

Vehicle Inspection Form

Inventory ID: CB52003696	Asset Number: KW8866	Fair Market Value:																	
Short Description: Year <u>2012</u> Make FORD Model ESCAPE																			
VIN: <table border="1" style="display: inline-table; vertical-align: middle; border-collapse: collapse; width: 150px; text-align: center;"> <tr><td>1</td><td>F</td><td>M</td><td>C</td><td>U</td><td>9</td><td>C</td><td>7</td><td>0</td><td>C</td><td>K</td><td>B</td><td>3</td><td>3</td><td>3</td><td>8</td><td>9</td></tr> </table> Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			1	F	M	C	U	9	C	7	0	C	K	B	3	3	3	8	9
1	F	M	C	U	9	C	7	0	C	K	B	3	3	3	8	9			
Odometer: <table border="1" style="display: inline-table; vertical-align: middle; border-collapse: collapse; width: 150px; text-align: center;"> <tr><td>7</td><td>5</td><td>3</td><td>9</td><td>0</td><td style="width: 20px;"></td></tr> </table> <input type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: _____			7	5	3	9	0												
7	5	3	9	0															
Long Description: This Vehicle: <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs/Driveable <input type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Engine- Type: <u>2.5 L, V4cyl</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 checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition Repairs needed: _____ 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>1/20/2026</u> Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection																			
Transmission: <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: _____ Drivetrain: <input type="checkbox"/> 2 Wheel Drive <input checked="" type="checkbox"/> 4 Wheel Drive Condition: _____																			
Exterior: Color: <u>WHITE</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked Minor: <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: <u>DRY ROTTED</u> Tread: _____ #Flat _____ Hubcaps # _____ Major Damage to: _____ Additional Damage: _____ Decals: <input type="checkbox"/> None <input checked="" 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																			
Interior: Color <u>GREY</u> <input type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: _____ Damage to Dash/Floor: _____ 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 checked="" type="checkbox"/> Cold <input 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 type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input checked="" type="checkbox"/> Climate Control Power: <input 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: <u>150 Sower Blvd Frankfort Ky 40601</u> For more information contact: <u>Tony Cleveland 502-229-8429</u> Reminder: Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.																			