

### Vehicle Inspection Form

|                             |                                          |                                           |
|-----------------------------|------------------------------------------|-------------------------------------------|
| Inventory Tag Number: _____ | Asset Number (begins with AST-__): _____ |                                           |
| Fair Market Value: _____    | Make: _____                              | Model: _____                              |
| Year: _____                 | VIN: _____                               | Title Restrictions: _____ Yes<br>_____ No |
| Mileage/Odometer: _____     |                                          |                                           |
| Location of Asset: _____    |                                          |                                           |

|                                                                                                                                    |                      |                              |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------|
| This Vehicle: _____ Starts                                                                                                         | Engine Type: _____ L | Engine Condition: _____ Runs |
| _____ Starts with Jump                                                                                                             | _____ V              | _____ Needs Repair           |
| _____ Runs                                                                                                                         | _____ Gas            | _____ Unknown                |
| _____ Does Not Run                                                                                                                 | _____ Diesel Engine  |                              |
| _____ Good for Parts Only                                                                                                          |                      |                              |
| Repairs Needed: _____                                                                                                              |                      |                              |
| This vehicle received regular maintenance every (select one of the following) <u>    </u> Days <u>    </u> Hours <u>    </u> Miles |                      |                              |
| Date Removed from Service: _____ Maintenance Records: _____ Yes _____ No                                                           |                      |                              |

|                                  |                                        |                  |
|----------------------------------|----------------------------------------|------------------|
| Transmission: _____ Automatic    | Transmission Condition: _____ Operable |                  |
| _____ Manual                     | _____ Needs Repair                     |                  |
| _____ Speed                      | _____ Unknown                          |                  |
| Drive Train: _____ 2 Wheel Drive | _____ 4 Wheel Drive                    | Condition: _____ |

|                                  |                               |                         |
|----------------------------------|-------------------------------|-------------------------|
| Exterior: Color: _____           | Windows: _____ Cracked        |                         |
|                                  | _____ No Cracked Glass        |                         |
| Minor Damage To: _____           |                               |                         |
| Major Damage To: _____           |                               |                         |
| Decals: _____ None               | _____ Have Been Sprayed       | _____ Have Been Removed |
| _____ Sticker Impressions Remain | _____ No Sticker Impressions  |                         |
| Emergency Equipment: _____ None  | _____ Have Removed            |                         |
| _____ Holes in Exterior          | _____ No Holes from Equipment |                         |

|                                                    |                                       |                      |
|----------------------------------------------------|---------------------------------------|----------------------|
| Exterior: Color: _____                             | _____ Cloth _____ Vinyl _____ Leather |                      |
| Damage To Seats: _____                             |                                       |                      |
| Damage To Dash/Floor: _____                        |                                       |                      |
| Radio: _____ None                                  | _____ Stock or Brand or Model: _____  | _____ AM _____ FM    |
|                                                    |                                       | _____ AM/FM Cassette |
|                                                    |                                       | _____ AM/FM CD       |
| Select ALL that Apply:                             |                                       |                      |
| _____ AC (Condition: _____ Cold _____ Unknown)     | _____ NO AC                           |                      |
| _____ Air Bags ( _____ Drivers Side _____ Dual)    | _____ Cruise Control                  | _____ Tilt Steering  |
| _____ Remote Mirrors _____ Climate Control Mirrors |                                       |                      |
| Power (select all that apply): _____ Windows       |                                       |                      |
|                                                    | _____ Door Locks                      |                      |
|                                                    | _____ Steering                        |                      |
|                                                    | _____ Seats                           |                      |

Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_