

Vehicle Inspection Form

Inventory ID:	Asset Number:	Fair Market Value:			
Short Description: Year _____ Make _____ Model _____					
VIN: _____	Title: _____	Clean Title _____	Salvage Title _____	No Title _____	
		Court Documents Only _____	SF97 Form _____	Other _____	
Odometer: _____ Miles _____ Kilometers _____	Hours _____	Odometer Accurate?	Yes _____	No _____	Unknown _____
Long Description: This Vehicle: Starts _____ Starts with a Boost & _____ Runs/Drivable _____ Engine Runs _____ Does Not Run _____ For Parts Only _____ Engine- Type: _____ L, V _____ Gas _____ Diesel Engine _____ Propane/Natural Gas _____ Gas/Electric Hybrid _____ Engine Condition: Runs _____ Needs repair _____ is in unknown condition _____ Repairs needed: _____ This vehicle was maintained every _____ Days _____ Hours _____ Miles/Kilometers _____ Date Removed from Service: _____ Maintenance Records: Available _____ Not Available For Inspection _____					
Transmission: Automatic _____ Manual _____ Speed _____ Condition: Operable _____ Needs repair _____ Is Unknown Condition _____ Repairs Needed: _____					
Drivetrain: 2 Wheel Drive _____ 4 Wheel Drive _____ Condition: _____					
Exterior: Color: _____ Windows: No Cracked Glass _____ Cracked _____ Minor: Dents _____ Scratches _____ Dings _____ Tire Condition: _____ Tread: #Flat _____ Hubcaps #: _____					
Major Damage to: _____ Additional Damage: _____					
Decals: None _____ Have Been Sprayed <u>or</u> _____ Have been Removed & _____ Impressions Remain _____ No impressions _____ Emergency equip: None _____ Has been removed & _____ There are holes in the exterior _____ There are no holes _____					
Interior: Color _____ Cloth _____ Vinyl _____ Leather _____ Damage to Seats: _____ Damage to Dash/Floor: _____					
Radio: Stock <u>or</u> _____ Brand & Model: _____ AM _____ AM/FM _____ AM/FM Cassette _____ AM/FM CD _____ AC Condition: Cold _____ Unknown _____ No AC _____ Air Bags: Driver's Side _____ Dual _____ Cruise Control _____ Tilt Steering _____ Remote Mirrors _____ Climate Control _____ Power: Steering _____ Windows _____ Door Locks _____ Seats _____					
Additional Equipment: _____ Manufacturer _____ Model _____ Serial # _____ Tool Box _____ Light Bar _____ Ladder Rack _____ Utility Body: Brand _____ Hitch: Type _____					
Location of Asset: _____					