

# GovDeals Vehicle Inspection Form

Inventory ID:	Asset Number:	Fair Market Value: <u>1,000.00</u>																	
<b>Short Description:</b> Year <u>2008</u> Make <u>Dodge</u> Model <u>GRAND CARAVAN</u>																			
VIN: <table border="1" style="display: inline-table; text-align: center; font-family: monospace;"> <tr><td>L</td><td>D</td><td>8</td><td>H</td><td>N</td><td>4</td><td>4</td><td>H</td><td>8</td><td>8</td><td>B</td><td>1</td><td>2</td><td>2</td><td>2</td><td>0</td><td>1</td></tr> </table> Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			L	D	8	H	N	4	4	H	8	8	B	1	2	2	2	0	1
L	D	8	H	N	4	4	H	8	8	B	1	2	2	2	0	1			
Mileage/Odometer: <table border="1" style="display: inline-table; text-align: center; font-family: monospace;"> <tr><td>1</td><td>6</td><td>0</td><td>7</td><td>7</td><td>3</td></tr> </table> Odometer Accurate <input type="checkbox"/> Y <input type="checkbox"/> N: <u>UNKNOWN</u>			1	6	0	7	7	3											
1	6	0	7	7	3														
<b>Long Description:</b> 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>3.3 L, V 4</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>BELT SQUEALS</u> This vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection <b>Transmission:</b> <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: <u>N/A</u> <b>Drivetrain:</b> <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: _____																			
<b>Exterior:</b> Color: <u>White</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____ Minor: <input checked="" 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>Front Bumper</u> Additional Damage: _____ Decals: <input checked="" type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input type="checkbox"/> Have been Removed & <input 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																			
<b>Interior:</b> Color <u>Gray</u> <input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>Shows wear/rips / NO REAR SEATS!!!</u> Damage to Dash/Floor: <u>Rear floor Rubber mat / Was Dog Warden Van</u> Radio: <input checked="" 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 checked="" 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 checked="" type="checkbox"/> dual <input checked="" type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input checked="" type="checkbox"/> Remote Mirrors <input checked="" type="checkbox"/> Climate Control Power: <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Door Locks <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Seats																			
<b>Additional Equipment:</b> _____ Manufacturer _____ Model _____ Serial # _____																			
Location of Asset: <u>Anguize county Sheriff's office</u> For more information contact: <u>Brian Wilkins</u>																			
<b>Reminder:</b> Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.																			