

ANDERSON
2901 Broadway
Anderson, IN 46012
phone: 765-641-2969
fax: 765-641-2974
Hours M-F 8am-5pm

INDY 38TH STREET
5075 West 38th Street
Indianapolis, IN 46254
phone: 317-298-0606
fax: 317-298-2656
Hours M-F 8am to 5pm

INDY SHADELAND
1150 N. Shadeland Ave
Indianapolis, IN 46219
phone: 317-536-4620
fax: 317-536-4621
Hours M-F 9am to 5pm

INDY KEYSTONE
5350 Keystone Ave
Indianapolis, IN 46220
phone: 317-452-8900
fax: 317-452-8901
Hours M-F 8am to 5pm


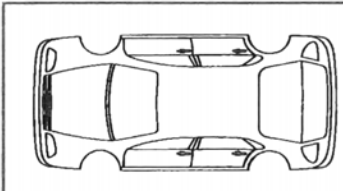

Oak Motors

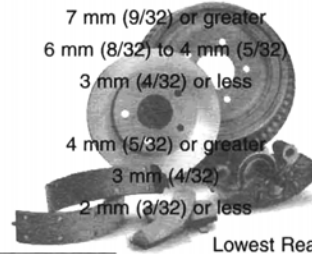
MULTI-POINT VEHICLE INSPECTION

Name: _____ Year/Model: _____ Date: _____

Repair Order #: _____ VIN (last 8 digits): _____ Odometer: _____ MI: _____ MII: _____

Checked and OK May Require Attention Soon Requires Immediate Attention

INTERIOR		
<input type="checkbox"/> Remaining engine oil life: _____ % Reset: _____ N/A: _____ <input type="checkbox"/> Air Conditioning Performance		
WIPER BLADES	CHECK TIRES AND TREAD DEPTH	CHECK BATTERY
 <input type="checkbox"/> LF <input type="checkbox"/> RF <input checked="" type="checkbox"/> LF <input checked="" type="checkbox"/> RF <input type="checkbox"/> Windshield condition Cracks _____ Chips _____	<p style="text-align: center;">(Check body condition)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 8/32 or Greater <input type="checkbox"/> 7/32 to 4/32 <input checked="" type="checkbox"/> 3/32 or Less PSI@: _____ set to: _____ PSI <input type="checkbox"/> 8/32 or Greater <input type="checkbox"/> 7/32 to 4/32 <input checked="" type="checkbox"/> 3/32 or Less PSI@: _____ set to: _____ PSI </div> <div style="width: 45%; text-align: center;">  <p>(Check lamps)</p> <p>Lowest Tread Depth: _____/32</p> <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> Rotation needed <input type="checkbox"/> Rotation performed </div> <div> <input type="checkbox"/> Alignment needed <input type="checkbox"/> Alignment performed </div> <div> <input type="checkbox"/> Balance needed <input type="checkbox"/> Balance performed </div> </div> <p>Wear Pattern/Damage</p> </div> </div>	 <input type="checkbox"/> Battery condition <input type="checkbox"/> Battery cables and connections

CHECK FLUID LEVELS	CHECK BRAKES/MEASURE FRONT AND REAR LININGS																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>OK</th> <th>FILLED</th> <th>REQUIRES ATTENTION</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/> Engine oil</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/> Brake fluid reservoir</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/> Transmission (if equipped w/dipstick)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/> Coolant recovery reservoir</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/> Power steering</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/> Windshield washer</td><td><input type="checkbox"/></td></tr> </tbody> </table>	OK	FILLED	REQUIRES ATTENTION	<input type="checkbox"/>	<input type="checkbox"/> Engine oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Brake fluid reservoir	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Transmission (if equipped w/dipstick)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Coolant recovery reservoir	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Power steering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Windshield washer	<input type="checkbox"/>	<div style="text-align: center;">  </div> <table style="width:100%;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> LF 7 mm (9/32) or greater <input type="checkbox"/> LF 6 mm (8/32) to 4 mm (5/32) <input checked="" type="checkbox"/> LF 3 mm (4/32) or less </td> <td style="width: 50%;"> <input type="checkbox"/> RF <input checked="" type="checkbox"/> RF </td> </tr> <tr> <td style="width: 50%;"> <input type="checkbox"/> LR 4 mm (5/32) or greater <input type="checkbox"/> LR 3 mm (4/32) <input checked="" type="checkbox"/> LR 2 mm (3/32) or less </td> <td style="width: 50%;"> <input type="checkbox"/> RR <input checked="" type="checkbox"/> RR </td> </tr> </table> <p>Lowest Front Lining _____ Lowest Rear Lining _____</p> <input type="checkbox"/> Brake system (also including lines, hoses and parking brake)	<input type="checkbox"/> LF 7 mm (9/32) or greater <input type="checkbox"/> LF 6 mm (8/32) to 4 mm (5/32) <input checked="" type="checkbox"/> LF 3 mm (4/32) or less	<input type="checkbox"/> RF <input checked="" type="checkbox"/> RF	<input type="checkbox"/> LR 4 mm (5/32) or greater <input type="checkbox"/> LR 3 mm (4/32) <input checked="" type="checkbox"/> LR 2 mm (3/32) or less	<input type="checkbox"/> RR <input checked="" type="checkbox"/> RR
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ADDITIONAL CHECKS	Additional Recommended Services
<p>Inspect for visible leaks:</p> <input type="checkbox"/> Fuel system (also including gas cap seating) <input type="checkbox"/> Engine, transmission, drive axle, transfer case <input type="checkbox"/> Engine cooling system <input type="checkbox"/> Shocks and struts – also check operation <p>Inspect visual condition:</p> <input type="checkbox"/> Belts: engine, accessory, serpentine, and/or V-drive <input type="checkbox"/> Hoses: engine, power steering and HVAC <input type="checkbox"/> Engine air filter and cabin air filters <input type="checkbox"/> Steering components and steering linkage <input type="checkbox"/> CV drive axle boots or driveshafts and U-joints <input type="checkbox"/> Exhaust system components	<ol style="list-style-type: none"> 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____ 7) _____ 8) _____ <p>Service Consultant: _____</p> <p>Technician: _____ No.: _____</p>

SIMPLIFIED MAINTENANCE			
MI	<input type="checkbox"/> Required	<input type="checkbox"/> Performed	
MII	<input type="checkbox"/> Required	<input type="checkbox"/> Performed	

Customer Signature: _____ Date: _____