**BRANCH:** **DEALER:** **REPOSSESSION ANALYSIS**

CUSTOMER NAME: ADDRESS: ACCOUNT NO.

DATE REPOSSESSED: LEGAL SALE DATE: YEAR: MAKE: MODEL: VEHICLE IDENTIFICATION NO.

PREPARED BY (AGENT OR REPRESENTATIVE NAME): DATE PREPARED: VEHICLE IDENTIFICATION NO.

MILEAGE: TAG NUMBER: COLOR: VEHICLE IDENTIFICATION NO. ☐ GOOD ☐ AVERAGE ☐ POOR ☐ JUNK

ACCESSORIES ☐ A/C ☐ P.SEATS ☐ FM RADIO ☐ TILT WHEEL ☐ OTHER _____
☐ AUTO TRANS ☐ VINYL ROOF ☐ P. WINDOWS ☐ AM/FM/TAPE ☐ CRUISE CONTROL _____

MECHANICAL: ☐ GOOD ☐ AVERAGE ☐ POOR

GLASS: ☐ GOOD ☐ SCRATCHED ☐ BROKEN, INDICATE LOCATION: _____

TIRES: (G=GOOD A=AVERAGE B=BALD N=NONE)
LEFT FRONT ____ RIGHT FRONT ____
LEFT REAR ____ RIGHT REAR ____
SPARE ____

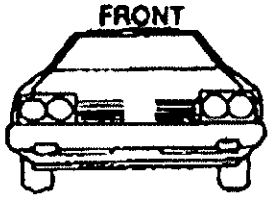
INTERIOR ☐ GOOD ☐ AVERAGE ☐ POOR, EXPLAIN _____

LIST ADDITIONAL PROBLEMS AND/OR EXPLANATIONS IN THE REMARKS SECTION BELOW

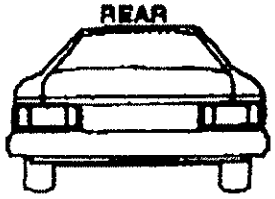
BODY: G=GOOD, A=AVERAGE, P=POOR, D=DENTED, R=RUSTED
OVERALL CONDITION BODY PAINT BUMPERS

PLACE A D(DENTED) OR, R(RUSTED), IF APPROPRIATE, ON THE PROPER LOCATIONS OF THE VEHICLE PICTURED BELOW

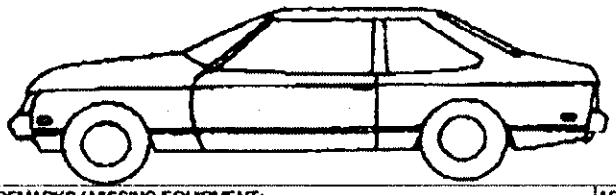
FRONT



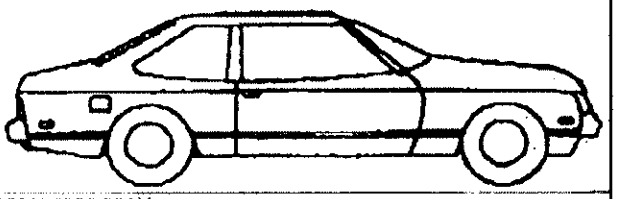
REAR



LEFT SIDE



RIGHT SIDE



REMARKS / MISSING EQUIPMENT: ADDRESS RECOVERED FROM:

VEHICLE RECOVERED FROM: ☐ VOLUNTARY ☐ INVOLUNTARY
☐ Customer: ☐ Other (Specify)

PERSONAL PROPERTY REMOVED BY CUSTOMER?
☐ YES ☐ NO IF NO, COMPLETE PAGE 2

WAS RELEASE SIGNED BY CUSTOMER: ☐ YES ☐ NO IF NO, EXPLAIN:

IF NO, were Proper Authorities Notified?: ☐ YES ☐ NO WHO:

IS UNIT DRIVEABLE: ☐ YES ☐ NO IF NO, EXPLAIN:

DESCRIBE DAMAGE:

DATE OF OCCURANCE: PLACE OF OCCURANCE:

CUSTOMERS INSURANCE CO: POLICY NO:
ADDRESS:

WAS DAMAGE REPORTED TO INS. CO. BY CUSTOMER: ☐ No WAS POLICE REPORT FILED: ☐ No IF YES TO WHOM:

SIGNATURE OF PREPARER: DATE: