

GovDeals Vehicle Inspection Form

Inventory ID: <u>3222</u>	Asset Number: <u>17709</u>	Fair Market Value:
Short Description: Year <u>2016</u>	Make <u>DODGE</u>	Model <u>CHARGER PURSUE</u>
VIN: <u>2C3CDXAT3GH150942</u>	Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N	
Odometer: <u>098034</u>	<input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers	Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: _____
Long Description:		
This Vehicle: <input checked="" type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs/Driveable <input checked="" type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only		
Engine Type: <u>5.7 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 type="checkbox"/> Runs <input checked="" type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition		
Repairs needed: <u>LOW OIL PRESSURE</u>		
This vehicle was maintained every <u>5000</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles		
Date Removed From Service: <u>4-02-25</u> Maintenance Records: <input checked="" type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection		
Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual Speed Condition: <input checked="" type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition		
Repairs Needed: <u>None</u>		
Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: <u>Good</u>		
Exterior: Color: <u>BLACK / WHITE</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____		
Minor: <input type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: <u>Good</u> Tread: <u>7/32" / 32"</u> #Flat <input type="checkbox"/> Hubcaps # <u>4</u>		
Major Damage to: _____		
Additional Damage: _____		
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 checked="" type="checkbox"/> Has been removed & <input checked="" type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes		
Interior: Color <u>CHARCOAL</u> <input checked="" type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather		
Damage to Seats: <u>REAR CONSOLE REMOVED, HAS POLICE BARS &amp; PANELS ON REAR INTERIOR DOORS, REAR DOORS DO NOT OPEN FROM INSIDE,</u>		
Damage to Dash/Floor: <u>BLUETOOTH</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		
<input checked="" type="checkbox"/> AC (Condition: <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags: <input checked="" type="checkbox"/> Driver's Side <input type="checkbox"/> Dual <u>SIDE CURTAIN</u>		
<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 checked="" type="checkbox"/> Seats		
Additional Equipment: <u>SPOTLIGHT</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 _____ Hitch: Type <u>Z" SQUARE</u>		
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.		

4-9-25  
R1C