

Vehicle Condition Report

Client:				Case ID Number:				Recovery Date & Time:			
Legal Owner:				Customer:				Police Dept:			
Year:		Color:		Account #:				DR# / Officer Name:			
Make:				Recovered From:				Mileage:			
Model:											
VIN:											
Plate:				EX:							
F= Fade / P= Poor / C= Chip / S= Scratch R= Rust / D= Ding / B= Broken / DD= Dent				W= Worn / T= Torn / D= Dirty / BR= Burn B= Broken / S= Stained / C= Cracked							
EXTERIOR	OK	OTHER	NONE	INTERIOR	OK	OTHER	NONE	EQUIPMENT			
Top	<input type="checkbox"/>		<input type="checkbox"/>	Head Liner	<input type="checkbox"/>		<input type="checkbox"/>	Automatic Trans	<input type="checkbox"/>		
Windshield	<input type="checkbox"/>		<input type="checkbox"/>	Inst Panel	<input type="checkbox"/>		<input type="checkbox"/>	Standard Trans	<input type="checkbox"/>		
Hood	<input type="checkbox"/>		<input type="checkbox"/>	Dash Board	<input type="checkbox"/>		<input type="checkbox"/>	Air Conditioning	<input type="checkbox"/>		
Grill	<input type="checkbox"/>		<input type="checkbox"/>	Center Mirror	<input type="checkbox"/>		<input type="checkbox"/>	Power Steering	<input type="checkbox"/>		
Lights	<input type="checkbox"/>		<input type="checkbox"/>	Front Carpet	<input type="checkbox"/>		<input type="checkbox"/>	Power Windows	<input type="checkbox"/>		
Front Bumper	<input type="checkbox"/>		<input type="checkbox"/>	Front Mats	<input type="checkbox"/>		<input type="checkbox"/>	Power Locks	<input type="checkbox"/>		
Splash Pan	<input type="checkbox"/>		<input type="checkbox"/>	L.F. Seat	<input type="checkbox"/>		<input type="checkbox"/>	Power Seats	<input type="checkbox"/>		
R.F. Fender	<input type="checkbox"/>		<input type="checkbox"/>	L.F. Door Panel	<input type="checkbox"/>		<input type="checkbox"/>	Power Brakes	<input type="checkbox"/>		
R.F. Wheel	<input type="checkbox"/>		<input type="checkbox"/>	Center Console	<input type="checkbox"/>		<input type="checkbox"/>	Cruise Control	<input type="checkbox"/>		
R.F. Tire	<input type="checkbox"/>		<input type="checkbox"/>	R.F. Seat	<input type="checkbox"/>		<input type="checkbox"/>	Tilt Wheel	<input type="checkbox"/>		
Wheel Cover	<input type="checkbox"/>		<input type="checkbox"/>	R.F. Door Panel	<input type="checkbox"/>		<input type="checkbox"/>	Sun / Moon Roof	<input type="checkbox"/>		
R.F. Mirror	<input type="checkbox"/>		<input type="checkbox"/>	Rear Seat	<input type="checkbox"/>		<input type="checkbox"/>	Alarm / Security	<input type="checkbox"/>		
R.F. Door	<input type="checkbox"/>		<input type="checkbox"/>	Rear Panels	<input type="checkbox"/>		<input type="checkbox"/>	AM / FM Radio	<input type="checkbox"/>		
R.F. Glass	<input type="checkbox"/>		<input type="checkbox"/>	Rear Carpet	<input type="checkbox"/>		<input type="checkbox"/>	Cassette	<input type="checkbox"/>		
R.R. Glass	<input type="checkbox"/>		<input type="checkbox"/>	Rear Mats	<input type="checkbox"/>		<input type="checkbox"/>	1 CD: <input type="checkbox"/> or Changer: <input type="checkbox"/>			
R.R. Door	<input type="checkbox"/>		<input type="checkbox"/>	3rd Row Seat	<input type="checkbox"/>		<input type="checkbox"/>	# Of DVD / TV Screens:	<input type="checkbox"/>		
