

Vehicle Inspection Form

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|--|---------------|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|
| Inventory ID: 8910103 | Asset Number: | Fair Market Value: | | | | | | | | | | | | | | | | | | | | | | | |
| Short Description: Year <u>1998</u> Make <u>JEEP</u> Model <u>CHEROKEE</u> | | | | | | | | | | | | | | | | | | | | | | | | | |
| VIN: <table style="display: inline-table; border-collapse: collapse; width: 150px;"> <tr><td>1</td><td>J</td><td>4</td><td>F</td><td>J</td><td>2</td><td>8</td><td>S</td><td>1</td><td>W</td><td>L</td><td>2</td><td>0</td><td>0</td><td>0</td><td>5</td><td>5</td></tr> </table> Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N Odometer: <table style="display: inline-table; border-collapse: collapse; width: 150px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <input type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input type="checkbox"/> Y <input checked="" type="checkbox"/> N: <u>NO POWER</u> | | | 1 | J | 4 | F | J | 2 | 8 | S | 1 | W | L | 2 | 0 | 0 | 0 | 5 | 5 | | | | | | |
| 1 | J | 4 | F | J | 2 | 8 | S | 1 | W | L | 2 | 0 | 0 | 0 | 5 | 5 | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 checked="" type="checkbox"/> Does Not Run <input 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 type="checkbox"/> Needs repair <input checked="" type="checkbox"/> is in unknown condition Repairs needed: <u>NO POWER TO START VEHICLE</u> This vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles Date Removed From Service: <u>2019</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 type="checkbox"/> 2 Wheel Drive <input checked="" type="checkbox"/> 4 Wheel Drive Condition: _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exterior: Color: <u>BROWN</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked Minor: <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: <u>FLAT</u> Tread: _____ #Flat <u>4</u> Hubcaps # _____ Major Damage to: <u>RUSTY ROOF RAILS</u> Additional Damage: _____ Decals: <input checked="" 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 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 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Interior: Color <u>GREY</u> <input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>MOLD & MILDEW FROM LEAKY ROOF</u> Damage to Dash/Floor: <u>NWT</u> Radio: <input checked="" 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 checked="" type="checkbox"/> 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 checked="" type="checkbox"/> Dual <input type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input checked="" 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: <u>1745 AIRPORT BEACH RD DUTCH HARBOR, AK 99692</u> 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. | | | | | | | | | | | | | | | | | | | | | | | | | |