

GovDeals Vehicle Inspection Form

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|---|----------------------|--|
| Inventory ID: | Asset Number: | Fair Market Value: |
| Short Description: Year _____ Make _____ Model _____ | | |
| VIN:  Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N Odometer:  <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 type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only | | |
| Engine- Type: ____L, V_____ <input 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 type="checkbox"/> is in unknown condition | | |
| Repairs needed: _____ | | |
| This vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles | | |
| Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection | | |
| Transmission: <input type="checkbox"/> Automatic <input type="checkbox"/> Manual ____Speed Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition | | |
| Repairs Needed: _____ | | |
| Drivetrain: <input type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: _____ | | |
| Exterior: Color: _____ Windows: <input type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____ | | |
| Minor: <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: _____ Tread: _____ #Flat____ Hubcaps #: _____ | | |
| Major Damage to: _____ | | |
| Additional Damage: _____ | | |
| Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed <u>or</u> <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 _____ <input type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather | | |
| Damage to Seats: _____ | | |
| Damage to Dash/Floor: _____ | | |
| Radio: <input type="checkbox"/> Stock <u>or</u> <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 type="checkbox"/> AC (Condition: <input type="checkbox"/> Cold <input type="checkbox"/> Unknown) <input type="checkbox"/> No AC | | Air Bags: <input type="checkbox"/> Driver's Side <input 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 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: _____ | | |
| 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. | | |