

# VEHICLE INSPECTION REPORT

Year, Make Model \_\_\_\_\_ Driver & Title \_\_\_\_\_ Mileage \_\_\_\_\_  
 Serial Number \_\_\_\_\_ Inspected by \_\_\_\_\_ Date \_\_\_\_\_

## TIRES:

	Good Tread	Poor Tread	Uneven Wear	Sidewall Damage	Other Damage	Other Damage Notes: Please specify:
Left front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Right front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Left rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Right rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

## GLASS:

	No Damage	Scratches Specify where:	Cracks Specify where:	Chips Specify where:	Broken/Other Specify where:
Front Windshield	<input type="checkbox"/>	_____	_____	_____	_____
Back Window	<input type="checkbox"/>	_____	_____	_____	_____
Driver's Side	<input type="checkbox"/>	_____	_____	_____	_____
Passenger's side	<input type="checkbox"/>	_____	_____	_____	_____
Other: _____	<input type="checkbox"/>	_____	_____	_____	_____

## MECHANICAL:

Engine	<input type="checkbox"/> Smooth	<input type="checkbox"/> Rough	<input type="checkbox"/> Burns Oil	<input type="checkbox"/> Other: _____
Transmission	<input type="checkbox"/> Smooth	<input type="checkbox"/> Slips	<input type="checkbox"/> Leaks Oil	<input type="checkbox"/> Other: _____
Brakes	<input type="checkbox"/> Quiet	<input type="checkbox"/> Noisy	<input type="checkbox"/> Pulls to side	<input type="checkbox"/> Other: _____
Front end & Steering	<input type="checkbox"/> Needs aligned/tightened	<input type="checkbox"/> Pulls to side	<input type="checkbox"/> Other: _____	
Other (Radiator, A/C, Muffler, etc.)	<input type="checkbox"/> Specify: _____			

Company car maintenance record in glove compartment and current?  Yes  No

## Metal & Paint

	No Damage	Dented	Rusted	Faded	Chipped	Scratched	Other: Please specify
Top of Car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Engine hood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Grille	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Front bumper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Left front fender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
LF door & rocker panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
LR door & rocker panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Left rear fender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Trunk deck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rear bumper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Right rear fender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
RR door & rocker pane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
RF door & rocker panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Right front fender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

## INTERIOR

	No Damage	Soiled	Torn	Worn	Other: please specify
Front seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rear seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Headliner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Front mat/rug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rear mat/rug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____