

# GovDeals Vehicle Inspection Form

<b>Inventory ID:</b>	<b>Asset Number:</b> 0007931	<b>Fair Market Value:</b>																	
<b>Short Description:</b> Year <u>2008</u> Make <u>FORD</u> Model <u>F-450 SUPER DUTY</u>																			
<b>VIN:</b> <table border="1" style="display: inline-table; text-align: center; width: 200px;"> <tr><td>1</td><td>F</td><td>D</td><td>X</td><td>F</td><td>4</td><td>6</td><td>R</td><td>1</td><td>8</td><td>E</td><td>D</td><td>3</td><td>8</td><td>1</td><td>6</td><td>9</td></tr> </table> Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N			1	F	D	X	F	4	6	R	1	8	E	D	3	8	1	6	9
1	F	D	X	F	4	6	R	1	8	E	D	3	8	1	6	9			
<b>Odometer:</b> <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr><td>1</td><td>2</td><td>3</td><td>2</td><td>9</td><td>3</td></tr> </table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers   Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: _____			1	2	3	2	9	3											
1	2	3	2	9	3														
<b>Long Description:</b> This Vehicle: <input type="checkbox"/> Starts <input checked="" type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Runs/Driveable <input type="checkbox"/> Engine Runs <input checked="" type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only <b>Engine- Type:</b> <u>6.4</u> L, V <u>8</u> <input type="checkbox"/> Gas <input checked="" 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: _____ This vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection <b>Transmission:</b> <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: _____ <b>Drivetrain:</b> <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive   Condition: _____																			
<b>Exterior:</b> Color: <u>WHITE</u> Windows: <input type="checkbox"/> No Cracked Glass <input checked="" type="checkbox"/> Cracked <u>FRONT</u> Minor: <input type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input type="checkbox"/> Dings   Tire Condition: <u>OK</u> Tread: <u>OK</u> #Flat ____   Hubcaps # ____ Major Damage to: _____ Additional Damage: _____ Decals: <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 Emergency equip: <input checked="" type="checkbox"/> None <input type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input checked="" type="checkbox"/> There are no holes																			
<b>Interior:</b> Color <u>TAN</u> <input type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>TEARS</u> Damage to Dash/Floor: <u>DASH GOOD, FLOOR WORN &amp; TORN</u> Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input checked="" type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD <input type="checkbox"/> AC (Condition: <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Unknown) <input type="checkbox"/> No AC      Air Bags: <input type="checkbox"/> Driver's Side <input checked="" 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 checked="" type="checkbox"/> Door Locks <input type="checkbox"/> Seats																			
<b>Additional Equipment:</b> _____ Manufacturer _____ Model _____ Serial # _____ <input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input checked="" type="checkbox"/> Ladder Rack <input checked="" type="checkbox"/> Utility Body: Brand <u>KNAPHEIDE</u> <input type="checkbox"/> Hitch: Type <u>RECEIVER</u>																			
<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.																			







