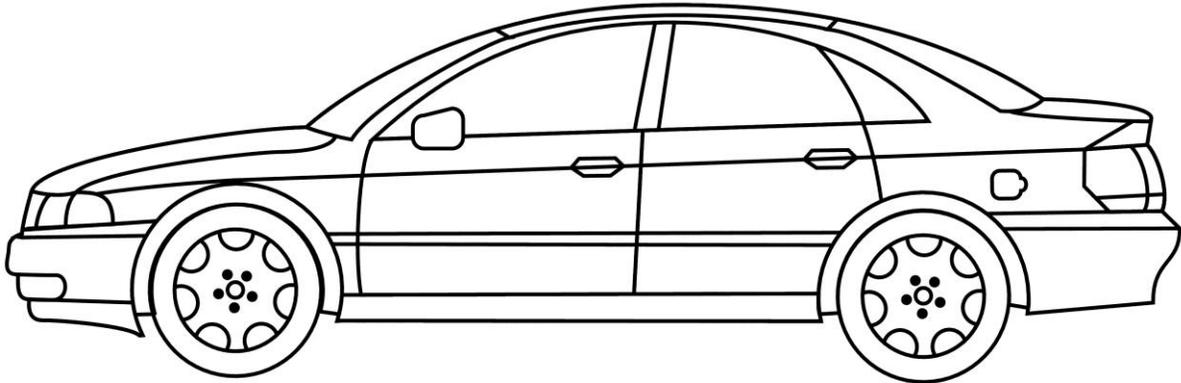
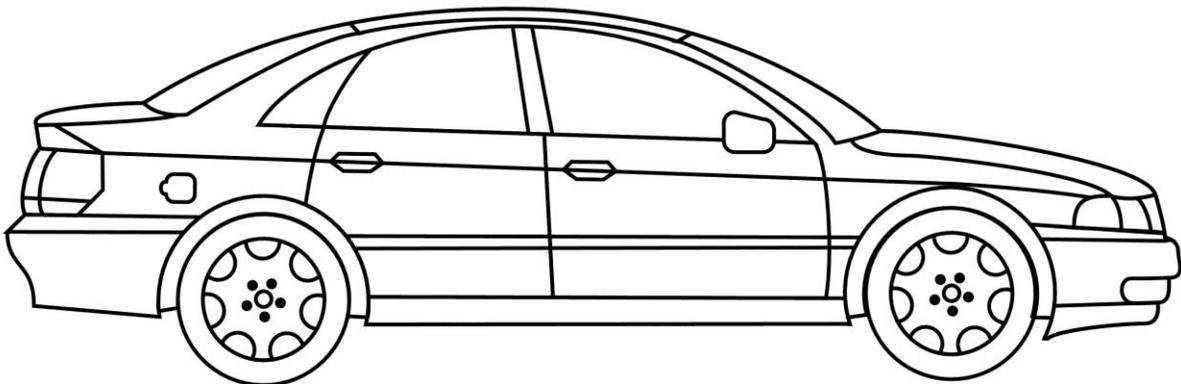


Select the vehicle type relevant for each inspection presented on page two to four and indicate body damages on the diagrams provided.

Private Passenger Vehicle:



Left Side of Private Passenger Vehicle



Right Side of Private Passenger Vehicle

Additional Comment(s):

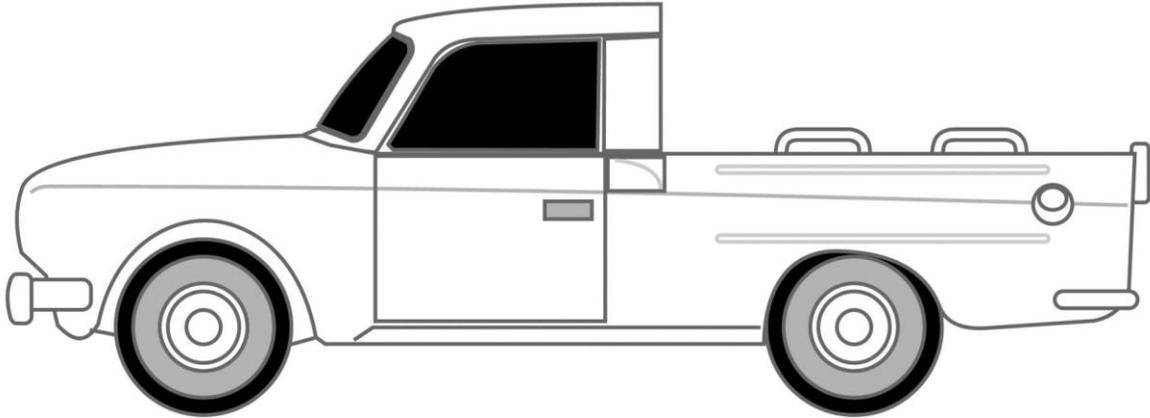
Inspection Performed by:

