Vehicle Inspection Form

Inventory ID: | **Asset Number:** | **Fair Market Value:**

Short Description:
Year_____ Make_____ Model_____

VIN: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Title Restriction: ☐ Y ☐ N

Mileage/Odometer: ☐☐☐☐☐☐ Odometer Accurate ☐ Y ☐ N:_____

Long Description:

This Vehicle: ☐ Starts ☐ Starts with a Boost & ☐ Runs ☐ Does Not Run ☐ For Parts Only

Engine- Type: ____L, V_____ ☐ Gas ☐ Diesel Engine

Engine Condition: ☐ Runs ☐ Needs repair ☐ is in unknown condition

Repairs needed: _____

This vehicle was maintained every _____ ☐ Days ☐ Hours ☐ Miles

Date Removed From Service:_____ Maintenance Records: ☐ Available ☐ Not Available For Inspection

Transmission: ☐ Automatic ☐ Manual ___ Speed

Transmission 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:** ☐ Low ___ ☐ Flat ___ Hubcaps ☐ 1 ☐ 2 ☐ 3 ☐ 4

Major Damage to: _____

Additional Damage: _____

Decals: ☐ None ☐ Have Been Sprayed or ☐ 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 or ☐ Brand & Model: _____ ☐ AM ☐ AM/FM ☐ AM/FM Cassette ☐ AM/FM CD

☐ AC (Condition: ☐ Cold ☐ Unknown) ☐ No AC Air Bags ☐ drivers side ☐ dual

☐ Cruise Control ☐ Tilt Steering ☐ Remote Mirrors ☐ Climate Control

Power: ☐ Windows ☐ Door Locks ☐ Steering ☐ Seats

Additional Equipment: _____

Manufacturer _____ Model _____ Serial # _____

Location of Asset: _____

For more information contact: _____

Reminder: Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.