Vehicle Inspection Form

Inventory ID:	Asset Number:	Fair Market Value:

Short Description:
Year _2009_   Make _Chevy_   Model _2500 Silverado_

VIN: _1GCHK44K59F127417_   Title: [X] Clean Title   [ ] Salvage Title   [ ] No Title
[ ] Court Documents Only   [ ] SF97 Form   [ ] Other

Odometer: _160053_   [X] Miles [ ] Kilometers [ ] Hours   **Odometer Accurate?** [X] Yes [ ] No [ ] Unknown

Long Description:
This Vehicle: [X] Starts [ ] Starts with a Boost & [X] Runs/Drivable [ ] Engine Runs [ ] Does Not Run [ ] For Parts Only

Engine- Type: _____ L, V _8_   [X] Gas [ ] Diesel Engine [ ] Propane/Natural Gas [ ] Gas/Electric Hybrid

Engine Condition: [X] Runs [ ] Needs repair [ ] is in unknown condition

Repairs needed: _____

This vehicle was maintained every _5000_ [ ] Days [ ] Hours [X] Miles/Kilometers

Date Removed from Service: _1-9-26_   Maintenance Records: [X] Available [ ] Not Available For Inspection

Transmission: [X] Automatic [ ] Manual ___ Speed   Condition: [ ] Operable [ ] Needs repair [ ] Is Unknown Condition

Repairs Needed: _____

Drivetrain: [ ] 2 Wheel Drive [X] 4 Wheel Drive   Condition: _x_

Exterior: Color: _Black_   Windows: [X] No Cracked Glass [ ] Cracked _____

Minor: [X] Dents [X] Scratches [X] Dings   Tire Condition: _____ Tread: ____ #Flat ____ Hubcaps # ____

Major Damage to: _____ NO TAIL GATE _____

Additional Damage: _Bed Rusted out_

Decals: [ ] None [ ] Have Been Sprayed or [X] Have been Removed & [ ] Impressions Remain [ ] No impressions

Emergency equip: [ ] None [ ] Has been removed & [ ] There are holes in the exterior [ ] There are no holes

Interior: Color _Grey_   [X] Cloth [ ] Vinyl [ ] Leather

Damage to Seats: _Small R.p_

Damage to Dash/Floor: _None ?_

Radio: [X] Stock or [ ] Brand & Model: _____ [ ] AM [ ] AM/FM [ ] AM/FM Cassette [ ] AM/FM CD

AC Condition: [X] Cold [ ] Unknown [ ] No AC   Air Bags: [ ] Driver's Side [ ] Dual

[X] Cruise Control [X] Tilt Steering [ ] Remote Mirrors [ ] Climate Control

Power: [X] Steering [ ] Windows [ ] Door Locks [ ] Seats

Additional Equipment: _____

Manufacturer _____ Model _____ Serial # _____

[ ] Tool Box [ ] Light Bar [ ] Ladder Rack [ ] Utility Body: Brand _____ [ ] Hitch: Type _____

Location of Asset: _____