

Vehicle Inspection Form

Inventory ID:	Asset Number: 0KB4233	Fair Market Value: SALVAGE																																		
Short Description: Year <u>2017</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>6</td><td>H</td><td>R</td><td>3</td><td>8</td><td>7</td><td>6</td><td>1</td><td>6</td></tr> <tr><td>6</td><td>1</td><td>1</td><td>9</td><td>4</td><td></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			3	F	A	6	P	0	G	7	6	H	R	3	8	7	6	1	6	6	1	1	9	4												
3	F	A	6	P	0	G	7	6	H	R	3	8	7	6	1	6																				
6	1	1	9	4																																
Odometer: <table style="display: inline-table; border-collapse: collapse; width: 100px;"> <tr><td>6</td><td>1</td><td>1</td><td>9</td><td>4</td><td></td></tr> </table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: _____			6	1	1	9	4																													
6	1	1	9	4																																
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>1/2/2025</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 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 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>FAIR</u> Tread: _____ #Flat _____ Hubcaps # _____ Major Damage to: WRECKED IN THE FRONT. TOTLED.																																				
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 AND STAINED. Damage to Dash/Floor: DIRTY.																																				
Radio: <input 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																																				
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.																																				