

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"/>				Head Liner	<input type="checkbox"/>				Automatic Trans	<input type="checkbox"/>
Windshield	<input type="checkbox"/>				Inst Panel	<input type="checkbox"/>				Standard Trans	<input type="checkbox"/>
Hood	<input type="checkbox"/>				Dash Board	<input type="checkbox"/>				Air Conditioning	<input type="checkbox"/>
Grill	<input type="checkbox"/>				Center Mirror	<input type="checkbox"/>				Power Steering	<input type="checkbox"/>
Lights	<input type="checkbox"/>				Front Carpet	<input type="checkbox"/>				Power Windows	<input type="checkbox"/>
Front Bumper	<input type="checkbox"/>				Front Mats	<input type="checkbox"/>				Power Locks	<input type="checkbox"/>
Splash Pan	<input type="checkbox"/>				L.F. Seat	<input type="checkbox"/>				Power Seats	<input type="checkbox"/>
R.F. Fender	<input type="checkbox"/>				L.F. Door Panel	<input type="checkbox"/>				Power Brakes	<input type="checkbox"/>
R.F. Wheel	<input type="checkbox"/>				Center Console	<input type="checkbox"/>				Cruise Control	<input type="checkbox"/>
R.F. Tire	<input type="checkbox"/>				R.F. Seat	<input type="checkbox"/>				Tilt Wheel	<input type="checkbox"/>
Wheel Cover	<input type="checkbox"/>				R.F. Door Panel	<input type="checkbox"/>				Sun / Moon Roof	<input type="checkbox"/>
R.F. Mirror	<input type="checkbox"/>				Rear Seat	<input type="checkbox"/>				Alarm / Security	<input type="checkbox"/>
R.F. Door	<input type="checkbox"/>				Rear Panels	<input type="checkbox"/>				AM / FM Radio	<input type="checkbox"/>
R.F. Glass	<input type="checkbox"/>				Rear Carpet	<input type="checkbox"/>				Cassette	<input type="checkbox"/>
R.R. Glass	<input type="checkbox"/>				Rear Mats	<input type="checkbox"/>				1 CD: <input type="checkbox"/> or Changer:	<input type="checkbox"/>
R.R. Door	<input type="checkbox"/>				3rd Row Seat	<input type="checkbox"/>				# Of DVD / TV Screens:	<input type="checkbox"/>
R.R. Fender	<input type="checkbox"/>									After Market Sound System	<input type="checkbox"/>
R.R. Wheel	<input type="checkbox"/>				MECHANICAL	OK	OTHER	???		After Market Amp	<input type="checkbox"/>
R.R. Tire	<input type="checkbox"/>				Engine	<input type="checkbox"/>				After Market Speakers	<input type="checkbox"/>
Wheel Cover	<input type="checkbox"/>				Transmission	<input type="checkbox"/>				Navigation System	<input type="checkbox"/>
Rear Glass	<input type="checkbox"/>				Clutch	<input type="checkbox"/>				Camper Shell	<input type="checkbox"/>
Trunk Lid	<input type="checkbox"/>				Brakes	<input type="checkbox"/>				Tano Bed Cover	<input type="checkbox"/>
Rear Door	<input type="checkbox"/>				Front End	<input type="checkbox"/>				Construction Rack	<input type="checkbox"/>
Truck Bed	<input type="checkbox"/>				Rear End	<input type="checkbox"/>				Tool Box	<input type="checkbox"/>
Bed Liner	<input type="checkbox"/>				Battery	<input type="checkbox"/>				Custom Wheels	<input type="checkbox"/>
Tail Gate	<input type="checkbox"/>										
Rear Bumper	<input type="checkbox"/>				Vehicle Runs and Drives:				Keys:		
Spare Wheel	<input type="checkbox"/>				Major Collision Damage:				Personal Effects:		
Spare Tire	<input type="checkbox"/>				Additional Comments:						
Tow Hitch	<input type="checkbox"/>										
Tail Lights	<input type="checkbox"/>										
L.R. Fender	<input type="checkbox"/>										
L.R. Wheel	<input type="checkbox"/>										
L.R. Tire	<input type="checkbox"/>				Condition Report Completed By:						
Wheel Cover	<input type="checkbox"/>										
L.R. Door	<input type="checkbox"/>				Vehicle Storage						
L.R. Glass	<input type="checkbox"/>				Location:						
L.F. Glass	<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. Door	<input type="checkbox"/>				VEHICLE ACCEPTED AS DEPICTED ON THIS REPORT BY:						
L.F. Mirror	<input type="checkbox"/>				Auction: <input type="checkbox"/>						
L.F. Fender	<input type="checkbox"/>				Customer: <input type="checkbox"/>						
L.F. Wheel	<input type="checkbox"/>				Transporter: <input type="checkbox"/>						
L.F. Tire	<input type="checkbox"/>										
Wheel Cover	<input type="checkbox"/>				Print Name: Date: <input type="text"/>						

Repossession Auto 1099 Report

Marcel A. Müller



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