

### GovDeals Vehicle Inspection Form

<b>Inventory ID:</b> _____	<b>Asset Number:</b> _____	<b>Fair Market Value:</b> _____																				
<b>Short Description:</b> Year _____ Make _____ Model _____																						
<b>VIN:</b> <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 200px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N																						
<b>Odometer:</b> <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <input type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input type="checkbox"/> Y <input type="checkbox"/> N: _____																						
<b>Long Description:</b>																						
This Vehicle: <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Runs/Driveable <input type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only <b>Engine- Type:</b> ___L, V___ <input type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid <b>Engine Condition:</b> <input type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition <b>Repairs needed:</b> _____ This vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles <b>Date Removed From Service:</b> _____ <b>Maintenance Records:</b> <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection <b>Transmission:</b> <input type="checkbox"/> Automatic <input type="checkbox"/> Manual ___Speed Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition <b>Repairs Needed:</b> _____ <b>Drivetrain:</b> <input type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: _____																						
<b>Exterior:</b> Color: _____ Windows: <input type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____																						
Minor: <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: _____ Tread: _____ #Flat _____ Hubcaps # _____ <b>Major Damage to:</b> _____ <b>Additional Damage:</b> _____ <b>Decals:</b> <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input type="checkbox"/> Have been Removed & <input type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions <b>Emergency equip:</b> <input type="checkbox"/> None <input type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes																						
<b>Interior:</b> Color _____ <input type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather																						
<b>Damage to Seats:</b> _____ <b>Damage to Dash/Floor:</b> _____ <b>Radio:</b> <input type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD <input type="checkbox"/> AC (Condition: <input type="checkbox"/> Cold <input type="checkbox"/> Unknown) <input 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 <b>Power:</b> <input type="checkbox"/> Steering <input type="checkbox"/> Windows <input type="checkbox"/> Door Locks <input type="checkbox"/> Seats																						
<b>Additional Equipment:</b> _____																						
<b>Manufacturer</b> _____ <b>Model</b> _____ <b>Serial #</b> _____ <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 _____																						
<b>Location of Asset:</b> _____																						
<b>For more information contact:</b> _____																						
<b>Reminder:</b> Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.																						