

## Vehicle Inspection Form

<b>Inventory ID:</b>	<b>Asset Number:</b> <del>6890</del> <u>6890</u>	<b>Fair Market Value:</b>
<b>Short Description:</b> Year <u>2015</u> Make <u>Toyota</u> Model <u>Camry</u>		
<b>VIN:</b> <u>4T4BF1REK6FR508074</u>		<b>Title Restriction:</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
<b>Odometer:</b> <u>148221</u> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers		<b>Odometer Accurate:</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
<b>Long Description:</b> This Vehicle: <input type="checkbox"/> Starts <input checked="" 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>2.5 L, V 4</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid <b>Engine Condition:</b> <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition <b>Repairs needed:</b> _____ This vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles <b>Date Removed From Service:</b> _____ <b>Maintenance Records:</b> <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection <b>Transmission:</b> <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual <u>Speed</u> Condition: <input checked="" type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition <b>Repairs Needed:</b> _____ <b>Drivetrain:</b> <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: _____ <b>Exterior:</b> Color: <u>Gray</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked Minor: <input type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: <u>Good</u> Tread: <u>good</u> #Flat <u>0</u> Hubcaps # <u>4</u> <b>Major Damage to:</b> _____ <b>Additional Damage:</b> _____ <b>Decals:</b> <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 <b>Emergency equip:</b> <input type="checkbox"/> None <input checked="" 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>Gray</u> <input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather <b>Damage to Seats:</b> <u>none</u> <b>Damage to Dash/Floor:</b> <u>Holes due To equipment Install</u> <b>Radio:</b> <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 <b>Power:</b> <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> _____ <b>Manufacturer</b> _____ <b>Model</b> _____ <b>Serial #</b> _____ <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> _____ <b>For more information contact:</b> _____ <b>Reminder:</b> Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Slagger closing times by 10 minutes.		