



CITY OF NORTH PORT PUBLIC WORKS DEPARTMENT  
 FLEET MANAGEMENT DIVISION  
 MECHANIC'S VEHICLE INSPECTION FORM

1.0



|   |                       |                                    |
|---|-----------------------|------------------------------------|
| Inventory CID: <u>71274</u>   | Vin #: <u>S130011</u> | Fair Market Value: \$ <u>5,000</u> |
| Short Description:  |                       |                                    |
| Year: <u>07</u> Make: <u>CAT</u> Model: <u>Challenger</u> Mileage: _____  |                       |                                    |
| This Vehicle: <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a boost and <input type="checkbox"/> Runs <input checked="" type="checkbox"/> Does not Run <input type="checkbox"/> For Parts Only   |                       |                                    |
| Engine: _____ L V _____ <input type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine   |                       |                                    |
| This Vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles   |                       |                                    |
| Condition: <input type="checkbox"/> Runs <input type="checkbox"/> Needs Repair <input checked="" type="checkbox"/> Is in unknown condition  |                       |                                    |
| Repairs Needed (Be specific): _____   |                       |                                    |
| Est Cost of Repairs: \$ _____   |                       |                                    |
| Date removed from service: ____/____/____ Maintenance Records: <input checked="" type="checkbox"/> Avail <input type="checkbox"/> Not Avail   |                       |                                    |
| Transmission:   |                       |                                    |
| <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual Condition is: <input type="checkbox"/> Operable <input type="checkbox"/> Needs Repair <input checked="" type="checkbox"/> Is Unknown  |                       |                                    |
| Transmission repairs needed: _____  |                       |                                    |
| Minor Damage to: _____ Major Damage to: _____   |                       |                                    |
| <input checked="" type="checkbox"/> AC <input type="checkbox"/> No AC AC Condition: <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Unknown Air Bags: <input type="checkbox"/> Driver's Side <input type="checkbox"/> Dual  |                       |                                    |
| <input type="checkbox"/> Cruise <input checked="" type="checkbox"/> Tilt Wheel <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Ctr - PWR: <input type="checkbox"/> Windows <input type="checkbox"/> Locks <input checked="" type="checkbox"/> Steering <input type="checkbox"/> Seats  |                       |                                    |
| Exterior: Color _____ Windows: <input checked="" type="checkbox"/> No cracked glass Cracked: _____  |                       |                                    |
| Minor <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: Good <input type="checkbox"/> Low <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Hubcaps <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |                       |                                    |
| Minor Dents to: _____ Major Dents to: _____   |                       |                                    |
| Emergency Equip: <input type="checkbox"/> None <input checked="" type="checkbox"/> Has been removed <input type="checkbox"/> there are holes in the exterior <input checked="" type="checkbox"/> there are no holes   |                       |                                    |
| Additional Equipment Description: MFG _____ Model _____ Serial # _____  |                       |                                    |

Lic Plates removed:  Yes  No ZONAR Removed:  Yes  No  N/A

Lights/ACC removed:  Yes  No N/A

Fuel Card Turned in:  Yes  No Keys/KeyTrak  Yes  No

Mechanic's name: ERIC DALLAS Date: 1/21/22

Approved by: [Signature] Date: 1/21/22

FOR PD VEHICLE: SEAT PUT BACK IN VEHICLE FROM STORAGE: \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ N/A

Additional Comments:



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Inventory CID: 71007 Vin #: JCP12911 Fair Market Value: \$ 500

Short Description:

Year: 06 Make: CAT Model: Challenger Mileage: \_\_\_\_\_

This Vehicle:  Starts  Starts with a boost and  Runs  Does not Run  For Parts Only

Engine: \_\_\_L V\_\_\_  Gas  Diesel Engine

This Vehicle was maintained every \_\_\_\_\_  Days  Hours  Miles

Condition:  Runs  Needs Repair  Is in unknown condition

Repairs Needed (Be specific): \_\_\_\_\_

Est Cost of Repairs: \$ \_\_\_\_\_

Date removed from service: \_\_\_/\_\_\_/\_\_\_\_\_ Maintenance Records:  Avail  Not Avail

Transmission:

