

# Bus Inspection Form

Inventory ID	Asset Number <u>Trolley 271</u>	Fair Market Value:																	
<b>Short Description:</b> Year <u>2005</u> Make <u>Freightliner</u> Model <u>MB55</u>																			
VIN: <table border="1"><tr><td>4</td><td>U</td><td>Z</td><td>A</td><td>A</td><td>C</td><td>B</td><td>W</td><td>7</td><td>5</td><td>C</td><td>4</td><td>6</td><td>8</td><td>9</td><td>1</td><td>3</td></tr></table> Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N			4	U	Z	A	A	C	B	W	7	5	C	4	6	8	9	1	3
4	U	Z	A	A	C	B	W	7	5	C	4	6	8	9	1	3			
Mileage/Odometer: <table border="1"><tr><td>1</td><td>3</td><td>1</td><td>0</td><td>0</td></tr></table> Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: _____			1	3	1	0	0												
1	3	1	0	0															
<b>Long Description:</b> Primary use for Bus: <u>Trolley</u> # of Passengers: <u>29</u> This vehicle: <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost and <input type="checkbox"/> Runs <input checked="" type="checkbox"/> Does Not Run <input checked="" type="checkbox"/> For Parts Only Engine Manufacture: <u>Cummins</u> Engine Type: <input checked="" type="checkbox"/> L, V <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel Engine This Vehicle was maintained every <u>5,000</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles Engine Condition: <input type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input checked="" type="checkbox"/> Is in Unknown Condition Repairs needed: _____ Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available Transmission Manufacture: _____ <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual ___ Speed Transmission Condition is: <input type="checkbox"/> Operable <input type="checkbox"/> Needs Repair <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Rebuilt (Date: _____) Repairs Needed: _____ Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection																			
<b>Exterior Description:</b> Color: <u>Blue</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: <input checked="" type="checkbox"/> Low <input type="checkbox"/> Flat _____ Damage to: <u>Left Rear Bumper</u> Additional Damage to: <u>Body Rust</u> Decals: <input type="checkbox"/> None <input type="checkbox"/> Have been Sprayed Over <input type="checkbox"/> Have been removed & <input checked="" type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions Other Exterior Information: _____																			
<b>Interior Description:</b> Color <u>Brown</u> <input type="checkbox"/> Vinyl <input type="checkbox"/> Cloth <input type="checkbox"/> Leather Damage to Seats: <u>Some missing</u> Damage to Dash/Floor: <u>Dash cracked</u> Radio: Brand <u>unknown</u> <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD Air Conditioning: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No AC Operating Condition: <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Unknown Other Interior Information/Options: _____																			
<b>Other Equipment: Description</b> _____ Manufacturer _____ Model _____ Serial # _____																			
Location of Asset: <u>500 Mack Ave</u> For more information contact: <u>Jordan Mann</u>																			