

Vehicle Inspection Form

Inventory ID:	Asset Number:	Fair Market Value:																																		
Short Description: Year <u>2005</u> Make <u>Ford</u> Model <u>F-150</u>																																				
VIN: <table border="1" style="display: inline-table; vertical-align: middle; border-collapse: collapse; width: 150px; text-align: center;"> <tr><td>1</td><td>F</td><td>T</td><td>R</td><td>X</td><td>1</td><td>4</td><td>W</td><td>0</td><td>5</td><td>N</td><td>B</td><td>4</td><td>4</td><td>3</td><td>0</td><td>9</td></tr> <tr><td>1</td><td>9</td><td>5</td><td>9</td><td>4</td><td>6</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			1	F	T	R	X	1	4	W	0	5	N	B	4	4	3	0	9	1	9	5	9	4	6											
1	F	T	R	X	1	4	W	0	5	N	B	4	4	3	0	9																				
1	9	5	9	4	6																															
Odometer: <table border="1" style="display: inline-table; vertical-align: middle; border-collapse: collapse; width: 150px; text-align: center;"> <tr><td>1</td><td>9</td><td>5</td><td>9</td><td>4</td><td>6</td></tr> </table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input type="checkbox"/> Y <input checked="" type="checkbox"/> N: _____			1	9	5	9	4	6																												
1	9	5	9	4	6																															
Long Description: This Vehicle: <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Runs/Driveable <input type="checkbox"/> Engine Runs <input checked="" type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Engine- Type: <u>4.6 L, V8</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 type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input checked="" type="checkbox"/> is in unknown condition Repairs needed: _____ This vehicle was maintained every <u>3000</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles Date Removed From Service: <u>4/22/2025</u> Maintenance Records: <input type="checkbox"/> Available <input checked="" type="checkbox"/> Not Available For Inspection																																				
Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual <u>Speed</u> Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input checked="" type="checkbox"/> Is Unknown Condition Repairs Needed: _____ Drivetrain: <input type="checkbox"/> 2 Wheel Drive <input checked="" type="checkbox"/> 4 Wheel Drive Condition: _____																																				
Exterior: 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>Fair</u> Tread: _____ #Flat _____ Hubcaps # _____ Major Damage to: _____ Additional Damage: _____ Decals: <input type="checkbox"/> None <input checked="" type="checkbox"/> Have Been Sprayed <u>or</u> <input type="checkbox"/> Have been Removed & <input type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions Emergency equip: <input type="checkbox"/> None <input checked="" type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes																																				
Interior: Color <u>Grey</u> <input checked="" type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>Fabric dirty/Soiled</u> Damage to Dash/Floor: _____ Radio: <input checked="" type="checkbox"/> Stock <u>or</u> <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD <input checked="" type="checkbox"/> AC (Condition: <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags: <input type="checkbox"/> Driver's Side <input checked="" type="checkbox"/> Dual <input type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control Power: <input checked="" type="checkbox"/> Steering <input type="checkbox"/> Windows <input type="checkbox"/> Door Locks <input type="checkbox"/> Seats																																				
Additional Equipment: _____ Manufacturer _____ Model _____ Serial # _____ <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 _____																																				
Location of Asset: <u>KDF Morehead 255 Rodburn Hollow Rd, Morehead, KY 40351</u> For more information contact: <u>Jim MacDonald 606 548-0099</u> Reminder: Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.																																				