

# Collateral Inspection Report

Our Internal Reference # \_\_\_\_\_  
 Registered Owner: \_\_\_\_\_  
 Recovered From: \_\_\_\_\_  
 City/St/Zip: \_\_\_\_\_

Date of Repossession: \_\_\_\_\_  
 Time of Occurance: \_\_\_\_\_ AM / PM  
 Client: \_\_\_\_\_  
 Client's Acct # \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Body Style: \_\_\_\_\_  
 Vin # \_\_\_\_\_ License # \_\_\_\_\_ State: \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_

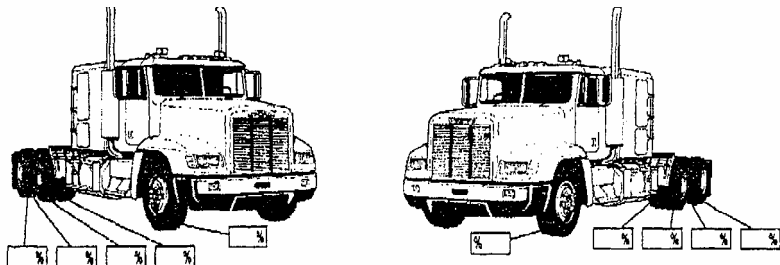
MILEAGE: \_\_\_\_\_ Reported to: \_\_\_\_\_ Badge # \_\_\_\_\_

FUEL:     Does Tractor Drive? Yes / No    Keys? Yes / No    Towed? Yes / No    Collision Damage? Yes / No  
 Personal Property in collateral? Yes / No

<b>Engine - Make</b> _____	<b>HP</b> _____
Anti-freeze <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Added	
Block & Radiator drained <input type="checkbox"/> Yes <input type="checkbox"/> No	
Transmission make _____	<b>S/WS</b> _____
Clutch <input type="checkbox"/> OK <input type="checkbox"/> Slips <input type="checkbox"/> Out	
5th Wheel <input type="checkbox"/> Airside <input type="checkbox"/> Manual	
Steering <input type="checkbox"/> Power	
Radio <input type="checkbox"/> Good <input type="checkbox"/> In-op <input type="checkbox"/> Missing	
Jake Brake <input type="checkbox"/> Yes <input type="checkbox"/> No	
Battery(s) _____	
Air Cond. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Brakes <input type="checkbox"/> Air <input type="checkbox"/> Hydraulic	
Differential <input type="checkbox"/> Multiple Speed	
Remarks _____	

<b>Interior</b> _____	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	Replace <input type="checkbox"/>
Instrument Panel _____	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	Replace <input type="checkbox"/>
Carpet/mats _____	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	Replace <input type="checkbox"/>
Upholstery _____	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	Replace <input type="checkbox"/>
Sleeper _____	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	Replace <input type="checkbox"/>
General Condition _____	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	Replace <input type="checkbox"/>
Sleeper Size _____			
<b>MECHANICAL CONDITION</b>			
Engine _____			
Transmission _____			
Rear Axle _____			
Air Condition _____			
Brakes _____			

<b>SUSPENSION</b>	
Leaf Spring <input type="checkbox"/>	
Air Ride <input type="checkbox"/>	
Hendrickson <input type="checkbox"/>	
Camel Back <input type="checkbox"/>	
<b>FAIRINGS</b>	
No <input type="checkbox"/>	Yes <input type="checkbox"/>
Full <input type="checkbox"/>	Partial <input type="checkbox"/>
Interior Color _____	
Exterior Color _____	



Comments on Condition: \_\_\_\_\_

The information concerning the condition of this vehicle is the opinion of the person completing this report only.  
 Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

**RECEIPT FOR TRACTOR:**  
 The undersigned hereby acknowledges receipt of the above described collateral in the condition as listed above and releases \_\_\_\_\_ and employees from and against any and all claims of actions in connection with this repossession.

X _____	Person Acknowledging Receipt of Collateral	Print	Date	Company
X _____	Witness to Delivery / Redemption			Date