

Vehicle Inspection Form

Inventory ID

Asset Number

Fair Market Value:

Short Description:

Year _____ Make _____ Model _____

Please fill in or check

Long Description:

This vehicle: ☐ Starts ☐ Starts with a boost and ☐ Runs ☐ Does not run ☐ For Parts Only

Engine ____L, V____ ☐ Gas ☐ Diesel engine

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

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

Repairs needed: _____

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

Transmission

Transmission: ☐ Automatic ☐ Manual ____ Speed

Condition is: ☐ Operable ☐ Needs repair ☐ Is Unknown

Repairs Needed: _____

Interior: Color _____ ☐ Cloth ☐ Vinyl ☐ Leather

Minor damage to: _____

Major damage to: _____

Radio: Brand _____ ☐ AM ☐ AM/FM ☐ AM/FM Cassette ☐ AM/FM CD

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

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

Power: ☐ Windows ☐ Door Locks ☐ Steering ☐ Seats

Exterior: Color _____ **Windows:** ☐ No cracked glass ☐ cracked _____

Minor ☐ Dents ☐ Scratches ☐ Dings **Tire Condition:** ☐ Low ____ ☐ Flat ____ Hubcaps ☐ 1 ☐ 2 ☐ 3 ☐ 4

Minor dents to: _____

Major damage to: _____

Decals: ☐ None ☐ Have been sprayed ☐ Have been removed ☐ Impressions remain ☐ No impressions

Emergency equip: ☐ None ☐ Has been removed ☐ There are holes in the exterior ☐ There are no holes

Additional Equipment: Description _____

Manufacturer _____ **Model** _____ **Serial #** _____

Vehicle Info: VIN # _____ Mileage _____ Title Restriction ☐ Y ☐ N

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 15 minutes.