



SCA Inspectors Name:	IAA Lot#:	Inspection Date:	
VIN:	Inspectors Phone #:	SCA File#:	
Year:	Make:	Model:	Mileage/Hours:
Inspection Location Name and Address:			

**\*Note to Inspector:** Please refer to the Field Instructions before completing and submitting your report.

**1- Operational Status of Unit:** (Check one only)

- S- Starts only
- D- Vehicle moves forward and reverse under its own power
- N- Unit does not start or move forward and reverse.

**2- 11 Images Taken** (Check off each after completion)

- Image 1
- Image 2
- Image 3
- Image 4
- Image 5
- Image 6
- Image 7
- Image 8
- Image 9
- Image 10
- Image 11

Additional Comments:
----------------------