

# Vehicle Inspection Form

Inventory ID:	Asset Number:	Fair Market Value:
<p><b>Short Description:</b>          Year <u>2003</u> Make <u>Ford</u> Model <u>F250 Super Duty</u></p>		
VIN: <u>3FTNF21L83MB16728</u> Title: <input checked="" 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: <u>Poss not work</u> <input type="checkbox"/> Miles <input type="checkbox"/> Kilometers <input type="checkbox"/> Hours Odometer Accurate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<p><b>Long Description:</b>          This Vehicle: <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost &amp; <input type="checkbox"/> Runs/Drivable <input type="checkbox"/> Engine Runs <input checked="" type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only          Engine- Type: <u>5.4 L, 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          Engine Condition: <input type="checkbox"/> Runs <input checked="" type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition          Repairs needed: <u>Does not fire</u>          This vehicle was maintained every <u>5,000</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles/Kilometers          Date Removed from Service: <u>Unknown</u> Maintenance Records: <input type="checkbox"/> Available <input checked="" 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:  <u>Drivetrain:</u> <input type="checkbox"/> 2 Wheel Drive <input checked="" type="checkbox"/> 4 Wheel Drive Condition: <u>Good</u>  <u>Exterior:</u> Color: <u>white</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked          Minor: <input checked="" type="checkbox"/> Dents <input type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: <u>good</u> Tread: _____ #Flat _____ Hubcaps # _____          Major Damage to: _____          Additional Damage: _____          Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input checked="" type="checkbox"/> Have been Removed &amp; <input type="checkbox"/> Impressions Remain <input type="checkbox"/> No impressions          Emergency equip: <input checked="" type="checkbox"/> None <input type="checkbox"/> Has been removed &amp; <input type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes  <u>Interior:</u> Color <u>grey</u> <input type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Leather          Damage to Seats: <u>Has hole in drivers side</u>          Damage to Dash/Floor: _____          Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand &amp; Model: _____ <input type="checkbox"/> AM <input checked="" type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD          AC Condition: <input type="checkbox"/> Cold <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No AC Air Bags: <input type="checkbox"/> Driver's Side <input type="checkbox"/> Dual  <input type="checkbox"/> Cruise Control <input 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  <p><b>Additional Equipment:</b> _____</p> <p>Manufacturer _____ Model _____ Serial # _____</p> <p><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 _____</p> <p><b>Location of Asset:</b> <u>800 Coal Heritage Road Bluefield WV 24701</u></p> </p>		