

CARRIER CODE	SANDERS SERVICES INSPECTION REPORT	PRO NUMBER	KAB 123 456	4AB 123456		
F N L		PRO Date	Delivery Date	Inspect. Req Date	Inspect. Perform Date	
TERMINAL		LINE 29	LINE 29	02/07/07	02/10/07	
S J O						
Consignee	SMITH		Receiving Facility <input checked="" type="checkbox"/> Street Level <input type="checkbox"/> Tailgate Level <input type="checkbox"/> Other _____			
Address	130 MAIN ST.		Does consignee have forklift? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Other _____			
City & State	SAN LUIS OBISPO, CA. 93401-2817		Was freight moved after delivery? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Distance _____			
Phone No.	(508) 321-1234 Ext _____		By whom / how moved?			
Shipper	LINE 29		Is there evidence of prior transportation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Explain) _____			
City & State	LINE 29					
No. of Articles	Describe Articles	<input type="checkbox"/> Lost <input checked="" type="checkbox"/> Damaged <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	List All (Serial No., Model No., Marks)	Weight of article damaged		
ONE (1)	COUNTER TOP, KITCHEN ISLAND, MAPLE WOOD, WITH OPENING FOR SINK, THE TOP			100 LBS., EST		
	HAD OVERALL MEASUREMENT OF 71 X 40.25 X 1.75"					
Show Nature and Extent of Loss or Damage						
AT THE TIME OF THE INSPECTION THE COUNTER TOP WAS LOCATED ON THE KITCHEN ISLAND BUT NOT MOUNTED IN PLACE.						
THE DAMAGE TO THE COUNTER TOP WAS LIMITED TO THE FOLLOWING: THERE WAS A CRACK AT ONE END NEAR THE "SINK" OPENING AT A LARGE KNOT. THE CRACK WAS LOCATED 6" FROM THE FRONT AND WAS SUCH THAT THE WOOD TO THE FRONT SIDE OF THE CRACK WAS LIFTED .125" ABOVE THE PLANE OF THE COUNTER TOP. THERE WAS A SECOND LESS SEVERE CRACK 11" LONG LOCATED 12" FROM THE FRONT AND 26" FROM THE RIGHT SIDE.						
When received, merchandise was <input type="checkbox"/> In Container <input type="checkbox"/> Loose <input checked="" type="checkbox"/> Palletized <input type="checkbox"/> Skidded <input type="checkbox"/> Wrapped <input type="checkbox"/> Reel <input type="checkbox"/> Other _____						
At time of inspection, was there sufficient damage to warrant exception? (Explain) YES						
Does consignee claim exception at time of delivery? NO DR AVAILABLE Was shipment re-coopered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, attach sample.						
If in container, does damage or loss to contents correspond to damage to the container? NO						
Released or declared value? <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Yes \$ _____ per _____						
Is shipper the manufacturer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, manufacturer's name and address LINE 29						
Returned merchandise? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, reason for return _____ Orig. Carrier _____ Pro _____ Dt _____						
Container available at point of inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no explain _____						
Container Type <input type="checkbox"/> New <input type="checkbox"/> Used		<input checked="" type="checkbox"/> CFB Box <input type="checkbox"/> SW <input type="checkbox"/> DW <input type="checkbox"/> TW	<input type="checkbox"/> Crate <input type="checkbox"/> Open Slat <input type="checkbox"/> Fully Enclosed	<input type="checkbox"/> Skid <input checked="" type="checkbox"/> Pallet		
Box Maker's Certificate / / /		Distance between contents and container walls Top _____ Bottom _____ Sides _____				
Closures <input type="checkbox"/> Taped <input type="checkbox"/> Stapled <input type="checkbox"/> Strapped <input type="checkbox"/> Nailed <input type="checkbox"/> Glued <input type="checkbox"/> Wired <input type="checkbox"/> Screwed <input type="checkbox"/> Latch		Wrap <input type="checkbox"/> Stretch <input type="checkbox"/> Singleface <input type="checkbox"/> Paper				
Markings <input type="checkbox"/> None <input checked="" type="checkbox"/> Fragile <input type="checkbox"/> Directional <input type="checkbox"/> Contents Indicated <input type="checkbox"/> Do Not Stack <input type="checkbox"/> HWC <input type="checkbox"/> Top Heavy		<input type="checkbox"/> Furniture <input type="checkbox"/> Glass <input type="checkbox"/> Keep Dry <input type="checkbox"/> Do not stack over high <input type="checkbox"/> No Fork Lifts <input type="checkbox"/> Other				
Inner Packing <input type="checkbox"/> Form Fitting Inserts Styrofoam <input type="checkbox"/> CFB <input type="checkbox"/> Styrofoam Chips <input type="checkbox"/> Bubblewrap <input type="checkbox"/> Foam Sheeting <input type="checkbox"/> Exceisor		Was internal packaging available at point of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain)				
Describe how goods were packed (Describe blocking, bracing, and dunnage where applicable)		MUST BE COMPLETED				
THE PACKAGING PRESENTED WAS LIMITED TO THE FOLLOWING:		Value of Commodity	\$1800	<input type="checkbox"/> Actual Invoice		
ONE PALLET OF 2X4 SOFTWOOD MEASURING 78 X 47" AND TWO		Damaged/Lost		<input checked="" type="checkbox"/> Estimated		
SHEETS OF SINGLE WALL CORRUGATED FIBERBOARD EACH		<small>Common Law has established that it is the duty of the consignee to accept injured goods and to make every effort to mitigate the damages by repairing, refurbishing, or otherwise disposing of the injured goods to the best advantage, the carrier being held liable for the difference between the value of the injured goods and their value in the condition in which they were originally delivered to the carrier for transportation.</small>				
MEASURING 71 X 40".		Will consignee retain for allowance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
		Allowance \$ _____ <input type="checkbox"/> Requested <input type="checkbox"/> Agreed				
		Are repairs feasible? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
		By <input type="checkbox"/> Consignee <input type="checkbox"/> Shipper				
		Est. Repairs \$ _____				
		Will consignee salvage material? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
		Est. Salvage Value \$ 200				
THIS IS NOT A CLAIM NOR LEGAL INTENT TO FILE A CLAIM. TO FILE A CLAIM, CONTACT THE CARRIER.						
JOHN A. INSPECTOR (800)592-0352		X MARY SMITH				
Inspector		Consignee Representative				