

Vehicle Inspection Form

Inventory ID:	Asset Number:	Fair Market Value:																						
Short Description: Year _____ Make _____ Model _____																								
VIN: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Title Restriction: ☐ Y ☐ N Odometer: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> ☐ Miles ☐ Kilometers Odometer Accurate ☐ Y ☐ N: _____																								
Long Description: This Vehicle: ☐ Starts ☐ Starts with a Boost & ☐ Runs/Driveable ☐ Engine Runs ☐ Does Not Run ☐ For Parts Only Engine- Type: ____L, V_____ ☐ Gas ☐ Diesel Engine ☐ Propane/Natural Gas ☐ Gas/Electric Hybrid Engine Condition: ☐ Runs ☐ Needs repair ☐ is in unknown condition Repairs needed: _____ This vehicle was maintained every _____ ☐ Days ☐ Hours ☐ Miles <u>Date Removed From Service:</u> _____ <u>Maintenance Records:</u> ☐ Available ☐ Not Available For Inspection <u>Transmission:</u> ☐ Automatic ☐ Manual ____Speed Condition: ☐ Operable ☐ Needs repair ☐ Is Unknown Condition Repairs Needed: _____ <u>Drivetrain:</u> ☐ 2 Wheel Drive ☐ 4 Wheel Drive Condition: _____ <u>Exterior:</u> Color: _____ Windows: ☐ No Cracked Glass ☐ Cracked _____ Minor: ☐ Dents ☐ Scratches ☐ Dings Tire Condition: _____ Tread: _____ #Flat____ Hubcaps #____ Major Damage to: _____ Additional Damage: _____ Decals: ☐ None ☐ Have Been Sprayed <u>or</u> ☐ Have been Removed & ☐ Impressions Remain ☐ No Impressions Emergency equip: ☐ None ☐ Has been removed & ☐ There are holes in the exterior ☐ There are no holes <u>Interior:</u> Color _____ ☐ Cloth ☐ Vinyl ☐ Leather Damage to Seats: _____ Damage to Dash/Floor: _____ Radio: ☐ Stock <u>or</u> ☐ Brand & Model: _____ ☐ AM ☐ AM/FM ☐ AM/FM Cassette ☐ AM/FM CD ☐ AC (Condition: ☐ Cold ☐ Unknown) ☐ No AC Air Bags: ☐ Driver's Side ☐ Dual ☐ Cruise Control ☐ Tilt Steering ☐ Remote Mirrors ☐ Climate Control Power: ☐ Steering ☐ Windows ☐ Door Locks ☐ Seats Additional Equipment: _____ Manufacturer _____ Model _____ Serial # _____ ☐ Tool Box ☐ Light Bar ☐ Ladder Rack ☐ Utility Body: Brand _____ ☐ Hitch: Type _____ 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.																								