

**VEHICLE INSPECTION REPORT**

This report is due during the month of **April** and **October** each year. A separate report must be completed for each unit. After completion this report should be forwarded to: \_\_\_\_\_

Date: \_\_\_\_\_  
Vehicle unit number: \_\_\_\_\_ License number: \_\_\_\_\_ Mileage: \_\_\_\_\_  
Branch and Department number: \_\_\_\_\_ Driver: \_\_\_\_\_  
Reporting office: \_\_\_\_\_ Department: \_\_\_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Serial number: \_\_\_\_\_

4 cylinder      6 cylinder      \_\_\_\_\_ other      Cruise      Tilt wheel

**INSPECT AND CHECK ONE:**

**Lights**

Head:	<input type="checkbox"/> OK	<input type="checkbox"/> Out	Back-up:	<input type="checkbox"/> OK	<input type="checkbox"/> Out
Parking:	<input type="checkbox"/> OK	<input type="checkbox"/> Out	Side:	<input type="checkbox"/> OK	<input type="checkbox"/> Out
Tail:	<input type="checkbox"/> OK	<input type="checkbox"/> Out	Flashers:	<input type="checkbox"/> OK	<input type="checkbox"/> Out
Directional:	<input type="checkbox"/> OK	<input type="checkbox"/> Out			

**Tires**

Front left:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Front right:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Rear left:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Rear right:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Conventional spare:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Snow tires:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Mini spare:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor		

Note and explain uneven wear: \_\_\_\_\_  
\_\_\_\_\_

**Brakes**

Check for master cylinder leaks. If unusual conditions, explain: \_\_\_\_\_  
\_\_\_\_\_

Check brake pedal:     High       Low

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check brake fluid:     Full       Low

**Exterior**

- Paint, overall condition:     Good     Fair     Poor  
Chrome, overall condition:     Good     Fair     Poor  
Glass, overall condition:     No damage     Damage

Explanation of overall exterior condition: \_\_\_\_\_  
\_\_\_\_\_

Nonstandard ornamentation or equipment? (decals, trailer hitch, etc.)     Yes     No

If "Yes," describe: \_\_\_\_\_  
\_\_\_\_\_

Exterior damage?     Yes     No

If "Yes," note and explain estimated cost of repairs: \_\_\_\_\_  
\_\_\_\_\_

If "Yes," was claim submitted?     Yes     No

If "No," why not: \_\_\_\_\_  
\_\_\_\_\_

**Interior**

- Overall appearance:     Clean     Worn     Dirty  
Condition of seats:     Good     Springs broken     Sagging  
Condition of upholstery:     Clean     Worn     Dirty     Torn     Burn holes  
Condition of carpets:     Clean     Worn     Dirty     Torn  
Floor mats:     Yes     No  
Windshield wipers:     Good     Fair     Poor  
Knobs, handles, etc.:     Good     Broken     Missing

Accessories:

- Flash light:     Yes     No  
Horn working:     Yes     No  
Safety belts:     Working     Nonworking  
Windshield scraper: (if applicable)     Yes     No  
Rear window defroster:     Working     Nonworking  
Accident report kit:     Yes     No  
Driver's manual:     Yes     No

Condition of trunk:     Clean     Dirty

Accessories:

- Jack:     Yes     No  
Handle and base:     Yes     No  
Lug wrench:     Yes     No  
Flares or reflectors (2-6):     Yes     No

**Under Hood**

Engine:       Clean       Dirty

Note apparent leakage: \_\_\_\_\_  
\_\_\_\_\_

Engine oil:       Full       Low

Condition: \_\_\_\_\_

Mileage of last oil change: \_\_\_\_\_ Mileage of last filter change: \_\_\_\_\_

Mileage of last lubrication: \_\_\_\_\_

Windshield washer fluid:       Full       Low

Battery water level:       Full       Low

Nonfillable:       Yes       No

Transmission fluid condition:       Full       Low      Color:       Red       Black

Power steering fluid:       Full       Low

**Overall Rating of Car**

Excellent       Good       Fair       Poor

Driver's comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspector's comments and recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspector's signature: \_\_\_\_\_

Branch/Fleet Coordinator signature: \_\_\_\_\_

Driver's signature: \_\_\_\_\_

Scheduled completion date of corrective action: \_\_\_\_\_