

# Vehicle Inspection Form

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| <b>Inventory ID:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Asset Number:</b> 3910504 | <b>Fair Market Value:</b> \$6000.00 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Short Description:</b><br>Year <u>2014</u> Make <u>FORD</u> Model <u>EXPLORER</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>VIN:</b> <table border="1" style="display: inline-table; text-align: center; width: 600px;"><tr><td>1</td><td>F</td><td>M</td><td>5</td><td>K</td><td>7</td><td>D</td><td>8</td><td>0</td><td>D</td><td>G</td><td>C</td><td>5</td><td>0</td><td>4</td><td>3</td><td>6</td></tr></table> Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                     | 1 | F | M | 5 | K | 7 | D | 8 | 0 | D | G | C | 5 | 0 | 4 | 3 | 6 |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | F                            | M                                   | 5 | K | 7 | D | 8 | 0 | D | G | C | 5 | 0 | 4 | 3 | 6 |   |   |   |
| <b>Odometer:</b> <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>1</td><td>2</td><td>3</td><td>0</td><td>9</td><td>4</td></tr></table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers    Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                                     | 1 | 2 | 3 | 0 | 9 | 4 |   |   |   |   |   |   |   |   |   |   |   |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2                            | 3                                   | 0 | 9 | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Long Description:</b><br>This Vehicle: <input checked="" 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<br><b>Engine- Type:</b> <u>3.5 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<br>Engine Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition<br>Repairs needed: _____<br>This vehicle was maintained every <u>6 Months</u> <input checked="" type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles<br>Date Removed From Service: <u>09/21/2023</u> Maintenance Records: <input checked="" type="checkbox"/> Available <input checked="" type="checkbox"/> Not Available For Inspection<br><b>Transmission:</b> <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<br>Repairs Needed: _____<br><b>Drivetrain:</b> <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive    Condition: <u>FAIR</u> |                              |                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Exterior:</b> Color: <u>White</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____<br>Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings    Tire Condition: <u>FAIR</u> Tread: _____ #Flat _____ Hubcaps # _____<br>Major Damage to: <u>NONE</u><br>Additional Damage: _____<br>Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed    or <input checked="" type="checkbox"/> Have been Removed & <input checked="" type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Interior:</b> Color <u>DARK GRAY</u> <input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather<br>Damage to Seats: <u>NONE</u><br>Damage to Dash/Floor: <u>NONE</u><br>Radio: <input 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 type="checkbox"/> Unknown) <input type="checkbox"/> No AC      Air Bags: <input checked="" type="checkbox"/> Driver's Side <input checked="" type="checkbox"/> Dual<br><input checked="" type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input checked="" type="checkbox"/> Remote Mirrors <input checked="" type="checkbox"/> Climate Control<br>Power: <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Door Locks <input checked="" 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> <u>Oakland Vehicle Maintenance 1675 7th Street Oakland, Ca 94615 510 874 8471</u><br><b>For more information contact:</b> <u>Douglas Chow / Velasquez, Joe</u><br><b>Reminder:</b> Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |