

GovDeals Vehicle Inspection Form

Inventory ID: _____	Asset Number: _____	Fair Market Value: _____																
Short Description: Year <u>UNKNOWN</u> Make <u>VERSA BUCKET</u> Model _____																		
VIN: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">8</td><td style="width: 20px;">8</td><td style="width: 20px;">1</td><td style="width: 20px;">1</td><td style="width: 20px;">2</td><td style="width: 20px;">0</td><td style="width: 20px;">2</td><td style="width: 20px;">3</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table> Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N			8	8	1	1	2	0	2	3								
8	8	1	1	2	0	2	3											
Mileage/Odometer: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table> Odometer Accurate <input type="checkbox"/> Y <input type="checkbox"/> N: _____																		
Long Description:																		
This Vehicle: <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only																		
Engine- Type: <u> </u> L, V <input type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine																		
Engine Condition: <input type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition																		
Repairs needed: <u>NONE</u>																		
This vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles																		
Date Removed From Service: <u>07/01/2025</u> Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection																		
Transmission: <input type="checkbox"/> Automatic <input type="checkbox"/> Manual <u> </u> Speed																		
Transmission Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition																		
Repairs Needed: _____																		
Drivetrain: <input type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: <u>Good.</u>																		
Exterior: Color: <u>RED</u> Windows: <input type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____																		
Minor: <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: <input type="checkbox"/> Low <u> </u> <input type="checkbox"/> Flat <u> </u> Hubcaps <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																		
Major Damage to: <u>N/A</u>																		
Additional Damage: <u>NONE</u>																		
Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input type="checkbox"/> Have been Removed & <input type="checkbox"/> Impressions Remain <input checked="" 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 _____ <input type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather																		
Damage to Seats: <u>N/A</u>																		
Damage to Dash/Floor: <u>N/A</u>																		
Radio: <input type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD																		
<input type="checkbox"/> AC (Condition: <input type="checkbox"/> Cold <input type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags <input type="checkbox"/> drivers side <input type="checkbox"/> dual <input type="checkbox"/> Cruise Control <input 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 type="checkbox"/> Steering <input type="checkbox"/> Seats																		
Additional Equipment: _____																		
Manufacturer _____ 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.																		