Automatic  Manual Condition is:  Operable  Needs Repair  Is Unknown

Transmission repairs needed: \_\_\_\_\_

Minor Damage to: \_\_\_\_\_ Major Damage to: \_\_\_\_\_

AC  No AC AC Condition:  Cold  Unknown Air Bags:  Driver's Side  Dual

Cruise  Tilt Wheel  Remote Mirrors  Climate Ctr - PWR:  Windows  Locks  Steering  Seats

Exterior: Color Yellow Windows:  No cracked glass Cracked: \_\_\_\_\_

Minor  Dents  Scratches  Dings Tire Condition: Good  Low  Flat  Hubcaps  1  2  3  4

Minor Dents to: \_\_\_\_\_ Major Dents to: Panel missing on lower front left of hood

Emergency Equip:  None  Has been removed  there are holes in the exterior  there are no holes

Additional Equipment Description: MFG \_\_\_\_\_ Model \_\_\_\_\_ Serial # \_\_\_\_\_

Lic Plates removed:  Yes  No ZONAR Removed:  Yes  No  N/A

Lights/ACC removed:  Yes  No N/A

Fuel Card Turned in:  Yes  No Keys/KeyTrak  Yes  No

Mechanic's name: Derrick Date: 1/21/22

Approved by: SL Date: 1/21/22

FOR PD VEHICLE: SEAT PUT BACK IN VEHICLE FROM STORAGE: \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ N/A

Additional Comments:



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|   |                                 |                                   |
|---|---------------------------------|-----------------------------------|
| Inventory CID: <u>70590</u>   | Vin #: <u>1FDAF56P95EC71312</u> | Fair Market Value: \$ <u>1000</u> |
| Short Description:  |                                 |                                   |
| Year: <u>05</u>   | Make: <u>F</u>                  | Model: <u>550</u>                 |
|   |                                 | Mileage: <u>80201</u>             |
| This Vehicle: <input type="checkbox"/> Starts <input checked="" type="checkbox"/> Starts with a boost and <input type="checkbox"/> Runs <input type="checkbox"/> Does not Run <input checked="" type="checkbox"/> For Parts Only  |                                 |                                   |
| Engine: <u>6DL</u> V <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel Engine   |                                 |                                   |
| This Vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles   |                                 |                                   |
| Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs Repair <input type="checkbox"/> Is in unknown condition  |                                 |                                   |
| Repairs Needed (Be specific): _____ Est Cost of Repairs: \$ _____   |                                 |                                   |
| Date removed from service: ___/___/_____ Maintenance Records: <input checked="" type="checkbox"/> Avail <input type="checkbox"/> Not Avail  |                                 |                                   |
| Transmission:   |                                 |                                   |
| <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual Condition is: <input checked="" type="checkbox"/> Operable <input type="checkbox"/> Needs Repair <input type="checkbox"/> Is Unknown  |                                 |                                   |
| Transmission repairs needed: _____  |                                 |                                   |
| Minor Damage to: _____ Major Damage to: _____   |                                 |                                   |
| <input checked="" type="checkbox"/> AC <input type="checkbox"/> No AC AC Condition: <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Unknown Air Bags: <input type="checkbox"/> Driver's Side <input checked="" type="checkbox"/> Dual   |                                 |                                   |
| <input checked="" type="checkbox"/> Cruise <input type="checkbox"/> Tilt Wheel <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Ctr - PWR: <input type="checkbox"/> Windows <input type="checkbox"/> Locks <input checked="" type="checkbox"/> Steering <input type="checkbox"/> Seats  |                                 |                                   |
| Exterior: Color <u>White</u> Windows: <input checked="" type="checkbox"/> No cracked glass Cracked: _____   |                                 |                                   |
| Minor <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: Good <input type="checkbox"/> Low <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Hubcaps <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |                                 |                                   |
| Minor Dents to: _____ Major Dents to: _____   |                                 |                                   |
| 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   |                                 |                                   |
| Additional Equipment Description: MFG _____ Model _____ Serial # _____  |                                 |                                   |
| Lic Plates removed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ZONAR Removed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   |                                 |                                   |
| Lights/ACC removed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A   |                                 |                                   |
| Fuel Card Turned in: <input type="checkbox"/> Yes <input type="checkbox"/> No Keys/KeyTrak <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                 |                                   |
| Mechanic's name: <u>ERIC DALLAS</u> Date: <u>1/21/22</u>  |                                 |                                   |
| Approved by: <u>ed</u> Date: <u>1/21/22</u>   |                                 |                                   |
| FOR PD VEHICLE: SEAT PUT BACK IN VEHICLE FROM STORAGE: _____ YES _____ NO _____ N/A   |                                 |                                   |

