Range Related | <input type="checkbox"/> Stuck in Gear/Range | <input type="checkbox"/> Sitting |
| <input type="checkbox"/> Low | <input type="checkbox"/> High | <input type="checkbox"/> Other Explain |
| <input type="checkbox"/> Constant | | |

Where

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> Remove PTO Cover | <input type="checkbox"/> PSI Check _____ | <input type="checkbox"/> Gaskets |
| <input type="checkbox"/> Debris Y N | <input type="checkbox"/> Air Leak | <input type="checkbox"/> Cooler |
| <input type="checkbox"/> Shafts Move Y N | <input type="checkbox"/> Oil in Air System | <input type="checkbox"/> Hose |
| <input type="checkbox"/> Explain Findings | <input type="checkbox"/> Lever Move Y N | <input type="checkbox"/> Fittings |
| <input type="checkbox"/> Explain Findings | <input type="checkbox"/> Other | |

Why? Briefly explain results found above.

Approval Section

Parts to be replaced: _____

Labor to be performed: _____

Check Obstructions Removed:

- | | | | | |
|---------------------------------------|--------------------------------------|------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Air Tanks | <input type="checkbox"/> Crossmember | <input type="checkbox"/> PTO | <input type="checkbox"/> PTO Pump | <input type="checkbox"/> Exhaust |
| <input type="checkbox"/> Broken Bolts | <input type="checkbox"/> Fairing | <input type="checkbox"/> Air Drier | <input type="checkbox"/> Fuel/Water Separator | |

Claim Approval Number: _____ Eaton Service Specialist: _____

Parts Disposition:

Scrap (RTWS)

Return (RTWR)

Special Instructions _____