

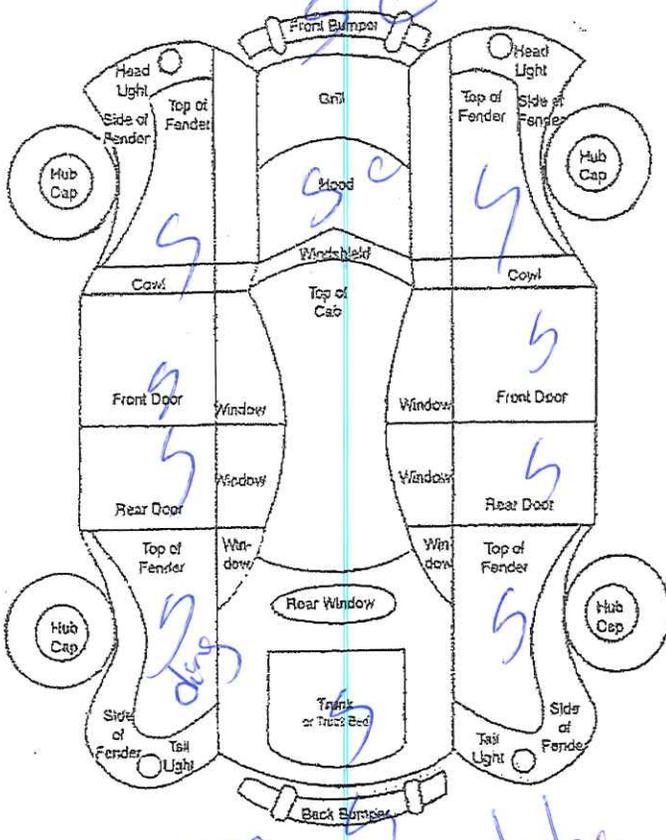
GovDeals

Lot Space # _____ Summs Reference No. 348362

Client <u>Chesapeake</u>	Vehicle Info
Customer Name _____	Year <u>2016</u> Make <u>FORD</u> Color <u>Black/White</u>
Asset # <u>E1462</u>	Model <u>Taurus</u> Doors <u>4</u> Ebrake: Yes / No
Unit Secured From <u>956 Greenbrier Pkwy Ches</u>	License No. _____ State _____ Exp. Date _____
	Mileage <u>130108</u> <input type="checkbox"/> Wont Display
	Heavy Damage: Yes / No

Date Recovered <u>1/21/26</u>	P/U By <u>807</u> Tow By & Truck # <u>132</u>	<table border="1"> <tr> <td><input checked="" type="checkbox"/> Ignition</td> <td><u>3</u></td> </tr> <tr> <td><input type="checkbox"/> Transponder</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Push Button</td> <td></td> </tr> <tr> <td><input type="checkbox"/> No Key</td> <td></td> </tr> <tr> <td><input type="checkbox"/> FOB</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Keys</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Has Keys Does not Run or Start</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Ignition	<u>3</u>	<input type="checkbox"/> Transponder		<input type="checkbox"/> Push Button		<input type="checkbox"/> No Key		<input type="checkbox"/> FOB		<input type="checkbox"/> Keys		<input type="checkbox"/> Has Keys Does not Run or Start	
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<input type="checkbox"/> No Key																
<input type="checkbox"/> FOB																
<input type="checkbox"/> Keys																
<input type="checkbox"/> Has Keys Does not Run or Start																
Time: _____ AM or PM																
Storage Address:																
<input checked="" type="checkbox"/> Summs Skip and Collateral Solutions 2616 Quality Court Virginia Beach, VA 23454																
Release Hours By Appointment Only																

VIN 1FAHP2L82BG142076



Completed While <input type="checkbox"/> Sunny <input type="checkbox"/> Frost on Car <input type="checkbox"/> Rainy/Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice Over <input type="checkbox"/> Night	Engine	<input checked="" type="checkbox"/> OK	<input type="checkbox"/> Rough	<input type="checkbox"/> Burns Oil			
	Transmission	<input type="checkbox"/> OK	<input type="checkbox"/> Slips	<input type="checkbox"/> Leaks Oil			
	Clutch	<input type="checkbox"/> OK	<input type="checkbox"/> Fair	<input type="checkbox"/> Slips			
	Brakes	<input checked="" type="checkbox"/> OK	<input type="checkbox"/> Fair	<input type="checkbox"/> Pull Grab			
	Battery	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> OK	<input type="checkbox"/> Dead <input type="checkbox"/> Disc..			
	Engine Intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	This condition report was completed by a non mechanic and unit not road tested.				
	General Condition of Collateral <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor	TIRE S	<input checked="" type="checkbox"/> Good	Fair	Poor	None	EQUIPMENT <input type="checkbox"/> A/C <input type="checkbox"/> Rear A/C <input type="checkbox"/> Auto Trans <input type="checkbox"/> 3rd Row <input type="checkbox"/> Manual Trans <input type="checkbox"/> Navigation <input type="checkbox"/> Power Steering <input type="checkbox"/> Backup Camera <input type="checkbox"/> Power Brakes <input type="checkbox"/> Heated Seats <input type="checkbox"/> Power Windows <input type="checkbox"/> Cooled Seats <input type="checkbox"/> Power Seats <input type="checkbox"/> Power Door Locks <input type="checkbox"/> Power Mirrors <input type="checkbox"/> Cruise Control <input type="checkbox"/> Tilt Wheel <input type="checkbox"/> Sun Roof <input type="checkbox"/> AM FM <input type="checkbox"/> CD <input type="checkbox"/> DVD <input type="checkbox"/> Amp Subwoofer <input type="checkbox"/> Touch Display <input type="checkbox"/> Leather Seats <input type="checkbox"/> EV Charger <input type="checkbox"/> Breathalyzer <input type="checkbox"/> Trailer Hitch <input type="checkbox"/> Bed Liner <input type="checkbox"/> Step Rails <input type="checkbox"/> Tool Box Locked Yes / No <input type="checkbox"/> Bed Cover or Cap Locked Yes / No <input type="checkbox"/> Hubcaps # _____ <input type="checkbox"/> Factory Rims <input type="checkbox"/> Aftermarket Rims
			L. Front				
		L. Rear					
		R. Front					
R. Rear							
Spare							
<input type="checkbox"/> Jack <input type="checkbox"/> Spare Wheel <input type="checkbox"/> Duals							
GLASS		<input checked="" type="checkbox"/> OK	Crk	Chip	Missing		
		Windshield					
		L. Front					
	L. Rear						
	R. Front						
INTERIOR	<input checked="" type="checkbox"/> Good	Fair	Poor	None			
	Inst Panel						
	F. Seats						
	R. Seats						
	Door Panels						
Mat Carpet							
Headliner							

Completed By 927 Date 1/21/26

Comments _____

Auction/Dealer Receipt for Repossession

Date _____ Time _____

The undersigned acknowledges receipt of the above described vehicle in identical condition listed above.

Printed Name _____

Signature _____

Witness _____