



MECHANICAL REPORT

NAME OF TITLEHOLDER		
POLICYHOLDER		
POLICY#	PRODUCER	PRODUCER#

TO BE COMPLETED BY INSPECTOR				
YEAR	MAKE	MODEL	MILEAGE	
PLEASE CIRCLE YES OR NO				
YES	NO	BRAKES FUNCTIONING		
YES	NO	BRAKE LIGHTS FUNCTIONING		
YES	NO	HEADLIGHT FUNCTIONING		
YES	NO	WINDSHIELD – CRACKED OR MISSING		
YES	NO	DRIVERS SIDE DOOR: CRACKED, DAMAGED OR MISSING		
YES	NO	DAMAGED SUSPENSION		

LOCATION OF AUTO SHOP WHERE VEHICLE WAS INSPECTED

NAME _____

ADDRESS _____

PHONE _____

VEHICLE INSPECTOR'S NAME (PRINTED) _____

VEHICLE INSPECTOR'S SIGNATURE _____

DATE _____