



Transportation Department  
**Vehicle Defect Report**

Vehicle Number: \_\_\_\_\_ Odometer Reading: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

*Check Defects*

1. Brakes	<input type="checkbox"/>	16. Wheels	<input type="checkbox"/>
2. Lights	<input type="checkbox"/>	17. Fluid Leaks	<input type="checkbox"/>
3. Horn	<input type="checkbox"/>	18. Air Leaks	<input type="checkbox"/>
4. Wipers	<input type="checkbox"/>	19. Fuel Odor	<input type="checkbox"/>
5. Gauges	<input type="checkbox"/>	20. Exhaust Fumes	<input type="checkbox"/>
6. Heaters	<input type="checkbox"/>	21. Muffler	<input type="checkbox"/>
7. Defrosters	<input type="checkbox"/>	22. Tailpipe	<input type="checkbox"/>
8. Seats	<input type="checkbox"/>	23. Inside Mirrors	<input type="checkbox"/>
9. Glass	<input type="checkbox"/>	24. Body Dents	<input type="checkbox"/>
10. Emergency Door	<input type="checkbox"/>	25. Cross View Mirror	<input type="checkbox"/>
11. Emergency Equipment	<input type="checkbox"/>	26. Outside Mirrors	<input type="checkbox"/>
12. Clean-up Kit	<input type="checkbox"/>	27. Two-Way Radio	<input type="checkbox"/>
13. Emergency Door Buzzer	<input type="checkbox"/>	28. VCR/Camera	<input type="checkbox"/>
14. Steering	<input type="checkbox"/>	29. Child Check Mate System	<input type="checkbox"/>
15. Tires	<input type="checkbox"/>	30. Other _____	<input type="checkbox"/>

Remarks:

\_\_\_\_\_  
*Driver's Signature*

Shop Report:

Defect Corrected: Yes No Date: \_\_\_\_\_

Mechanic's Signature: \_\_\_\_\_ Work Order No.: \_\_\_\_\_