

# Vehicle Inspection Form

Inventory ID:	Asset Number: 0KB1737	Fair Market Value: <b>SALVAGE</b>																																			
<b>Short Description:</b> Year <u>2008</u> Make <u>CHEVY</u> Model <u>SILVERADO 1500</u>																																					
<b>VIN:</b> <table style="display: inline-table; border-collapse: collapse; width: 150px;"> <tr><td>1</td><td>G</td><td>C</td><td>E</td><td>C</td><td>1</td><td>4</td><td>0</td><td>5</td><td>8</td><td>Z</td><td>1</td><td>5</td><td>1</td><td>9</td><td>4</td><td>0</td></tr> <tr><td>2</td><td>6</td><td>1</td><td>6</td><td>5</td><td>3</td><td colspan="12"></td></tr> </table> <span style="margin-left: 10px;">Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N</span>			1	G	C	E	C	1	4	0	5	8	Z	1	5	1	9	4	0	2	6	1	6	5	3												
1	G	C	E	C	1	4	0	5	8	Z	1	5	1	9	4	0																					
2	6	1	6	5	3																																
<b>Odometer:</b> <table style="display: inline-table; border-collapse: collapse; width: 150px;"> <tr><td>2</td><td>6</td><td>1</td><td>6</td><td>5</td><td>3</td><td colspan="12"></td></tr> </table> <span style="margin-left: 10px;"><input type="checkbox"/> Miles <input type="checkbox"/> Kilometers</span> <span style="margin-left: 10px;">Odometer Accurate <input type="checkbox"/> Y <input type="checkbox"/> N: _____</span>			2	6	1	6	5	3																													
2	6	1	6	5	3																																
<b>Long Description:</b> 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 <b>Engine- Type:</b> <u>5.3L, V8</u> <input 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 checked="" type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition Repairs needed: <u>ENGINE NEEDS REPAIR . PARTS MAY BE MISSING. FOR PARTS ONLY.</u> This vehicle was maintained every <u>5000</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles Date Removed From Service: <u>10/24/2025</u> Maintenance Records: <input type="checkbox"/> Available <input checked="" type="checkbox"/> Not Available For Inspection <b>Transmission:</b> <input 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 Repairs Needed: _____ <b>Drivetrain:</b> <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: <u>UNKNOWN</u>  <b>Exterior:</b> Color: <u>White</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked Minor: <input checked="" type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: <u>Poor</u> Tread: _____ #Flat _____ Hubcaps # _____ Major Damage to: <u>Rusted, and paint chipping.</u> Additional Damage: <u>Back bumper damaged.</u> Decals: <input checked="" type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed <u>or</u> <input type="checkbox"/> Have been Removed & <input checked="" type="checkbox"/> Impressions Remain <input 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 type="checkbox"/> There are no holes  <b>Interior:</b> Color <u>Grey</u> <input type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>Dirty, ripped, and stained.</u> Damage to Dash/Floor: <u>Dirty, ripped, and stained.</u> Radio: <input type="checkbox"/> Stock <u>or</u> <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 <input 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  <b>Additional Equipment:</b> _____ 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 <u>3</u>  <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. Stagger closing times by 10 minutes.																																					