



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: Yes No

Photo date: _____