

GovDeals Vehicle Inspection Form

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.		