

Heavy Truck Inspection Form

Inventory ID:	Asset Number:	Fair Market Value:
Short Description: Year _____ Manufacturer _____ Model _____		
VIN: _____ Title: <input type="checkbox"/> Clean Title <input type="checkbox"/> Salvage Title <input type="checkbox"/> No Title <input type="checkbox"/> Court Documents Only <input type="checkbox"/> SF97 Form <input type="checkbox"/> Other		
Odometer: _____ Miles _____ Kilometers _____ Hours _____	Odometer Accurate?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Long Description: Primary Use for Vehicle: _____ GVW: _____		
This Vehicle: Starts <input type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Is Operable <input type="checkbox"/> Is Not Operable For Parts Only		
Date Removed From Service: _____ Maintenance Records: Available <input type="checkbox"/> Not Available For Inspection <input type="checkbox"/>		
Engine Manufacture: _____ Engine: <input type="checkbox"/> L, V <input type="checkbox"/> Gas <input type="checkbox"/> Diesel		
This vehicle was maintained every _____ Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles <input type="checkbox"/> # of Axles _____		
Engine Condition: Is operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is in Unknown Condition <input type="checkbox"/> Jake Brake: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Engine Repairs needed: _____		
Transmission Manufacture: _____ Automatic <input type="checkbox"/> Manual <input type="checkbox"/> Speed		
Transmission Condition is: Operable <input type="checkbox"/> Needs Repair <input type="checkbox"/> Unknown <input type="checkbox"/> Rebuilt Date: _____)		
Transmission Repairs Needed: _____		
Exterior: Color _____ Windows: <input type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____		
Minor: Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings <input type="checkbox"/> Tire Condition: Low <input type="checkbox"/> Flat <input type="checkbox"/>		
Damage to: _____		
Additional Damage to: _____		
Decals: None <input type="checkbox"/> Have been sprayed <input type="checkbox"/> Have been Removed & <input type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions		
Capacity: _____ Loader: Front <input type="checkbox"/> Side <input type="checkbox"/> Electronic Tarp: Yes <input type="checkbox"/> No <input type="checkbox"/> Condition: _____		
Interior: Color _____ Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather		
Damage to Seats: _____		
Damage to Dash/Floor: _____		
Radio: Brand _____ <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD Cruise Control <input type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Airbags: Driver's Side <input type="checkbox"/> Dual AC <input type="checkbox"/> No AC <input type="checkbox"/> AC Condition: Cold <input type="checkbox"/> Unknown <input type="checkbox"/> Power: Windows <input type="checkbox"/> Doorlocks <input type="checkbox"/> Steering <input type="checkbox"/> Seats		
Additional Equipment: Manufacturer: _____ Model: _____		
Serial # _____ Description: _____		
Equipment Condition: Is operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is in Unknown Condition <input type="checkbox"/>		
Other Equipment: _____		
Location of Asset: _____		