

Vehicle Inspection Form

Inventory ID:	Asset Number:	Fair Market Value:																	
Short Description: Year <u>2016</u> Make <u>CHEVROLET</u> Model <u>IMPALA LIMITED LS</u>																			
VIN: <table border="1" style="display: inline-table; text-align: center; width: 200px;"> <tr><td>2</td><td>G</td><td>1</td><td>W</td><td>A</td><td>5</td><td>E</td><td>3</td><td>3</td><td>G</td><td>1</td><td>1</td><td>0</td><td>1</td><td>3</td><td>7</td><td>1</td></tr> </table> Title Restriction: ☐ Y ☒ N			2	G	1	W	A	5	E	3	3	G	1	1	0	1	3	7	1
2	G	1	W	A	5	E	3	3	G	1	1	0	1	3	7	1			
Odometer: <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr><td>7</td><td>5</td><td>6</td><td>7</td><td>0</td></tr> </table> ☒ Miles ☐ Kilometers Odometer Accurate ☐ Y ☒ N: <u>BATT DEAD</u>			7	5	6	7	0												
7	5	6	7	0															
Long Description: This Vehicle: ☐ Starts ☒ Starts with a Boost & ☒ Runs/Driveable ☐ Engine Runs ☐ Does Not Run ☐ For Parts Only Engine- Type: <u>3.6L, V6</u> ☒ Gas ☐ Diesel Engine ☐ Propane/Natural Gas ☐ Gas/Electric Hybrid Engine Condition: ☐ Runs ☐ Needs repair ☒ is in unknown condition Repairs needed: <u>NEW BATTERY, Tire monitoring system, transmission</u> This vehicle was maintained every <u>5000</u> ☐ Days ☐ Hours ☒ Miles Date Removed From Service: <u>4/18/2024</u> Maintenance Records: ☒ Available ☐ Not Available For Inspection Transmission: ☒ Automatic ☐ Manual <u>Speed</u> Condition: ☒ Operable ☐ Needs repair ☒ Is Unknown Condition Repairs Needed: _____ Drivetrain: ☒ 2 Wheel Drive ☐ 4 Wheel Drive Condition: _____																			
Exterior: Color: <u>WHITE</u> Windows: ☒ No Cracked Glass ☐ Cracked _____ Minor: ☐ Dents ☒ Scratches ☒ Dings Tire Condition: <u>GOOD</u> Tread: _____ #Flat <u>0</u> Hubcaps # <u>4</u> Major Damage to: <u>NONE</u> Additional Damage: _____ Decals: ☐ None ☐ Have Been Sprayed or ☒ Have been Removed & ☒ Impressions Remain ☐ No Impressions Emergency equip: ☒ None ☐ Has been removed & ☐ There are holes in the exterior ☐ There are no holes																			
Interior: Color <u>GRAY</u> ☒ Cloth ☐ Vinyl ☐ Leather Damage to Seats: <u>STAINED</u> Damage to Dash/Floor: <u>STAINED</u> Radio: ☒ Stock or ☐ Brand & Model: _____ ☐ AM ☐ AM/FM ☐ AM/FM Cassette ☒ AM/FM CD ☒ AC (Condition: ☐ Cold ☒ Unknown) ☐ No AC Air Bags: ☐ Driver's Side ☒ Dual ☒ Cruise Control ☒ Tilt Steering ☒ Remote Mirrors ☒ Climate Control Power: ☒ Steering ☒ Windows ☒ Door Locks ☒ Seats)																			
Additional Equipment: _____ Manufacturer _____ Model _____ Serial # _____ ☐ Tool Box ☐ Light Bar ☐ Ladder Rack ☐ Utility Body: Brand _____ ☐ Hitch: Type _____																			
Location of Asset: <u>LENOIR COUNTY DEPARTMENT OF SOCIAL SERVICES</u> For more information contact: <u>AMBER OUTLAW</u>																			