

Vehicle Online Form

Inventory ID:	Bid Increment:	Opening Bid :	Reserve:																	
Short Description: Year <u>2015</u> Make <u>Ford</u> Model <u>Police Interceptor Utility</u>																				
VIN: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;">F</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">5</td> <td style="width: 20px; height: 20px;">K</td> <td style="width: 20px; height: 20px;">8</td> <td style="width: 20px; height: 20px;">A</td> <td style="width: 20px; height: 20px;">R</td> <td style="width: 20px; height: 20px;">9</td> <td style="width: 20px; height: 20px;">F</td> <td style="width: 20px; height: 20px;">G</td> <td style="width: 20px; height: 20px;">B</td> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">6</td> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;">5</td> <td style="width: 20px; height: 20px;">4</td> </tr> </table> Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				1	F	M	5	K	8	A	R	9	F	G	B	2	6	1	5	4
1	F	M	5	K	8	A	R	9	F	G	B	2	6	1	5	4				
Mileage/Odometer: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> Odometer Accurate <input type="checkbox"/> Y <input type="checkbox"/> N: <u>unknown</u>																				
Long Description:																				
This Vehicle: <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Runs <input checked="" type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only		Body Style: <input type="checkbox"/> 2-door <input checked="" type="checkbox"/> 4-door <input type="checkbox"/> Short bed <input type="checkbox"/> Long bed																		
Engine- Type: <u>3.2L, V 6</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine																				
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>5000</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 checked="" type="checkbox"/> Not Available For Inspection																				
Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual <u>6</u> Speed																				
Transmission Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input checked="" type="checkbox"/> Is Unknown Condition																				
Repairs Needed: _____																				
Drivetrain: <input type="checkbox"/> 2 Wheel Drive <input checked="" 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 type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: <input type="checkbox"/> Low ___ <input type="checkbox"/> Flat ___ Hubcaps <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4																				
Does the vehicle have: <input type="checkbox"/> Hail damage <input type="checkbox"/> Rust																				
Major Damage to: _____																				
Additional Damage: _____																				
Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input type="checkbox"/> Have been Removed & <input 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 checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather																				
Damage to Seats: <u>tear</u>																				
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 checked="" type="checkbox"/> AM/FM CD																				
<input type="checkbox"/> AC (Condition: <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags <input type="checkbox"/> drivers side <input checked="" type="checkbox"/> dual																				
<input checked="" type="checkbox"/> Cruise Control <input type="checkbox"/> Tilt Steering <input checked="" type="checkbox"/> Remote Mirrors <input checked="" type="checkbox"/> Climate Control																				
Power: <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Door Locks <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Seats																				
Additional Equipment: _____																				
Location of Asset: _____																				
For more information contact: _____																				

