

GovDeals Vehicle Inspection Form

Inventory ID:	Asset Number: CO0000000132510	Fair Market Value:																	
Short Description: Year <u>2014</u> Make <u>International</u> Model <u>4400 SBA-4X2</u>																			
VIN: <table border="1" style="display: inline-table; text-align: center; width: 300px;"> <tr> <td>3</td><td>H</td><td>A</td><td>M</td><td>K</td><td>A</td><td>A</td><td>L</td><td>9</td><td>E</td><td>L</td><td>0</td><td>1</td><td>5</td><td>5</td><td>6</td><td>4</td> </tr> </table> Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			3	H	A	M	K	A	A	L	9	E	L	0	1	5	5	6	4
3	H	A	M	K	A	A	L	9	E	L	0	1	5	5	6	4			
Mileage/Odometer: <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr> <td>1</td><td>8</td><td>8</td><td>6</td><td>9</td><td>8</td> </tr> </table> Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: _____			1	8	8	6	9	8											
1	8	8	6	9	8														
Long Description: This Vehicle: <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Runs <input checked="" type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Engine- Type: ____ L, V ____ <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel Engine Engine Condition: <input type="checkbox"/> Runs <input checked="" type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition Repairs needed: <u>Engine is blown</u> This vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual ____ Speed Transmission Condition: <input checked="" type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition Repairs Needed: _____ Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: <u>Good</u>																			
Exterior: Color: <u>Blue/White</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____ Minor: <input type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: <input type="checkbox"/> Low ____ <input type="checkbox"/> Flat ____ Hubcaps <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Major Damage to: <u>None</u> Additional Damage: <u>None</u> Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input type="checkbox"/> Have been Removed & <input type="checkbox"/> Impressions Remain <input checked="" 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 checked="" type="checkbox"/> There are no holes																			
Interior: Color <u>Black/Gray</u> <input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>Holes on arm rest</u> Damage to Dash/Floor: <u>None</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"/> drivers 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"/> Windows <input checked="" type="checkbox"/> Door Locks <input checked="" type="checkbox"/> Steering <input type="checkbox"/> Seats																			
Additional Equipment: _____ Manufacturer _____ Model _____ Serial # _____																			
Location of Asset: <u>Green River Correctional Complex 1200 River Road Central City, KY 42330</u> For more information contact: <u>Gabrielle Walker gabrielle.walker@ky.gov 270-754-5415 ext. 416</u> Reminder: Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.																			