

Vehicle Inspection Form

Inventory ID: 004749SG	Asset Number:	Fair Market Value:
Short Description: Year <u>2015</u> Make <u>Chevy</u> Model <u>Express 3500</u>		
VIN: <u>1GAZGZFG3F1168237</u>	Title: <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	
Odometer: <u>202,748</u> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers <input type="checkbox"/> Hours	Odometer Accurate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Long Description:		
This Vehicle: <input type="checkbox"/> Starts <input checked="" type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs/Drivable <input type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only		
Engine- Type: <u>6.0 L, V 8</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid		
Engine Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition		
Repairs needed: <u>Needs a new battery,</u>		
This vehicle was maintained every <u>6 MONTHS</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles/Kilometers		
Date Removed from Service: <u>04/16/2024</u> Maintenance Records: <input type="checkbox"/> Available <input checked="" type="checkbox"/> Not Available For Inspection		
Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual ___Speed Condition: <input checked="" type="checkbox"/> Operable <input checked="" type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition		
Repairs Needed: <u>Notes state transmission needs to be rebuilt or replaced</u>		
Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: <u>Fair</u>		
Exterior: Color: <u>Pewter</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: <u>Fair</u> Tread: <u>5/32</u> #Flat Hubcaps #		
Major Damage to: <u>Emblem on the grille is missing</u>		
Additional Damage: <u>LH quarter panel is cracked</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 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>Grey</u> <input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather		
Damage to Seats: <u>Stained/Dirty</u>		
Damage to Dash/Floor: <u>Stained/Dirty, Instrument cluster is broken</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		
AC Condition: <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No AC Air Bags: <input type="checkbox"/> Driver's 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"/> Steering <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Door Locks <input type="checkbox"/> Seats		
Additional Equipment: _____		
Manufacturer _____ Model _____ Serial # _____		
<input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input type="checkbox"/> Ladder Rack <input type="checkbox"/> Utility Body: Brand _____ <input type="checkbox"/> Hitch: Type _____		
Location of Asset: <u>1990 Siringo Rd. Santa Fe, NM 87505</u>		