

Vehicle Inspection Form

Inventory ID:	Asset Number: <u>200-2</u>	Fair Market Value:																	
Short Description:																			
Year <u>2004</u>	Make <u>Chevy</u>	Model <u>3500 Dump</u>																	
VIN: <table border="1" style="display: inline-table; text-align: center; width: 200px;"> <tr><td>1</td><td>G</td><td>D</td><td>J</td><td>C</td><td>3</td><td>4</td><td>6</td><td>5</td><td>4</td><td>E</td><td>3</td><td>2</td><td>3</td><td>4</td><td>5</td><td>3</td></tr> </table>		1	G	D	J	C	3	4	6	5	4	E	3	2	3	4	5	3	Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
1	G	D	J	C	3	4	6	5	4	E	3	2	3	4	5	3			
Odometer: <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>								<input type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input type="checkbox"/> Y <input type="checkbox"/> N: _____											
Long Description:																			
This Vehicle: <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Runs/Driveable <input type="checkbox"/> Engine Runs <input checked="" type="checkbox"/> Does Not Run <input checked="" type="checkbox"/> For Parts Only																			
Engine- Type: <u> </u> L, V <u> </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 type="checkbox"/> Needs repair <input checked="" type="checkbox"/> Is in unknown condition																			
Repairs needed: _____																			
This vehicle was maintained every <u>500</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles																			
Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection																			
Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual <u> </u> Speed Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input checked="" type="checkbox"/> Is Unknown Condition																			
Repairs Needed: _____																			
Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: _____																			
Exterior: Color: <u>White</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked																			
Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: <u>Fair</u> Tread: <u>Fair</u> #Flat <u> </u> Hubcaps # <u> </u>																			
Major Damage to: _____																			
Additional Damage: _____																			
Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input type="checkbox"/> Have been Removed & <input checked="" type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions																			
Emergency equip: <input type="checkbox"/> None <input type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes																			
Interior: Color <u>Black</u> <input type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather																			
Damage to Seats: _____																			
Damage to Dash/Floor: _____																			
Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD																			
<input checked="" type="checkbox"/> AC (Condition: <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags: <input type="checkbox"/> Driver's Side <input checked="" type="checkbox"/> Dual																			
<input type="checkbox"/> Cruise Control <input type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control																			
Power: <input checked="" type="checkbox"/> Steering <input type="checkbox"/> Windows <input type="checkbox"/> Door Locks <input type="checkbox"/> Seats																			
Additional Equipment: _____																			
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 type="checkbox"/> Hitch: Type _____																			
Location of Asset: <u>500 Mack Ave</u>																			
For more information contact: <u>Jordan Mann</u>																			
Reminder: Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.																			