

Vehicle Inspection Form

Inventory ID: <u>84a</u>	Asset Number:	Fair Market Value: \$ <u>30,000</u>																	
Short Description: Year <u>1999</u> Make <u>GMC</u> Model <u>C8500</u>																			
VIN: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>1</td><td>G</td><td>D</td><td>P</td><td>7</td><td>H</td><td>1</td><td>C</td><td>X</td><td>X</td><td>J</td><td>5</td><td>1</td><td>2</td><td>9</td><td>6</td><td>4</td></tr> </table> Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			1	G	D	P	7	H	1	C	X	X	J	5	1	2	9	6	4
1	G	D	P	7	H	1	C	X	X	J	5	1	2	9	6	4			
Mileage/Odometer: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>2</td><td>6</td><td>1</td><td>6</td><td>8</td></tr> </table> Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: _____			2	6	1	6	8												
2	6	1	6	8															
Long Description: This Vehicle: <input type="checkbox"/> Starts <input checked="" type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Engine- Type: <u>7.2L, V</u> <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel Engine <u>CAT ENGINE</u> Engine Condition: <input type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition Repairs needed: <u>ABS Light is ON</u> This vehicle was maintained every <u>4000</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles Date Removed From Service: <u>11-3-23</u> Maintenance Records: <input checked="" type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual <u>Speed</u> Transmission Condition: <input checked="" type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition Repairs Needed: _____ Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: _____																			
Exterior: Color: <u>White</u> Windows: <input type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: <input type="checkbox"/> Low <input type="checkbox"/> Flat Hubcaps <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Major Damage to: <u>Left Rear Tool Box Door Dented</u> Additional Damage: <u>Minor - Rust, faded Paint</u> Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input checked="" type="checkbox"/> Have been Removed & <input checked="" type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions Emergency equip: <input type="checkbox"/> None <input checked="" type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes																			
Interior: Color <u>Gray</u> <input type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>Torn</u> Damage to Dash/Floor: <u>Minor</u> Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: <u>NOT WORKING</u> <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD <input checked="" type="checkbox"/> AC (Condition: <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags <input type="checkbox"/> drivers 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 type="checkbox"/> Windows <input type="checkbox"/> Door Locks <input checked="" type="checkbox"/> Steering <input type="checkbox"/> Seats																			
Additional Equipment: <u>IMT Crane IMT 9800 Series</u> Manufacturer <u>IMT</u> Model <u>1495</u> Serial # <u>1495991001</u>																			
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.																			

Cylinder Retainer collar is falling off cylinder + will allow stage to freely slide
Pump is aerating and noisy