

# Vehicle Inspection Form

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| Inventory ID:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Asset Number: | Fair Market Value: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Short Description:</b><br>Year <u>2018</u> Make <u>Freightliner</u> Model <u>108 SD Garbage Truck</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| VIN: <table border="1" style="display: inline-table; text-align: center; font-family: monospace;"> <tr><td>1</td><td>F</td><td>V</td><td>A</td><td>G</td><td>S</td><td>F</td><td>E</td><td>I</td><td>J</td><td>H</td><td>J</td><td>U</td><td>S</td><td>9</td><td>5</td><td>8</td></tr> </table> Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                    | 1 | F | V | A | G | S | F | E | I | J | H | J | U | S | 9 | 5 | 8 |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | F             | V                  | A | G | S | F | E | I | J | H | J | U | S | 9 | 5 | 8 |   |   |   |
| Odometer: <table border="1" style="display: inline-table; text-align: center; font-family: monospace;"> <tr><td>8</td><td>8</td><td>4</td><td>6</td><td>1</td></tr> </table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                    | 8 | 8 | 4 | 6 | 1 |   |   |   |   |   |   |   |   |   |   |   |   |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 8             | 4                  | 6 | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Long Description:</b> <u>IS1 Cummins</u><br>This Vehicle: <input checked="" type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs/Driveable <input checked="" type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only<br>Engine- Type: <u>8.9 L, V24</u> <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid<br>Engine Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition <u>(DEF)</u><br>Repairs needed: <u>Needs Rear brakes and Truck has been deleted</u><br>This vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles<br>Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection<br><b>Transmission:</b> <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual _____ Speed Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition<br>Repairs Needed: <u>None</u><br><b>Drivetrain:</b> <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: <u>Needs Rear Brakes</u> |               |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Exterior:</b> Color: <u>white</u> Windows: <input type="checkbox"/> No Cracked Glass <input checked="" type="checkbox"/> Cracked <u>windshield</u><br>Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: <u>good</u> Tread: _____ #Flat <u>1</u> Hubcaps # _____<br>Major Damage to: <u>Drivers side fender missing, front bumper bent</u><br>Additional Damage: _____<br>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<br>Emergency equip: <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 <u>Gray</u> <input type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather<br>Damage to Seats: <u>Drivers Seat rip</u><br>Damage to Dash/Floor: <u>none</u><br>Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: <u>?</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD<br><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"/> Driver's Side <input type="checkbox"/> Dual<br><input type="checkbox"/> Cruise Control <input type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control<br>Power: <input checked="" type="checkbox"/> Steering <input type="checkbox"/> Windows <input type="checkbox"/> Door Locks <input type="checkbox"/> Seats <u>also Has Camc Sys</u>                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Additional Equipment:</b> <u>Rapid Rail also H-eil Pump Body</u><br>Manufacturer _____ Model _____ Serial # _____<br><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> <u>old yard</u><br><b>For more information contact:</b> _____<br><b>Reminder:</b> Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |