

Vehicle Inspection Form

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| Inventory ID: <u>8739420</u> | Asset Number: | Fair Market Value: |
| Short Description: <u>Year 1998</u> | Make <u>WABRETT</u> | Model <u>38'X12'6"</u> |
| VIN: <u>1J1J1V382W7WU498872</u> | Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Odometer: <u> </u> | <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 checked="" type="checkbox"/> Runs/Driveable <input type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only | | |
| Engine- Type: <u> </u> L, V <u> </u> 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 | | |
| <u>Transmission:</u> <input type="checkbox"/> Automatic <input type="checkbox"/> Manual <u> </u> Speed Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition | | |
| Repairs Needed: | | |
| <u>Drivetrain:</u> <input type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: _____ | | |
| <u>Exterior:</u> Color: <u>White</u> Windows: <input type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked <u>NA</u> Minor: <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: <u>FAIR</u> Tread: <u>SOI #Flat</u> Hubcaps # <u>0</u> Major Damage to: <u>5TH WHEEL PLATE WELD, EQUALIZER Q, AND DOT BUMPER</u> Additional Damage: <u>WALKS CRACKED, PREVIOUS BODY REPAIRS (PDR) DRIVERS</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 checked="" type="checkbox"/> No Impressions | | |
| Emergency equip: <input checked="" 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 | | |
| <u>Interior:</u> Color <u>White</u> <input type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>PREVIOUS REPAIRS TO BACK BACK COMPLETED</u> Damage to Dash/Floor: <u>DOOR AND FLOOR IN FAIR CONDITION</u> | | |
| Radio: <input type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: <u>NA</u> <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 checked="" type="checkbox"/> No AC Air Bags: <input type="checkbox"/> Driver's Side <input type="checkbox"/> Dual <u>NA</u> <input type="checkbox"/> Cruise Control <input type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control <u>NA</u> | | |
| Power: <input type="checkbox"/> Steering <input type="checkbox"/> Windows <input type="checkbox"/> Door Locks <input type="checkbox"/> Seats <u>NA</u> | | |
| 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. | | |