

# Heavy Truck Inspection Form

|   |                           |   |
|---|---------------------------|---|
| <b>Inventory ID:</b>  | <b>Asset Number:</b>      | <b>Fair Market Value:</b>   |
| <b>Short Description:</b><br>Year _____ Manufacturer _____ Model _____  |                           |   |
| <b>VIN:</b> _____ Title: <input type="checkbox"/> Clean Title <input type="checkbox"/> Salvage Title <input type="checkbox"/> No Title <input type="checkbox"/> Court Documents Only<br><input type="checkbox"/> SF97 Form <input type="checkbox"/> Other   |                           |   |
| <b>Odometer:</b> _____ Miles _____ Kilometers _____ Hours _____   | <b>Odometer Accurate?</b> | Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> |
| <b>Long Description:</b> Primary Use for Vehicle: _____ GVW: _____  |                           |   |
| This Vehicle: Starts <input type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Is Operable <input type="checkbox"/> Is Not Operable <b>For Parts Only</b>   |                           |   |
| Date Removed From Service: _____ Maintenance Records: Available <input type="checkbox"/> Not Available For Inspection <input type="checkbox"/>  |                           |   |
| <b>Engine Manufacture:</b> _____ <b>Engine:</b> <input type="checkbox"/> L, V <input type="checkbox"/> Gas <input type="checkbox"/> Diesel  |                           |   |
| This vehicle was maintained every _____ Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles <input type="checkbox"/> # of Axles _____  |                           |   |
| <b>Engine Condition:</b> Is operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is in Unknown Condition <input type="checkbox"/> Jake Brake: Yes <input type="checkbox"/> No <input type="checkbox"/>   |                           |   |
| Engine Repairs needed: _____  |                           |   |
| <b>Transmission Manufacture:</b> _____ Automatic <input type="checkbox"/> Manual <input type="checkbox"/> Speed   |                           |   |
| <b>Transmission Condition</b> is: Operable <input type="checkbox"/> Needs Repair <input type="checkbox"/> Unknown <input type="checkbox"/> Rebuilt Date: _____ )  |                           |   |
| Transmission Repairs Needed: _____  |                           |   |
| <b>Exterior:</b> Color _____ <b>Windows:</b> <input type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____   |                           |   |
| Minor: Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings <input type="checkbox"/> <b>Tire Condition:</b> Low <input type="checkbox"/> Flat <input type="checkbox"/>   |                           |   |
| Damage to: _____  |                           |   |
| Additional Damage to: _____   |                           |   |
| Decals: None <input type="checkbox"/> Have been sprayed <input type="checkbox"/> Have been Removed & <input type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions  |                           |   |
| Capacity: _____ Loader: Front <input type="checkbox"/> Side <input type="checkbox"/> Electronic Tarp: Yes <input type="checkbox"/> No <input type="checkbox"/> Condition: _____   |                           |   |
| <b>Interior:</b> Color _____ Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather  |                           |   |
| Damage to Seats: _____  |                           |   |
| Damage to Dash/Floor: _____   |                           |   |
| Radio: Brand _____ <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD<br>Cruise Control <input type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> <b>Airbags:</b> <input type="checkbox"/> Driver's Side <input type="checkbox"/> Dual<br>AC <input type="checkbox"/> No AC <input type="checkbox"/> AC Condition: Cold <input type="checkbox"/> Unknown <input type="checkbox"/> <b>Power:</b> Windows <input type="checkbox"/> Doorlocks <input type="checkbox"/> Steering <input type="checkbox"/> Seats |                           |   |
| <b>Additional Equipment:</b> Manufacturer: _____ Model: _____   |                           |   |
| Serial # _____ Description: _____   |                           |   |
| Equipment Condition: Is operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is in Unknown Condition <input type="checkbox"/>  |                           |   |
| Other Equipment: _____  |                           |   |
| <b>Location of Asset:</b> _____   |                           |   |