

# Vehicle Inspection Form

|  |                      |                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|----------------------|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>Inventory ID:</b> 8910103   | <b>Asset Number:</b> | <b>Fair Market Value:</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Short Description:</b><br>Year 1998      Make JEEP      Model CHEROKEE  |                      |                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>VIN:</b> <table border="1" style="display: inline-table; text-align: center; width: 200px;"> <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  |                      |                           | 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 |   |   |   |
| <b>Odometer:</b> <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <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: NO POWER   |                      |                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |                      |                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Long Description:</b><br>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<br><b>Engine- Type:</b> L, V 6 <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid<br>Engine Condition: <input type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input checked="" type="checkbox"/> is in unknown condition<br>Repairs needed: NO POWER TO START VEHICLE<br>This vehicle was maintained every <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles<br>Date Removed From Service: 2019      Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection<br><b>Transmission:</b> <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual    Speed Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input checked="" type="checkbox"/> Is Unknown Condition<br>Repairs Needed: _____<br><b>Drivetrain:</b> <input type="checkbox"/> 2 Wheel Drive <input checked="" type="checkbox"/> 4 Wheel Drive    Condition: _____ |                      |                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Exterior:</b> Color: BROWN      Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked<br>Minor: <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings    Tire Condition: FLAT      Tread:      #Flat 4    Hubcaps #<br>Major Damage to: RUSTY ROOF RAILS<br>Additional Damage: _____<br>Decals: <input checked="" 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<br>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  |                      |                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Interior:</b> Color GREY <input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather<br>Damage to Seats: MOLD & MILDEW FROM LEAKY ROOF<br>Damage to Dash/Floor: NWT<br>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<br><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<br><input type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input checked="" type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control<br>Power: <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Door Locks <input type="checkbox"/> Seats  |                      |                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Additional Equipment:</b> _____<br>Manufacturer                      Model                      Serial #<br><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   |                      |                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Location of Asset:</b> 1745 AIRPORT BEACH RD DUTCH HARBOR, AK 99692<br><b>For more information contact:</b> _____<br><b>Reminder:</b> Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.   |                      |                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |