

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: <table border="1" style="display: inline-table; text-align: center; font-family: monospace;"> <tr><td>2</td><td>C</td><td>3</td><td>C</td><td>D</td><td>X</td><td>A</td><td>T</td><td>3</td><td>G</td><td>H</td><td>1</td><td>5</td><td>0</td><td>9</td><td>4</td><td>2</td></tr> </table> Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N | | | 2 | C | 3 | C | D | X | A | T | 3 | G | H | 1 | 5 | 0 | 9 | 4 | 2 |
| 2 | C | 3 | C | D | X | A | T | 3 | G | H | 1 | 5 | 0 | 9 | 4 | 2 | | | |
| Odometer: <table border="1" style="display: inline-table; text-align: center; font-family: monospace;"> <tr><td>0</td><td>9</td><td>8</td><td>0</td><td>3</td><td>4</td></tr> </table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: | | | 0 | 9 | 8 | 0 | 3 | 4 | | | | | | | | | | | |
| 0 | 9 | 8 | 0 | 3 | 4 | | | | | | | | | | | | | | |
| 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>5.7L, 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>3/32, 1/32</u> #Flat <u>0</u> 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>CENTER CONSOLE REMOVED, HAS POLICE BARS & PANELS ON REAR INTERIOR DOORS, REAR DOORS DO NOT OPEN FROM INSIDE,</u> Damage to Dash/Floor: <u>BLEED BOTH</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 <input checked="" type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input checked="" type="checkbox"/> Remote Mirrors <input checked="" type="checkbox"/> Climate Control <u>SIDE MIRROR</u> 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 _____ <input checked="" type="checkbox"/> Hitch: Type <u>2" 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
RL