



Indiana Auto Auction, Inc.

FAX TRANSMITTAL COVER SHEET

Independently Owned & Operated Over 39 Years

P.O. Box 8039 • Fort Wayne, IN 46898
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Fort Wayne, In 46818

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1-800-488-5338
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TO: Valentina Shevchik

DATE: _____

FROM: Tommy

TIME: _____

MESSAGE: Here is your walk around

Thank You

TOTAL NUMBER OF PAGES INCLUDING COVER SHEET: 2
IF YOU DO NOT RECEIVE ALL PAGES AS INDICATED, PLEASE CALL 260-489-2776



ONLINE VEHICLE EXCHANGE

FOR INTERNAL USE ONLY

Courtesy Walk Around Exception Form

Instructions: Print a copy of the OVE.com Vehicle Detail page from the listing, including full comment section (in Landscape view) and the CR when there is one. If the comments are longer than the scrolling box, copy and paste them in a new document and print. Conduct Walk Around to verify Vehicle Listing & CR match vehicle. This form should be used to document the exceptions.

Verification Type (circle) **Condition Report** **Vehicle Listing**

Purchasing Dealership: _____ Last Six of VIN: 1 0 5 8 4 8

Year 2006 Make LEXUS Model GX470 Trim/Series _____ Was FULL VIN verified? ☒ YES ☐ NO

Are there exceptions from the Vehicle Listing or Condition Report?		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
AREA	EXCEPTIONS [Please put details of any exceptions in the Notes section below]		
Exterior	Body damage not disclosed (lot damage, scratches, dents, etc.)	<input type="checkbox"/>	None <input type="checkbox"/> Yes <input type="checkbox"/>
	<u>SEE NOTES</u>		
	Glass damage not disclosed (windshield cracked, chipped, etc.)	<input checked="" type="checkbox"/>	None <input type="checkbox"/> Yes <input type="checkbox"/>
	Obvious paint work not previously disclosed	<input type="checkbox"/>	None <input type="checkbox"/> Yes <input type="checkbox"/>
	Check head/tail lights for damage not noted	<input type="checkbox"/>	None <input type="checkbox"/> Yes <input type="checkbox"/>
	Front/rear windshield wipers missing	<input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	Check for obvious omissions (hub caps, front grill, etc.)	<input type="checkbox"/>	None <input type="checkbox"/> Yes <input type="checkbox"/>
	OTHER		
Tires	Check tread depth. Is tread less than 3/32"?	<input checked="" type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	Do tires match?	<input type="checkbox"/>	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
	Are wheels damaged?	<input checked="" type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Interior	Damage to dash, console, side panels, etc. not noted	<input checked="" type="checkbox"/>	None <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
	Tears in upholstery, stains, carpet, headliner, etc.	<input checked="" type="checkbox"/>	None <input type="checkbox"/> Yes <input type="checkbox"/>
	Missing Items: knobs, radio, DVD player, etc.	<input checked="" type="checkbox"/>	None <input type="checkbox"/> Yes <input type="checkbox"/>
	Vehicle Information (Color, sunroof, stereo)	<input checked="" type="checkbox"/>	None <input type="checkbox"/> Yes <input type="checkbox"/>
	Smell: Does the car have a foul odor (smoke, etc.)?	<input checked="" type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	Is the Transmission different from the Ad or CR?	<input checked="" type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Engine	Is the Engine different than listed? If yes, describe below.	<input checked="" type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Mileage	Does Mileage match listing?	<input checked="" type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	Actual Miles if different from listing: <u>144,180</u>		
Other Exceptions			
Sections below are to be filled in by the Online Representative			
Final Assessment	After the walk around, is there a need to contact the Buyer or Seller regarding disclosure items noted above?	<input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Notes	<u>LIGHT SCRATCHES LF FENDER, LIGHT SCRATCHES REAR BUMPER</u>		
	<u>DENT RR BUMPER SIDE, 4(1/2") DENTS TOP ROOF REAR</u>		
	<u>HEAVY SCRATCHES TOUCHED UP BOTTOM RF DOOR, ONE DENT TO HEAD,</u>		
	<u>3(1/2") DENTS FRONT PART OF ROOF</u>		
	<u>Small Tear in Rear Side Panel (Right Side)</u>		

Print Name of Associate: Ken Long

Signature of Associate: _____

Date: 10/25/11