

# Vehicle Inspection Form

<b>Inventory ID:</b>	<b>Asset Number:</b> 0KB3234	<b>Fair Market Value:</b> SALVAGE																	
<b>Short Description:</b> Year <u>2014</u> Make <u>RAM</u> Model <u>1500</u>																			
<b>VIN:</b> <table border="1" style="display: inline-table; text-align: center; width: 600px;"> <tr> <td>3</td><td>C</td><td>6</td><td>J</td><td>R</td><td>7</td><td>D</td><td>T</td><td>9</td><td>E</td><td>G</td><td>2</td><td>4</td><td>2</td><td>7</td><td>4</td><td>1</td> </tr> </table> Title Restriction: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N			3	C	6	J	R	7	D	T	9	E	G	2	4	2	7	4	1
3	C	6	J	R	7	D	T	9	E	G	2	4	2	7	4	1			
<b>Odometer:</b> <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>1</td><td>6</td><td>6</td><td>1</td><td>8</td><td>9</td> </tr> </table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers      Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: _____			1	6	6	1	8	9											
1	6	6	1	8	9														
<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> ___ L, V ___ <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: <u>PARTS MAY BE MISSING. FOR PARTS ONLY! NO MOTOR!</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>4/14/2025</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 ___ Speed    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: <u>UNKNOWN</u>																			
<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>WRECKED IN THE FRONT, MISSING FENDER AND TAILLIGHTS.</u> Additional Damage: <u>RUSTED. BUMPER DAMAGED.</u> Decals: <input checked="" type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed    or <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>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 AND STAINED. MISSING DOOR PANNEL.</u> Radio: <input 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 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.																			