

Vehicle Inspection Form

Inventory ID:	Asset Number: 0610650	Fair Market Value: \$15,000.00
Short Description: Year <u>2020</u> Make <u>INTERNATIONAL</u> Model <u>TRACTOR HV613 SINGLE AXLE</u>		
VIN: <u>3HSERTZR8LN849939</u> Title: <input type="checkbox"/> Clean Title <input type="checkbox"/> Salvage Title <input type="checkbox"/> No Title <input type="checkbox"/> Court Documents Only <input checked="" type="checkbox"/> SF97 Form <input type="checkbox"/> Other		
Odometer: <u>395642</u> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers <input type="checkbox"/> Hours Odometer Accurate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Long Description: This Vehicle: <input type="checkbox"/> Starts <input checked="" type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Runs/Drivable <input type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Engine- Type: <u>L, V</u> <input type="checkbox"/> Gas <input checked="" 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 checked="" type="checkbox"/> is in unknown condition Repairs needed: <u>MAJOR ACCIDENT UNKNOWN ISSUES, PREVIOUSLY STARTED AFTER ACCIDENT</u>		
This vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles/Kilometers		
Date Removed from Service: <u>9/24/2025</u> Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection		
Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual <u>Speed</u> Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input checked="" type="checkbox"/> Is Unknown Condition		
Repairs Needed:		
Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition:		
Exterior: Color: <u>WHITE</u> Windows: <input type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: <u>WORN</u> Tread: _____ #Flat _____ Hubcaps # _____		
Major Damage to: <u>MAJOR ACCIDENT DAMAGE / UNKNOWN FRAME DAMAGE</u> Additional Damage: <u>FRONT END DAMAGE / D/S HEAVY DAMAGE / DEF TANK & AIR TANKS DAMAGED</u>		
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>GRAY</u> <input type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats:		
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 type="checkbox"/> AM/FM CD AC Condition: <input type="checkbox"/> Cold <input checked="" 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 checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Windows <input checked="" 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: _____		