

## Vehicle Inspection Form

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| <b>Inventory ID:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Asset Number:</b> OKB1599 | <b>Fair Market Value:</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Short Description:</b><br>Year <u>2007</u> Make <u>Chevy</u> Model <u>Malibu</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>VIN:</b> <table border="1" style="display: inline-table; text-align: center; width: 600px;"> <tr> <td>1</td><td>G</td><td>1</td><td>Z</td><td>S</td><td>5</td><td>7</td><td>F</td><td>8</td><td>7</td><td>F</td><td>3</td><td>0</td><td>0</td><td>5</td><td>5</td><td>5</td> </tr> </table> Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                           | 1 | G | 1 | Z | S | 5 | 7 | F | 8 | 7 | F | 3 | 0 | 0 | 5 | 5 | 5 |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | G                            | 1                         | Z | S | 5 | 7 | F | 8 | 7 | F | 3 | 0 | 0 | 5 | 5 | 5 |   |   |   |
| <b>Odometer:</b> <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>1</td><td>2</td><td>1</td><td>7</td><td>2</td><td>5</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 | 1 | 7 | 2 | 5 |   |   |   |   |   |   |   |   |   |   |   |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2                            | 1                         | 7 | 2 | 5 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <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-</b> Type: <u>2.2L, V4</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: <u>Needs brakes</u><br>This vehicle was maintained every <u>5000</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles<br>Date Removed From Service: <u>8/18/2025</u> Maintenance Records: <input 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: _____ |                              |                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <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>Brakes grinding.</u><br>Additional Damage: <u>Paint chipping.</u><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 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 type="checkbox"/> Vinyl <input type="checkbox"/> Leather<br>Damage to Seats: <u>Dirty and stained.</u><br>Damage to Dash/Floor: <u>Dirty and stained.</u><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 checked="" type="checkbox"/> AM/FM CD<br><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<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> _____<br><b>For more information contact:</b> <u>Division of Fleet Management - Annie Smith 502-782-0094</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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |