

# Vehicle Inspection Form

|   |  |  |  |                    |  |
|---|--|--|--|--------------------|--|
| Inventory ID:   |  | Asset Number:  |  | Fair Market Value: |  |
| Short Description:<br>Year 2012      Make Ford      Model E150  |  |  |  |                    |  |
| VIN: 1FTNE1EL5CDA07362  |  | Title: <input checked="" type="checkbox"/> Clean Title <input type="checkbox"/> Salvage Title <input type="checkbox"/> No Title<br><input type="checkbox"/> Court Documents Only <input type="checkbox"/> SF97 Form <input type="checkbox"/> Other |  |                    |  |
| Odometer: 61164 <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers <input type="checkbox"/> Hours  |  | Odometer Accurate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  |  |                    |  |
| Long Description:<br>This Vehicle: <input type="checkbox"/> Starts <input checked="" type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs/Drivable <input type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only<br>Engine- Type: ____ L, V ____ <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid<br>Engine Condition: <input type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition<br>Repairs needed: _____<br>This vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles/Kilometers<br>Date Removed from Service: 6/25    Maintenance Records: <input checked="" type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection<br>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<br>Repairs Needed: _____<br>Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive    Condition: _____<br>Exterior: Color: White    Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked<br>Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings    Tire Condition: good    Tread: _____ #Flat _____ Hubcaps # 0<br>Major Damage to: Rust at door bottoms and bumper<br>Additional Damage: _____<br>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<br>Emergency equip: <input 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<br>Interior: Color Tan <input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather<br>Damage to Seats: Drivers and 1 passenger seat no bench seats.<br>Damage to Dash/Floor: Door locks don't work<br>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<br>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 type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input checked="" type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control<br>Power: <input type="checkbox"/> Steering <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Door Locks <input type="checkbox"/> Seats |  |  |  |                    |  |
| Additional Equipment: _____<br>Manufacturer _____ Model _____ Serial # _____<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 _____   |  |  |  |                    |  |
| Location of Asset: _____  |  |  |  |                    |  |