

GovDeals Vehicle Inspection Form

Inventory ID:	Asset Number:	Fair Market Value:																	
Short Description: Year <u>2012</u> Make <u>FORD</u> Model <u>F-450</u>																			
VIN: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td>1</td><td>F</td><td>D</td><td>U</td><td>F</td><td>4</td><td>H</td><td>Y</td><td>5</td><td>C</td><td>E</td><td>A</td><td>8</td><td>3</td><td>9</td><td>7</td><td>7</td> </tr> </table> Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N			1	F	D	U	F	4	H	Y	5	C	E	A	8	3	9	7	7
1	F	D	U	F	4	H	Y	5	C	E	A	8	3	9	7	7			
Mileage/Odometer: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td>0</td><td>4</td><td>2</td><td>3</td><td>7</td><td>2</td> </tr> </table> Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: _____			0	4	2	3	7	2											
0	4	2	3	7	2														
Long Description:																			
This Vehicle: <input checked="" type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Engine- Type: <u>6.8 L, V10</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine Engine Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition Repairs needed: <u>EXHAUST LEAK, POWER STEERING WHINE, GAS TANK SUPPORT BROKE</u> This vehicle was maintained every <u>3000</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles Date Removed From Service: <u>07/01/2025</u> Maintenance Records: <input checked="" type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual ___ Speed Transmission Condition: <input checked="" type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition Repairs Needed: _____ Drivetrain: <input type="checkbox"/> 2 Wheel Drive <input checked="" type="checkbox"/> 4 Wheel Drive Condition: <u>Good.</u>																			
Exterior: Color: <u>BLUE</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked																			
Minor: <input type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: <input checked="" type="checkbox"/> Low ___ <input type="checkbox"/> Flat ___ Hubcaps <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Major Damage to: <u>DRIVERS SIDE ROCKER PANEL , CAB CORNER ROTTED</u> Additional Damage: <u>DUMP BODY HAS ALOT OF RUST</u> Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input checked="" type="checkbox"/> Have been Removed & <input checked="" type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions Emergency equip: <input checked="" type="checkbox"/> None <input type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes																			
Interior: Color <u>Gray</u> <input type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather																			
Damage to Seats: <u>N/A</u> Damage to Dash/Floor: <u>N/A</u> Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input checked="" type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD <input checked="" type="checkbox"/> AC (Condition: <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags <input type="checkbox"/> drivers side <input checked="" type="checkbox"/> dual <input type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control Power: <input type="checkbox"/> Windows <input type="checkbox"/> Door Locks <input checked="" type="checkbox"/> Steering <input type="checkbox"/> Seats																			
Additional Equipment: <u>9' STAINLESS SNOW PLOW, FISHER POLYCASTER SANDER</u>																			
Manufacturer <u>FISHER</u> Model _____ Serial # _____																			
Location of Asset: <u>81 Grays Bridge Road Brookfield Ct 06804</u>																			
For more information contact: <u>Don or Alex @ 203 775 3005</u>																			
Reminder: Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.																			