Employee Name: _____

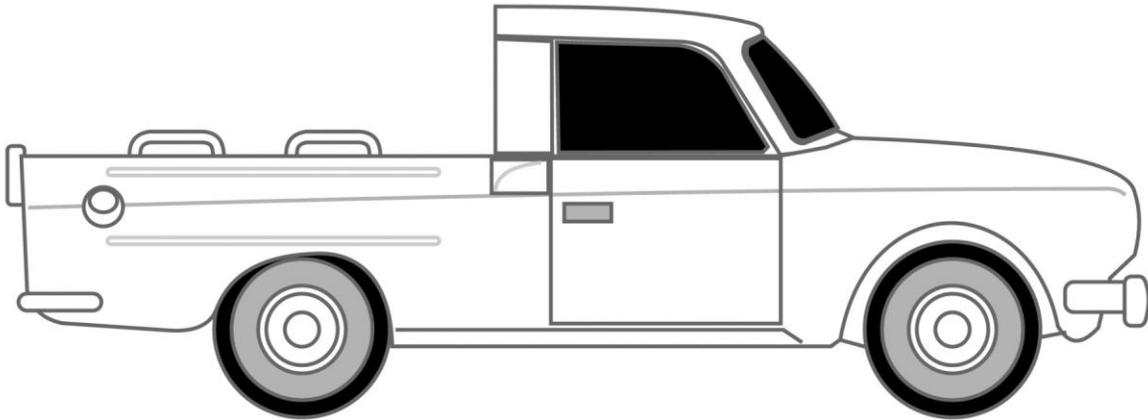
Signature: _____

Date: _____ **Time:** _____

Pick-up Truck:



Left Side of Pick-up Truck



Right Side of Pick-up Truck

Additional Comment(s):

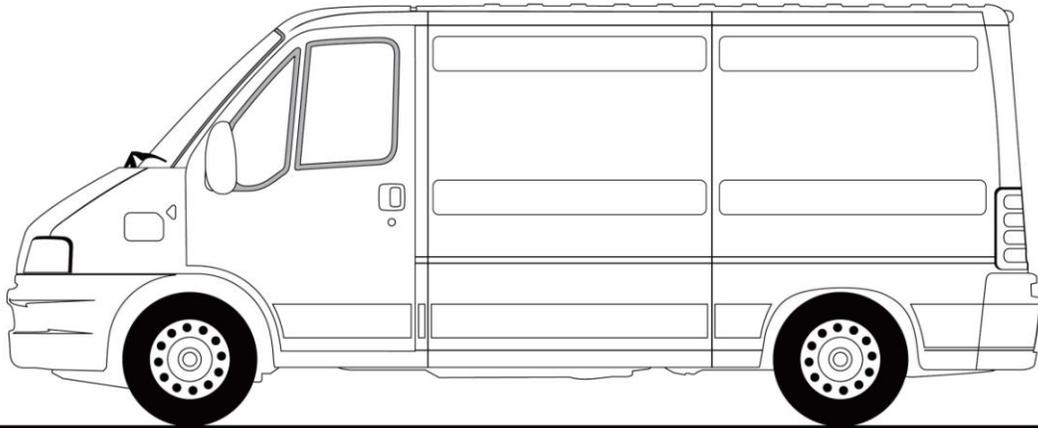
Inspection Performed by:

Employee Name: _____

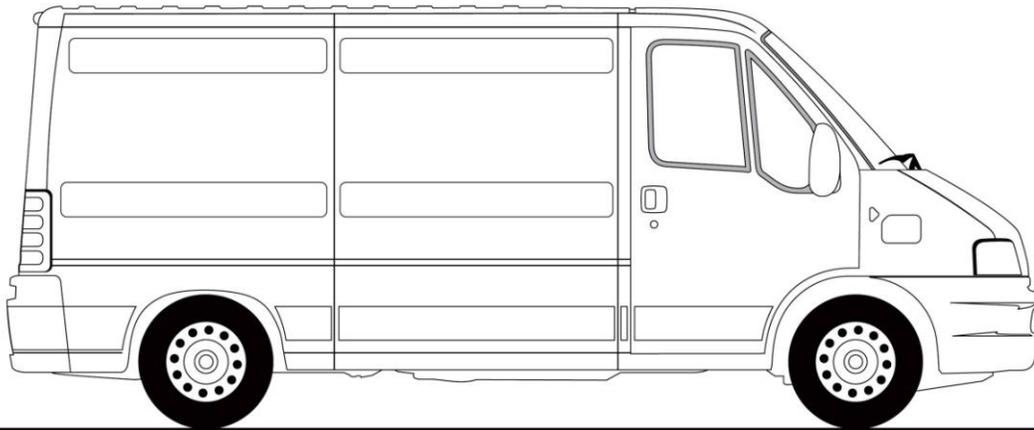
Signature: _____

Date: _____ **Time:** _____

Service Vehicle:



Left Side of Service Vehicle



Right Side of Service Vehicle

Additional Comment(s):

Inspection Performed by:

Employee Name: _____

Signature: _____

Date: _____ **Time:** _____