R.R. Fender	<input type="checkbox"/>		<input type="checkbox"/>					After Market Sound System	<input type="checkbox"/>		
R.R. Wheel	<input type="checkbox"/>		<input type="checkbox"/>	MECHANICAL	OK	OTHER	???	After Market Amp	<input type="checkbox"/>		
R.R. Tire	<input type="checkbox"/>		<input type="checkbox"/>	Engine	<input type="checkbox"/>		<input type="checkbox"/>	After Market Speakers	<input type="checkbox"/>		
Wheel Cover	<input type="checkbox"/>		<input type="checkbox"/>	Transmission	<input type="checkbox"/>		<input type="checkbox"/>	Navigation System	<input type="checkbox"/>		
Rear Glass	<input type="checkbox"/>		<input type="checkbox"/>	Clutch	<input type="checkbox"/>		<input type="checkbox"/>	Camper Shell	<input type="checkbox"/>		
Trunk Lid	<input type="checkbox"/>		<input type="checkbox"/>	Brakes	<input type="checkbox"/>		<input type="checkbox"/>	Tano Bed Cover	<input type="checkbox"/>		
Rear Door	<input type="checkbox"/>		<input type="checkbox"/>	Front End	<input type="checkbox"/>		<input type="checkbox"/>	Construction Rack	<input type="checkbox"/>		
Truck Bed	<input type="checkbox"/>		<input type="checkbox"/>	Rear End	<input type="checkbox"/>		<input type="checkbox"/>	Tool Box	<input type="checkbox"/>		
Bed Liner	<input type="checkbox"/>		<input type="checkbox"/>	Battery	<input type="checkbox"/>		<input type="checkbox"/>	Custom Wheels	<input type="checkbox"/>		
Tail Gate	<input type="checkbox"/>		<input type="checkbox"/>								
Rear Bumper	<input type="checkbox"/>		<input type="checkbox"/>	Vehicle Runs and Drives:				Keys:			
Spare Wheel	<input type="checkbox"/>		<input type="checkbox"/>	Major Collision Damage:				Personal Effects:			
Spare Tire	<input type="checkbox"/>		<input type="checkbox"/>	Additional Comments:							
Tow Hitch	<input type="checkbox"/>		<input type="checkbox"/>	Condition Report Completed By:							
Tail Lights	<input type="checkbox"/>		<input type="checkbox"/>								
L.R. Fender	<input type="checkbox"/>		<input type="checkbox"/>								
L.R. Wheel	<input type="checkbox"/>		<input type="checkbox"/>								
L.R. Tire	<input type="checkbox"/>		<input type="checkbox"/>								
Wheel Cover	<input type="checkbox"/>		<input type="checkbox"/>								
L.R. Door	<input type="checkbox"/>		<input type="checkbox"/>								
L.R. Glass	<input type="checkbox"/>		<input type="checkbox"/>								
L.F. Glass	<input type="checkbox"/>		<input type="checkbox"/>								
L.F. Door	<input type="checkbox"/>		<input type="checkbox"/>								
L.F. Mirror	<input type="checkbox"/>		<input type="checkbox"/>	Vehicle Storage							
L.F. Fender	<input type="checkbox"/>		<input type="checkbox"/>	Location:							
L.F. Wheel	<input type="checkbox"/>		<input type="checkbox"/>	Normal wear and tear and mechanical breakdowns to vehicle while in the possession of the repossession agency, is NOT the responsibility of the repossession agency.							
L.F. Tire	<input type="checkbox"/>		<input type="checkbox"/>	VEHICLE ACCEPTED AS DEPICTED ON THIS REPORT BY:							
Wheel Cover	<input type="checkbox"/>		<input type="checkbox"/>	Auction:							
				Customer:							
				Transporter:							
				Print Name:				Date:			