

Heavy Truck Inspection Form

Inventory ID: _____	Asset Number: _____	Fair Market Value: _____															
Short Description: Year _____ Manufacturer _____ Model _____																	
VIN: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Title Restriction: ☐ Y ☐ N																	
Mileage/Odometer: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Odometer Accurate ☐ Y ☐ N: _____																	
Long Description: Primary Use for Vehicle: _____ GVW: _____ This Vehicle: ☐ Starts ☐ Starts with a Boost & ☐ Is Operable ☐ Is Not Operable ☐ For Parts Only Date Removed From Service: _____ Maintenance Records: ☐ Available ☐ Not Available For Inspection Engine Manufacture: _____ Engine: ____L, V _____ ☐ Gas ☐ Diesel This vehicle was maintained every _____ ☐ Days ☐ Hours ☐ Miles # of Axles _____ Engine Condition: ☐ Is operable ☐ Needs repair ☐ Is in Unknown Condition Jake Brake: ☐ Yes ☐ No Engine Repairs needed: _____ Transmission Manufacture: _____ ☐ Automatic ☐ Manual ____ Speed Transmission Condition is: ☐ Operable ☐ Needs Repair ☐ Unknown ☐ Rebuilt (Date: _____) Transmission Repairs Needed: _____																	
Exterior: Color _____ Windows: ☐ No Cracked Glass ☐ Cracked _____ Minor: ☐ Dents ☐ Scratches ☐ Dings Tire Condition: ☐ Low _____ ☐ Flat _____ Damage to: _____ Additional Damage to: _____ Decals: ☐ None ☐ Have been sprayed ☐ Have been Removed & ☐ Impressions Remain ☐ No Impressions Capacity: _____ Loader: ☐ Front ☐ Side Electronic Tarp: ☐ Yes ☐ No Condition: _____																	
Interior: Color _____ ☐ Cloth ☐ Vinyl ☐ Leather Damage to Seats: _____ Damage to Dash/Floor: _____ Radio: Brand _____ ☐ AM ☐ AM/FM ☐ AM/FM Cassette ☐ AM/FM CD ☐ Cruise Control ☐ Tilt Steering ☐ Remote Mirrors Airbags: ☐ Driver's Side ☐ Dual ☐ AC ☐ No AC AC Condition: ☐ Cold ☐ Unknown Power: ☐ Windows ☐ Doorlocks ☐ Steering ☐ Seats Additional Equipment: Manufacturer: _____ Model: _____ Serial # _____ Description: _____ Equipment Condition: ☐ Is operable ☐ Needs repair ☐ Is in Unknown Condition Other Equipment: _____																	
Location of Asset: _____ For more information contact: _____																	