

Vehicle Inspection Form

Inventory ID: G64641	Asset Number:	Fair Market Value:																																		
Short Description: Year <u>2007</u> Make <u>FORD</u> Model <u>FOCUS</u>																																				
VIN: <table border="1" style="display: inline-table; vertical-align: middle; border-collapse: collapse; text-align: center;"> <tr><td>1</td><td>F</td><td>A</td><td>H</td><td>P</td><td>3</td><td>4</td><td>N</td><td>0</td><td>7</td><td>W</td><td>1</td><td>1</td><td>7</td><td>2</td><td>7</td><td>3</td></tr> <tr><td>1</td><td>1</td><td>4</td><td>9</td><td>8</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			1	F	A	H	P	3	4	N	0	7	W	1	1	7	2	7	3	1	1	4	9	8	0											
1	F	A	H	P	3	4	N	0	7	W	1	1	7	2	7	3																				
1	1	4	9	8	0																															
Odometer: <table border="1" style="display: inline-table; vertical-align: middle; border-collapse: collapse; text-align: center;"> <tr><td>1</td><td>1</td><td>4</td><td>9</td><td>8</td><td>0</td></tr> </table> <input type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: _____			1	1	4	9	8	0																												
1	1	4	9	8	0																															
Long Description: This Vehicle: <input type="checkbox"/> Starts <input checked="" type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Runs/Driveable <input type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Engine- Type: <u>2.0</u> L, V _____ <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>NONE NOTED</u> This vehicle was maintained every <u>6 MONTHS</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles Date Removed From Service: <u>08/16/2024</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 _____ Condition: <input checked="" type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition Repairs Needed: <u>NONE NOTED</u>																																				
Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: <u>Good</u>																																				
Exterior: Color: <u>DARK GRAY</u> Windows: <input type="checkbox"/> No Cracked Glass <input checked="" type="checkbox"/> Cracked Windshield Minor: <input type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: <u>GOOD</u> Tread: <u>4/32</u> #Flat _____ Hubcaps # _____ Major Damage to: <u>CLEARCOAT PEELING ON REAR BUMPER.</u>																																				
Additional Damage: <u>NONE</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 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 <u>GRAY</u> <input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>NONE</u> Damage to Dash/Floor: <u>NONE</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 checked="" type="checkbox"/> AM/FM CD <input checked="" type="checkbox"/> 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 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: <u>N/A</u> Manufacturer <u>N/A</u> Model <u>N/A</u> Serial # <u>N/A</u> <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: _____ For more information contact: _____ Reminder: Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.																																				