

Vehicle Inspection Form

Inventory ID:	Asset Number: 0KB3919	Fair Market Value: SALVAGE																																								
Short Description: Year <u>2016</u> Make <u>FORD</u> Model <u>FUSION</u>																																										
VIN: <table style="display: inline-table; border-collapse: collapse; width: 150px;"> <tr><td>3</td><td>F</td><td>A</td><td>6</td><td>P</td><td>0</td><td>G</td><td>7</td><td>1</td><td>G</td><td>R</td><td>1</td><td>9</td><td>9</td><td>1</td><td>8</td><td>1</td></tr> <tr><td>1</td><td>3</td><td>7</td><td>1</td><td>5</td><td>3</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 checked="" type="checkbox"/> Y <input type="checkbox"/> N Odometer: <table style="display: inline-table; border-collapse: collapse; width: 150px;"> <tr><td>1</td><td>3</td><td>7</td><td>1</td><td>5</td><td>3</td></tr> </table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: _____			3	F	A	6	P	0	G	7	1	G	R	1	9	9	1	8	1	1	3	7	1	5	3												1	3	7	1	5	3
3	F	A	6	P	0	G	7	1	G	R	1	9	9	1	8	1																										
1	3	7	1	5	3																																					
1	3	7	1	5	3																																					
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 checked="" type="checkbox"/> For Parts Only Engine- Type: <u>2.5L, V4</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: PARTS MAY BE MISSING. FOR PARTS ONLY! 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>11/24/2024</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 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: UNKNOWN																																										
Exterior: Color: <u>GREY</u> Windows: <input type="checkbox"/> No Cracked Glass <input checked="" type="checkbox"/> Cracked <u>BACK WINDSHIELD</u> Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: <u>POOR</u> Tread: _____ #Flat <input checked="" type="checkbox"/> Hubcaps #_____ Major Damage to: TOTALED AND DAMAGED ALL OVER.																																										
Additional Damage: _____ 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																																										
Interior: Color <u>GREY</u> <input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: DIRTY. Damage to Dash/Floor: DIRTY.																																										
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 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"/> Steering <input checked="" type="checkbox"/> Windows <input checked="" 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: _____																																										
For more information contact: _____																																										
Reminder: Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.																																										