

# Vehicle Inspection Form

<b>Inventory ID:</b> <u>S279E</u>	<b>Asset Number:</b> <u>S279E</u>	<b>Fair Market Value:</b>																	
<b>Short Description:</b> Year <u>23</u> Make <u>Chery</u> Model <u>Tahoe</u>																			
<b>VIN:</b> <table border="1" style="display: inline-table; text-align: center; font-family: monospace;"> <tr><td>1</td><td>G</td><td>N</td><td>S</td><td>C</td><td>L</td><td>E</td><td>D</td><td>7</td><td>P</td><td>R</td><td>2</td><td>9</td><td>7</td><td>7</td><td>2</td><td>5</td></tr> </table> <b>Title Restriction:</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			1	G	N	S	C	L	E	D	7	P	R	2	9	7	7	2	5
1	G	N	S	C	L	E	D	7	P	R	2	9	7	7	2	5			
<b>Odometer:</b> <table border="1" style="display: inline-table; text-align: center; font-family: monospace;"> <tr><td>7</td><td>5</td><td>3</td><td>9</td><td>6</td></tr> </table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers    Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: _____ <u>Engine Hours - 645 Hrs</u>			7	5	3	9	6												
7	5	3	9	6															
<b>Long Description:</b> 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 <b>Engine- Type:</b> <u>5.3L, V 8</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid <b>Engine Condition:</b> <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>6,000</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles <b>Date Removed From Service:</b> <u>7/31</u> <b>Maintenance Records:</b> <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection <b>Transmission:</b> <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual <b>Speed Condition:</b> <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition Repairs Needed: _____ <b>Drivetrain:</b> <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive <b>Condition:</b> _____																			
<b>Exterior:</b> Color: <u>Black</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____ Minor: <input checked="" type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings    Tire Condition: <u>good</u> Tread: <u>8/32</u> #Flat    Hubcaps # <u>4</u> Major Damage to: _____ Additional Damage: _____ Decals: <input checked="" type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input checked="" type="checkbox"/> Have been Removed & <input type="checkbox"/> Impressions Remain <input checked="" type="checkbox"/> No Impressions Emergency equip: <input type="checkbox"/> None <input type="checkbox"/> Has been removed & <input checked="" 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 Damage to Seats: _____ Damage to Dash/Floor: _____ 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 checked="" type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input checked="" type="checkbox"/> Remote Mirrors <input checked="" type="checkbox"/> Climate Control <u>AM/FM - Bluetooth</u> Power: <input checked="" type="checkbox"/> Steering <input type="checkbox"/> Windows <input checked="" type="checkbox"/> Door Locks <input checked="" type="checkbox"/> Seats																			
<b>Additional Equipment:</b> _____ 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 _____																			
<b>Location of Asset:</b> _____ <b>For more information contact:</b> _____ <b>Reminder:</b> Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.																			