State of Montana
DEPARTMENT OF CORRECTIONS
VEHICLE CONDITION REPORT
(Per DOC Policy 1.2.18, this form must be completed annually for each Department-owned vehicle and/or upon request from the Fleet Management Unit (FMU)).

Vehicle license plate number: ____________________________

Vehicle location (i.e. Facility or P&P Office): ____________________________

Employee/Responsible Party assigned to vehicle: ____________________________

**VEHICLE INFORMATION:**

Year: ____________  Current odometer reading: ________________

Make: ____________  Model: ____________  Engine size: ____________

Check any of the following that apply:

☐ 4-wheel drive  ☐ Air conditioning  ☐ Automatic Transmission

Special equipment or accessories (e.g. two-way radio, cage, emergency lights, plow, etc.):
________________________________________________________________________

Date last PM 1 (every 5,000 miles) Service completed: ____________________________

Date last PM 2 (every 30,000 miles or 24 months) Service completed: ________________

Current Vehicle Use (e.g. post office trips, offender/inmate transport, maintenance, etc.):
________________________________________________________________________

**Overall condition of:**

**Vehicle Exterior** (including body damage, scratches, dents, paint, and glass):

☐ Good  ☐ Fair  ☐ Poor

**Vehicle Interior** (including rips, tears, and stains):

☐ Good  ☐ Fair  ☐ Poor

**Vehicle Operating Systems** (including engine, transmission, starter, and suspension):

☐ Good  ☐ Fair  ☐ Poor

Major repairs in last 12 months (please list and include odometer reading at time of repair):
1. ______________________________________

2. ______________________________________

3. ______________________________________

Current/suggested repairs needed (please list in detail with estimated cost of each repair if known):

1. ______________________________________

2. ______________________________________

3. ______________________________________

Do you consider this vehicle safe to drive?  □ Yes  □ No

In your opinion, is it reasonable to keep this vehicle?  □ Yes  □ No

If no to either question above, please explain why and detail any pertinent information about the vehicle you think the FMU should be aware of (e.g. current problems or concerns with the vehicle, previous accidents, overall appearance, performance, missing parts, etc.):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Assigned Driver or Responsible Party/ Supervisor Signature: ______________________

Administrator Signature: _____________________________________________________

Fleet Management Unit (FMU) Signature: _________________________________

________________________________________________________________________

FOR FMU USE ONLY

Approximate current value of vehicle: __________________

Life expectancy of vehicle: __________________

Current photos on file: _______ _______  Photo date: _______

Yes  No