

# Vehicle Inspection Form

Inventory ID:	Asset Number: 0KB2142	Fair Market Value: <b>SALVAGE</b>																																		
<b>Short Description:</b> Year <u>2011</u> Make <u>RAM</u> Model <u>CC 4X4</u>																																				
<b>VIN:</b> <table border="1" style="display: inline-table; vertical-align: middle; border-collapse: collapse; width: 150px; text-align: center;"> <tr><td>3</td><td>D</td><td>7</td><td>T</td><td>T</td><td>2</td><td>C</td><td>T</td><td>6</td><td>B</td><td>G</td><td>5</td><td>2</td><td>8</td><td>0</td><td>6</td><td>8</td></tr> <tr><td>1</td><td>3</td><td>2</td><td>2</td><td>9</td><td>2</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> <span style="display: inline-block; vertical-align: middle; margin-left: 10px;">Title Restriction: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</span>			3	D	7	T	T	2	C	T	6	B	G	5	2	8	0	6	8	1	3	2	2	9	2											
3	D	7	T	T	2	C	T	6	B	G	5	2	8	0	6	8																				
1	3	2	2	9	2																															
<b>Odometer:</b> <table border="1" style="display: inline-table; vertical-align: middle; border-collapse: collapse; width: 100px; text-align: center;"> <tr><td>1</td><td>3</td><td>2</td><td>2</td><td>9</td><td>2</td></tr> </table> <span style="display: inline-block; vertical-align: middle; margin-left: 10px;"><input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers</span> <span style="display: inline-block; vertical-align: middle; margin-left: 10px;">Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: _____</span>			1	3	2	2	9	2																												
1	3	2	2	9	2																															
<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 checked="" type="checkbox"/> For Parts Only <b>Engine- Type:</b> <u>5.7 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 checked="" type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition Repairs needed: <b>PARTS MAY BE MISSING. FOR PARTS ONLY.</b> 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>8/18/2025</u> Maintenance Records: <input type="checkbox"/> Available <input checked="" type="checkbox"/> Not Available For Inspection																																				
<b>Transmission:</b> <input checked="" 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 type="checkbox"/> 2 Wheel Drive <input checked="" type="checkbox"/> 4 Wheel Drive Condition: <b>UNKNOWN</b>																																				
<b>Exterior:</b> Color: <u>Silver</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>Poor</u> Tread: _____ #Flat _____ Hubcaps # _____ Major Damage to: <u>Rusted</u> . Additional Damage: <u>Bumper wrecked and falling off.</u>																																				
Decals: <input checked="" type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed <u>or</u> <input checked="" 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>Tan &amp; Grey</u> <input type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>Steering and dash removed.</u> Damage to Dash/Floor: <u>Missing pieces , parts in the seat.</u>																																				
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 checked="" 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.																																				