

# Vehicle Inspection Form

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>Inventory ID:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Asset Number:</b> KW5827 | <b>Fair Market Value:</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Short Description:</b><br>Year <u>2019</u> Make <u>CHEVY</u> Model <u>Silverado</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>VIN:</b> <table border="1" style="display: inline-table; text-align: center; width: 600px;"> <tr> <td>1</td><td>G</td><td>C</td><td>R</td><td>Y</td><td>A</td><td>E</td><td>H</td><td>8</td><td>K</td><td>Z</td><td>2</td><td>5</td><td>5</td><td>0</td><td>3</td><td>1</td> </tr> </table> Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |                           | 1 | G | C | R | Y | A | E | H | 8 | K | Z | 2 | 5 | 5 | 0 | 3 | 1 |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | G                           | C                         | R | Y | A | E | H | 8 | K | Z | 2 | 5 | 5 | 0 | 3 | 1 |   |   |   |
| <b>Odometer:</b> <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>1</td><td>9</td><td>3</td><td>4</td><td>1</td><td>2</td> </tr> </table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers   Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |                           | 1 | 9 | 3 | 4 | 1 | 2 |   |   |   |   |   |   |   |   |   |   |   |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9                           | 3                         | 4 | 1 | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Long Description:</b><br>This Vehicle: <input checked="" type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Runs/Driveable <input checked="" type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input checked="" type="checkbox"/> For Parts Only<br><b>Engine-</b> Type: <u>4.3 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: <u>Lifter Failure, Doesn't run smooth, will need towed</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>7-25-25</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 type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input checked="" type="checkbox"/> Is Unknown Condition<br>Repairs Needed: <u>Unknown</u><br><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 _____<br>Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings   Tire Condition: <u>Good</u> Tread: _____ #Flat _____ Hubcaps # _____<br>Major Damage to: <u>Bumper damaged</u><br>Additional Damage: <u>corner of tailgate folded</u><br>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<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>Black</u> <input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather<br>Damage to Seats: <u>Dirty/stained</u><br>Damage to Dash/Floor: <u>Dirty/stained</u><br>Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input checked="" type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD<br><input checked="" type="checkbox"/> AC (Condition: <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Unknown) <input checked="" 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 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> <u>600 S Jefferson St. Princeton, KY 42445</u><br><b>For more information contact:</b> <u>James Blackburn-270-240-7171</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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |