

## Vehicle Inspection Form

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| <b>Inventory ID:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Asset Number:</b> _____                                                                                   | <b>Fair Market Value:</b> _____ |
| <b>Short Description:</b><br>Year _____ Make _____ Model _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                              |                                 |
| <b>VIN:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Title:</b> Clean Title      Salvage Title      No Title<br>Court Documents Only      SF97 Form      Other |                                 |
| <b>Odometer:</b> _____ Miles      Kilometers      Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Odometer Accurate?</b> Yes      No      Unknown                                                           |                                 |
| <b>Long Description:</b><br>This Vehicle:    Starts    Starts with a Boost &    Runs/Drivable    Engine Runs    Does Not Run    For Parts Only<br><b>Engine- Type:</b> ____ L, V ____    Gas    Diesel Engine    Propane/Natural Gas    Gas/Electric Hybrid<br>Engine Condition:    Runs    Needs repair    is in unknown condition<br>Repairs needed: _____<br>This vehicle was maintained every _____ Days    Hours    Miles/Kilometers<br>Date Removed from Service: _____ Maintenance Records:    Available    Not Available For Inspection<br><b>Transmission:</b> Automatic    Manual ____ Speed    Condition:    Operable    Needs repair    Is Unknown Condition<br>Repairs Needed: _____<br><b>Drivetrain:</b> 2 Wheel Drive    4 Wheel Drive    Condition: _____<br>_____<br><b>Exterior:</b> Color: _____    Windows:    No Cracked Glass    Cracked _____<br>Minor:    Dents    Scratches    Dings    Tire Condition: _____ Tread: _____ #Flat _____ Hubcaps # _____<br>Major Damage to: _____<br>Additional Damage: _____<br>Decals:    None    Have Been Sprayed or    Have been Removed &    Impressions Remain    No impressions<br>Emergency equip:    None    Has been removed &    There are holes in the exterior    There are no holes<br>_____<br><b>Interior:</b> Color _____    Cloth    Vinyl    Leather<br>Damage to Seats: _____<br>Damage to Dash/Floor: _____<br>Radio:    Stock or    Brand & Model: _____    AM    AM/FM    AM/FM Cassette    AM/FM CD<br>AC Condition:    Cold    Unknown    No AC    Air Bags:    Driver's Side    Dual<br>Cruise Control    Tilt Steering    Remote Mirrors    Climate Control<br>Power:    Steering    Windows    Door Locks    Seats |                                                                                                              |                                 |
| <b>Additional Equipment:</b> _____<br>Manufacturer _____ Model _____ Serial # _____<br>Tool Box    Light Bar    Ladder Rack    Utility Body: Brand _____    Hitch: Type _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                              |                                 |
| <b>Location of Asset:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                              |                                 |