

# Vehicle Inspection Form

Inventory ID:	Asset Number: <u>11435</u>	Fair Market Value:																	
Short Description: Year <u>2017</u> Make <u>Ford</u> Model <u>F150</u>																			
VIN: <table border="1" style="display: inline-table; text-align: center; font-family: monospace;"> <tr><td>1</td><td>F</td><td>T</td><td>M</td><td>F</td><td>I</td><td>C</td><td>F</td><td>7</td><td>H</td><td>K</td><td>D</td><td>7</td><td>7</td><td>0</td><td>9</td><td>1</td></tr> </table> Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		1	F	T	M	F	I	C	F	7	H	K	D	7	7	0	9	1	
1	F	T	M	F	I	C	F	7	H	K	D	7	7	0	9	1			
Odometer: <table border="1" style="display: inline-table; text-align: center; font-family: monospace;"> <tr><td>1</td><td>6</td><td>1</td><td>6</td><td>2</td><td>4</td></tr> </table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers      Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: _____		1	6	1	6	2	4												
1	6	1	6	2	4														
Long Description:																			
This Vehicle: <input checked="" 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>3.5</u> L, V <u>6</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 checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition																			
Repairs needed: <u>Check engine light is on; Tire Sensor light</u>																			
This vehicle was maintained every <u>5,000</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles																			
Date Removed From Service: <u>10/28/24</u> Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection																			
Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual      Speed 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: _____																			
Exterior:      Color: <u>White</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____																			
Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings      Tire Condition: <u>Good</u> Tread: _____ #Flat _____ Hubcaps # <u>4</u>																			
Major Damage to: _____																			
Additional Damage: _____																			
Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input checked="" type="checkbox"/> Have been Removed & <input type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions																			
Emergency equip: <input type="checkbox"/> None <input checked="" type="checkbox"/> Has been removed & <input checked="" type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes																			
Interior:      Color <u>Black</u> <input type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather																			
Damage to Seats: <u>None</u>																			
Damage to Dash/Floor: <u>holes in vinyl from equipment (screws)</u>																			
Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input checked="" type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD																			
<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 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: <u>N/A</u>																			
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>Surplus lot; beside Olivia's Catering</u>																			
For more information contact: _____																			