

Salvage Condition Inspection Report

Fleet Information

Fleet Company Name: _____

Policy Number: _____

Date of Inspection: _____

Inspector Name: _____

Vehicle Details

Vehicle ID	Year	Make	Model	VIN	License Plate	Mileage
_____	_____	_____	_____	_____	_____	_____

Exterior Condition

Area	Damage Description	Severity	Repair Needed
Front	_____	_____	_____
Rear	_____	_____	_____
Left Side	_____	_____	_____
Right Side	_____	_____	_____
Roof	_____	_____	_____

Interior Condition

Component	Condition	Description/Notes
Seats	_____	_____
Dashboard	_____	_____
Controls	_____	_____
Other	_____	_____

Functional Condition

System	Status	Notes
Engine	_____	_____
Transmission	_____	_____
Brakes	_____	_____
Electrical	_____	_____

Other	_____	_____
-------	-------	-------

Additional Notes

Enter any additional observations or comments here.

Inspector Signature: _____

Date: _____