

Asset #3518

Vehicle Inspection Form

Plate #: Town Vehicle #1069	Asset Location: Town Highway Lot	Est. Auction Value: \$100.00 <small>(to be provided by Fleet Supervisor)</small>																																		
Short Description: Year 2014 Make Ford Model Police Interceptor																																				
VIN: <table border="1" style="display: inline-table; text-align: center;"> <tr><td>1</td><td>F</td><td>M</td><td>5</td><td>K</td><td>8</td><td>A</td><td>R</td><td>4</td><td>E</td><td>G</td><td>B</td><td>7</td><td>4</td><td>7</td><td>4</td><td>2</td></tr> <tr><td>1</td><td>1</td><td>5</td><td>0</td><td>7</td><td>1</td><td colspan="11"></td></tr> </table>		1	F	M	5	K	8	A	R	4	E	G	B	7	4	7	4	2	1	1	5	0	7	1												Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
1	F	M	5	K	8	A	R	4	E	G	B	7	4	7	4	2																				
1	1	5	0	7	1																															
Odometer: <table border="1" style="display: inline-table; text-align: center;"> <tr><td>1</td><td>1</td><td>5</td><td>0</td><td>7</td><td>1</td></tr> </table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N:		1	1	5	0	7	1																													
1	1	5	0	7	1																															
Long Description: This Vehicle: <input type="checkbox"/> Starts <input checked="" type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Runs/Driveable <input checked="" type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input checked="" type="checkbox"/> For Parts Only Engine Type: <u>L, V6</u> <input checked="" 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 checked="" type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition Repairs needed: <u>Has engine knock on startup</u> This vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles Date Removed From Service: <u>3/2023</u> Maintenance Records: <input checked="" type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual Speed Condition: <input checked="" type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition Repairs Needed: _____ Drivetrain: <input type="checkbox"/> 2 Wheel Drive <input checked="" type="checkbox"/> 4 Wheel Drive Condition: <u>works</u>																																				
Exterior: Color: _____ 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: _____ Tread: <u>0</u> #Flat Hubcaps # <u>4</u> Major Damage to: _____ Additional Damage: <u>Bent Tie Rod-passenger side</u> Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input type="checkbox"/> Have been Removed & <input checked="" type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions Emergency equip: <input type="checkbox"/> None <input type="checkbox"/> Has been removed <input checked="" 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>Yes-heavy wear and holes in fabric</u> Damage to Dash/Floor: <u>yes-heavy wear</u> Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input checked="" type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD <input checked="" type="checkbox"/> AC (Condition: <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Unknown <input type="checkbox"/> No AC Air Bags: <input type="checkbox"/> Driver's Side <input checked="" type="checkbox"/> Dual <input type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input checked="" type="checkbox"/> Remote Mirrors <input checked="" type="checkbox"/> Climate Control Power: <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Door Locks <input checked="" 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 _____																																				
Vehicle Inspected by: <u>R. Ch. Rotzel</u> Fleet Maintenance Supervisor Recommendation: <input checked="" type="checkbox"/> Auction <input type="checkbox"/> Re-Assign <input type="checkbox"/> Scrap Fleet Maintenance Supervisor Approval: <u>[Signature]</u> Date: <u>3-22-23</u> Public Works Director Approval: <u>[Signature]</u> Date: <u>3/22/23</u>																																				