

# Vehicle Inspection Form

<b>Inventory ID:</b> N/A	<b>Asset Number:</b> 1103	<b>Fair Market Value:</b> \$5,797 KBB
<b>Short Description:</b> Year <u>2014</u> Make <u>FORD</u> Model <u>EXPEDITION</u>		
<b>VIN:</b> <u>1FMJU1F51EEF25611</u> <b>Title:</b> <input checked="" type="checkbox"/> Clean Title <input type="checkbox"/> Salvage Title <input type="checkbox"/> No Title <input type="checkbox"/> Court Documents Only <input type="checkbox"/> SF97 Form <input type="checkbox"/> Other <b>Odometer:</b> <u>191,278</u> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers <input type="checkbox"/> Hours <b>Odometer Accurate?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>Long Description:</b> This Vehicle: <input checked="" type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Runs/Drivable <input type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only <b>Engine-</b> Type: <u>5.4 L, V8</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid Engine Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition Repairs needed: _____ This vehicle was maintained every <u>5000</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles/Kilometers Date Removed from Service: <u>01/01/2025</u> Maintenance Records: <input type="checkbox"/> Available <input checked="" type="checkbox"/> Not Available For Inspection <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 Repairs Needed: _____ <b>Drivetrain:</b> <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive    Condition: <u>Fair</u> _____ <b>Exterior:</b> Color: <u>Gray</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____ Minor: <input type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input type="checkbox"/> Dings    Tire Condition: <u>Fair</u> Tread: <u>Med</u> #Flat _____    Hubcaps # <u>4</u> Major Damage to: _____ Additional Damage: _____ Decals: <input checked="" 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 type="checkbox"/> There are no holes _____ <b>Interior:</b> Color <u>Gray</u> <input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>None visible</u> Damage to Dash/Floor: _____ Radio: <input checked="" 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 checked="" type="checkbox"/> AM/FM CD AC Condition: <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No AC      Air Bags: <input type="checkbox"/> Driver's Side <input checked="" type="checkbox"/> Dual <input checked="" type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input checked="" type="checkbox"/> Remote Mirrors <input checked="" type="checkbox"/> Climate Control Power: <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Door Locks <input checked="" type="checkbox"/> Seats		
<b>Additional Equipment:</b> _____ Manufacturer _____ Model _____ Serial # _____ <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>BCNTF Building</u> <u>3602 CR 45, Angleton TX 77515</u>		