

# Vehicle Inspection Form

Inventory ID: <u>500</u>	Asset Number: <u>6</u>	Fair Market Value: <u>10 000</u>																	
Short Description: Year <u>2001</u> Make <u>Ford</u> Model <u>E360</u>																			
VIN: <table border="1" style="display: inline-table; text-align: center; font-family: monospace;"> <tr><td>1</td><td>F</td><td>D</td><td>S</td><td>E</td><td>3</td><td>5</td><td>L</td><td>7</td><td>Z</td><td>H</td><td>A</td><td>1</td><td>1</td><td>6</td><td>3</td><td>9</td></tr> </table>		1	F	D	S	E	3	5	L	7	Z	H	A	1	1	6	3	9	Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N
1	F	D	S	E	3	5	L	7	Z	H	A	1	1	6	3	9			
Odometer: <table border="1" style="display: inline-table; text-align: center; font-family: monospace;"> <tr><td>0</td><td>5</td><td>4</td><td>2</td><td>6</td><td>9</td></tr> </table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers		0	5	4	2	6	9	Odometer Accurate <input type="checkbox"/> Y <input type="checkbox"/> N: _____											
0	5	4	2	6	9														
<b>Long Description:</b> This Vehicle: <input checked="" type="checkbox"/> Starts <input 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 <b>Engine- Type:</b> <u>L, V</u> <input type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid <b>Engine Condition:</b> <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition <b>Repairs needed:</b> <u>needs oil change</u> This vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles <b>Date Removed From Service:</b> _____ <b>Maintenance Records:</b> <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection <b>Transmission:</b> <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual <u>Speed</u> Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition <b>Repairs Needed:</b> _____ <b>Drivetrain:</b> <input type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: _____																			
<b>Exterior:</b> Color: <u>White</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____ Minor: <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: _____ Tread: _____ #Flat _____ Hubcaps # _____ Major Damage to: _____ Additional Damage: <u>AC unit cover is broken off in the front</u> Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input type="checkbox"/> Have been Removed & <input 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																			
<b>Interior:</b> Color <u>Gray</u> <input type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>minor rips and tears</u> Damage to Dash/Floor: _____ 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 <input checked="" type="checkbox"/> AC (Condition: <input type="checkbox"/> Cold <input type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags: <input type="checkbox"/> Driver's Side <input type="checkbox"/> Dual <input type="checkbox"/> Cruise Control <input type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control Power: <input type="checkbox"/> Steering <input type="checkbox"/> Windows <input type="checkbox"/> Door Locks <input type="checkbox"/> Seats																			
<b>Additional Equipment:</b> <u>Camera Van</u> 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 _____																			
<b>Location of Asset:</b> <u>vehicle maintenance</u> <b>For more information contact:</b> _____ <b>Reminder:</b> Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.																			