

## Heavy Truck Inspection Form

<b>Inventory ID:</b> 117	<b>Asset Number:</b>	<b>Fair Market Value:</b> \$5,000
<b>Short Description:</b> Year <u>2013</u> Manufacturer <u>INTERNATIONAL</u> Model <u>7400 WORKSTAR</u>		
<b>VIN:</b> <u>1HTWDAAR0D#477152</u> <b>Title:</b> <input checked="" type="checkbox"/> Clean Title <input type="checkbox"/> Salvage Title <input type="checkbox"/> No Title <input type="checkbox"/> Court Documents Only <input type="checkbox"/> SF97 Form <input type="checkbox"/> Other		
<b>Odometer:</b> <u>66304</u> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers <input type="checkbox"/> Hours <b>Odometer Accurate?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>Long Description:</b> Primary Use for Vehicle: <u>HAUL STONE, DIRT &amp; PLOW SNOW</u> GVW: _____ This Vehicle: <input checked="" type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Is Operable <input type="checkbox"/> Is Not Operable <input type="checkbox"/> For Parts Only Date Removed From Service: <u>4/21/2025</u> Maintenance Records: <input checked="" type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection <b>Engine Manufacture:</b> <u>INTERNATIONAL MAXFORCE</u> <b>Engine:</b> <u>6</u> L, V <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel This vehicle was maintained every <u>5000</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles    # of Axles <u>2</u> <b>Engine Condition:</b> <input checked="" type="checkbox"/> Is operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is in Unknown Condition    Jake Brake: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Engine Repairs needed: _____ <b>Transmission Manufacture:</b> <u>EATON FULLER</u> <input type="checkbox"/> Automatic <input checked="" type="checkbox"/> Manual <u>8</u> Speed <b>Transmission Condition is:</b> <input checked="" type="checkbox"/> Operable <input type="checkbox"/> Needs Repair <input type="checkbox"/> Unknown    Rebuilt Date: _____ ) Transmission Repairs Needed: _____		
<b>Exterior:</b> Color <u>RED</u> <b>Windows:</b> <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 <b>Tire Condition:</b> <input checked="" type="checkbox"/> Low <input type="checkbox"/> Flat _____ Damage to: <u>FRONT TIRES LF AT WEAR BAR, RF 5.5/32 &amp; REAR TIRES 11/32</u> Additional Damage to: _____ Decals: <input checked="" type="checkbox"/> None <input type="checkbox"/> Have been sprayed <input checked="" type="checkbox"/> Have been Removed & <input checked="" type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions Capacity: _____ Loader: <input type="checkbox"/> Front <input type="checkbox"/> Side    Electronic Tarp: <input type="checkbox"/> Yes <input type="checkbox"/> No    Condition: _____		
<b>Interior:</b> Color <u>GREY</u> <input type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>DRIVERS SIDE RIPS &amp; TEARS</u> Damage to Dash/Floor: <u>NO</u> Radio: Brand <u>PANASONIC</u> <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input checked="" type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD <input checked="" type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input checked="" type="checkbox"/> Remote Mirrors <b>Airbags:</b> <input type="checkbox"/> Driver's Side <input type="checkbox"/> Dual <input checked="" type="checkbox"/> AC <input type="checkbox"/> No AC    AC Condition: <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Unknown <b>Power:</b> <input type="checkbox"/> Windows <input type="checkbox"/> Doorlocks <input checked="" type="checkbox"/> Steering <input type="checkbox"/> Seats <b>Additional Equipment:</b> Manufacturer: <u>HENDERSON</u> Model: <u>10X30XUBXMKE</u> Serial # <u>MKE 2641</u> Description: <u>SWING GATE DUMP BED</u> Equipment Condition: <input type="checkbox"/> Is operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is in Unknown Condition Other Equipment: _____		
<b>Location of Asset:</b> <u>Monroe County Highway Dept. 5900 W. Foster Curry Dr. Bloomington, IN 47403</u>		