

# Vehicle Inspection Form

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| <b>Inventory ID:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Asset Number:</b> _____ | <b>Fair Market Value:</b> \$3,300 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Short Description:</b><br>Year <u>2007</u> Make <u>Dodge</u> Model <u>Caravan</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>VIN:</b> <table border="1" style="display: inline-table; text-align: center; width: 600px;"> <tr> <td>1</td><td>D</td><td>4</td><td>G</td><td>P</td><td>2</td><td>4</td><td>E</td><td>5</td><td>7</td><td>B</td><td>2</td><td>5</td><td>1</td><td>6</td><td>2</td><td>6</td> </tr> </table> Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                   | 1 | D | 4 | G | P | 2 | 4 | E | 5 | 7 | B | 2 | 5 | 1 | 6 | 2 | 6 |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D                          | 4                                 | G | P | 2 | 4 | E | 5 | 7 | B | 2 | 5 | 1 | 6 | 2 | 6 |   |   |   |
| <b>Odometer:</b> <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>8</td><td>8</td><td>0</td><td>0</td><td>0</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: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                   | 8 | 8 | 0 | 0 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8                          | 0                                 | 0 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Long Description:</b><br>This Vehicle: <input checked="" type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs/Driveable <input checked="" type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only<br><b>Engine- Type:</b> <u>3.3 L, V6</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid<br><b>Engine Condition:</b> <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition<br><b>Repairs needed:</b> _____<br>This vehicle was maintained every <u>5,000</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles<br><b>Date Removed From Service:</b> _____ <b>Maintenance Records:</b> <input checked="" type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection<br><b>Transmission:</b> <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual ___ Speed Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition<br><b>Repairs Needed:</b> _____<br><b>Drivetrain:</b> <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: <u>Good</u> |                            |                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Exterior:</b> Color: <u>White</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____<br>Minor: <input type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings      Tire Condition: <u>Good</u> Tread: _____ #Flat _____ Hubcaps # _____<br><b>Major Damage to:</b> _____<br><b>Additional Damage:</b> _____<br>Decals: <input checked="" type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input type="checkbox"/> Have been Removed & <input type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions<br><b>Emergency equip:</b> <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>Gray</u> <input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather<br><b>Damage to Seats:</b> _____<br><b>Damage to Dash/Floor:</b> _____<br><b>Radio:</b> <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 checked="" type="checkbox"/> AM/FM CD<br><input checked="" 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 type="checkbox"/> Dual<br><input checked="" type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input checked="" type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control<br><b>Power:</b> <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Door Locks <input type="checkbox"/> Seats                                                                                                                                                                                                                                                                                                                                                                          |                            |                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Additional Equipment:</b> _____<br><b>Manufacturer</b> _____ <b>Model</b> _____ <b>Serial #</b> _____<br><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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Location of Asset:</b> <u>Lenoir County Transit Office Parking Lot</u><br><b>For more information contact:</b> <u>Angie Greene or Shawn Howard</u><br><b>Reminder:</b> Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |