



Mid Valley General Agency LLC  
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## AUTOMOBILE MECHANICAL INSPECTION REPORT

Policy No.:		Named Insured:		
Year	Make	Model	Gross Combined Weight	Serial Number
Are the following items in good condition and functional? Please check YES or NO and comment if NO in comments section.				
1. Speedometer	<input type="checkbox"/> YES <input type="checkbox"/> NO	7. Stoplights	<input type="checkbox"/> YES <input type="checkbox"/> NO	
comments		comments		
2. Horn	<input type="checkbox"/> YES <input type="checkbox"/> NO	8. Turn signals	<input type="checkbox"/> YES <input type="checkbox"/> NO	
comments		comments		
3. Windows	<input type="checkbox"/> YES <input type="checkbox"/> NO	9. Emergency flashers	<input type="checkbox"/> YES <input type="checkbox"/> NO	
comments		comments		
4. Windshield wipers	<input type="checkbox"/> YES <input type="checkbox"/> NO	10. Proper connection between tractor and trailer	<input type="checkbox"/> YES <input type="checkbox"/> NO	
comments		comments		
5. Mirrors	<input type="checkbox"/> YES <input type="checkbox"/> NO	11. Steering	<input type="checkbox"/> YES <input type="checkbox"/> NO	
comments		comments		
6. Headlights	<input type="checkbox"/> YES <input type="checkbox"/> NO			
comments				
12. What is the condition of tires? (If unsatisfactory, indicate which ones and condition.)				
13. What is general mechanical condition?				
14. Does auto appear to be properly maintained?				
15. What is general appearance of body as to paint, upkeep, etc.?				
16. In addition to any defects disclosed above, what changes or repairs are necessary to place the auto in safe driving condition?				
<i>Attach copies of receipts for completed repairs.</i>				
<b>I hereby certify the answers and statements to the above are correct and are made after inspection of this vehicle by:</b>				
Name of Garage		Signature of Mechanic		Date