

# Vehicle Inspection Form

Inventory ID: <b>NR24900</b>	Asset Number: <b>KW4165</b>	Fair Market Value:																	
<b>Short Description:</b> Year <u>2014</u> Make <u>FORD</u> Model <u>F-150</u>																			
<b>VIN:</b> <table border="1" style="display: inline-table; text-align: center; width: 600px;"> <tr> <td>1</td><td>F</td><td>T</td><td>F</td><td>X</td><td>1</td><td>E</td><td>T</td><td>9</td><td>E</td><td>F</td><td>B</td><td>7</td><td>0</td><td>5</td><td>5</td><td>4</td> </tr> </table> Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			1	F	T	F	X	1	E	T	9	E	F	B	7	0	5	5	4
1	F	T	F	X	1	E	T	9	E	F	B	7	0	5	5	4			
<b>Odometer:</b> <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>1</td><td>4</td><td>3</td><td>9</td><td>1</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	4	3	9	1	4											
1	4	3	9	1	4														
<b>Long Description:</b> 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 <b>Engine- Type:</b> <u>3.5L, 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 checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition Repairs needed: _____ This vehicle was maintained every <u>5000</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles Date Removed From Service: <u>7/7/2025</u> Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection <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 Repairs Needed: _____ <b>Drivetrain:</b> <input type="checkbox"/> 2 Wheel Drive <input checked="" type="checkbox"/> 4 Wheel Drive   Condition: _____																			
<b>Exterior:</b> Color: <u>WHITE</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____ Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings   Tire Condition: <u>WORN</u> Tread: <u>5%</u> #Flat___   Hubcaps #___ Major Damage to: _____ Additional Damage: <u>REAR BUMPER</u> Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed   or <input type="checkbox"/> Have been Removed & <input checked="" 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																			
<b>Interior:</b> Color <u>GREY</u> <input type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: _____ Damage to Dash/Floor: <u>TPMS LIGHT ON</u> 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 checked="" type="checkbox"/> AM/FM CD <input checked="" type="checkbox"/> AC (Condition: <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Unknown) <input type="checkbox"/> No AC      Air Bags: <input type="checkbox"/> Driver's Side <input checked="" type="checkbox"/> Dual <input checked="" type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input checked="" type="checkbox"/> Remote Mirrors <input checked="" 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																			
<b>Additional Equipment:</b> _____ Manufacturer _____ Model _____ Serial # _____ <input checked="" 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>150 Sower Blvd Frankfort Ky 40601</u> <b>For more information contact:</b> <u>Tony Cleveland 502-229-8429</u> <b>Reminder:</b> Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.																			