Additional Comments:



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|  |                                |                                     |
|--|--------------------------------|-------------------------------------|
| Inventory CID: <u>71389</u>  | Vin #: <u>1HTWXAR52J126671</u> | Fair Market Value: \$ <u>15,000</u> |
| Short Description:<br>Year: <u>09</u> Make: <u>Int</u> Model: <u>Dump</u> Mileage: <u>205599</u>   |                                |                                     |
| This Vehicle: <input type="checkbox"/> Starts <input checked="" type="checkbox"/> Starts with a boost and <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Does not Run <input type="checkbox"/> For Parts Only   |                                |                                     |
| Engine: <input type="checkbox"/> L <input type="checkbox"/> V <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel Engine   |                                |                                     |
| This Vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles  |                                |                                     |
| Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs Repair <input type="checkbox"/> Is in unknown condition   |                                |                                     |
| Repairs Needed (Be specific): _____<br>Est Cost of Repairs: \$ _____   |                                |                                     |
| Date removed from service: ____/____/____ Maintenance Records: <input type="checkbox"/> Avail <input type="checkbox"/> Not Avail   |                                |                                     |
| Transmission:<br><input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual Condition is: <input type="checkbox"/> Operable <input type="checkbox"/> Needs Repair <input type="checkbox"/> Is Unknown   |                                |                                     |
| Transmission repairs needed: _____   |                                |                                     |
| Minor Damage to: _____ Major Damage to: _____  |                                |                                     |
| <input checked="" type="checkbox"/> AC <input type="checkbox"/> No AC AC Condition: <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Unknown <sup>Not working</sup> Air Bags: <input type="checkbox"/> Driver's Side <input type="checkbox"/> Dual  |                                |                                     |
| <input checked="" type="checkbox"/> Cruise <input type="checkbox"/> Tilt Wheel <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Ctr - PWR: <input type="checkbox"/> Windows <input type="checkbox"/> Locks <input type="checkbox"/> Steering <input type="checkbox"/> Seats  |                                |                                     |
| Exterior: Color <u>white</u> Windows: <input checked="" type="checkbox"/> No cracked glass Cracked: _____  |                                |                                     |
| Minor <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: Good <input checked="" type="checkbox"/> Low <input type="checkbox"/> Flat <input type="checkbox"/> Hubcaps <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |                                |                                     |
| Minor Dents to: _____ Major Dents to: _____  |                                |                                     |
| 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   |                                |                                     |
| Additional Equipment Description: MFG _____ Model _____ Serial # _____   |                                |                                     |

Lic Plates removed:  Yes  No ZONAR Removed:  Yes  No  N/A

Lights/ACC removed:  Yes  No N/A

Fuel Card Turned in:  Yes  No Keys/KeyTrak  Yes  No

Mechanic's name: Darick Date: 1/21/22

Approved by: [Signature] Date: 1/21/22

**FOR PD VEHICLE: SEAT PUT BACK IN VEHICLE FROM STORAGE:** \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ N/A

Additional Comments:



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Inventory CID: 71719 Vin #: LNPTX7EX 2D191145 Fair Market Value: \$ 15,000

Short Description:  
 Year: 13 Make: Pete Model: Dump Mileage: 140780

This Vehicle:  Starts  Starts with a boost and  Runs  Does not Run  For Parts Only  
 Engine:     L     V      Gas  Diesel Engine  
 This Vehicle was maintained every      Days  Hours  Miles  
 Condition:  Runs  Needs Repair  Is in unknown condition  
 Repairs Needed (Be specific): PTO INOP Est Cost of Repairs: \$    

Date removed from service:     /     /     Maintenance Records:  Avail  Not Avail

Transmission:  
 Automatic  Manual Condition is:  Operable  Needs Repair  Is Unknown  
 Transmission repairs needed:    

Minor Damage to:     Major Damage to:      
 AC  No AC AC Condition:  Cold  Unknown Air Bags:  Driver's Side  Dual  
 Cruise  Tilt Wheel  Remote Mirrors  Climate Ctr - PWR  Windows  Locks  Steering  Seats

Exterior: Color White Windows:  No cracked glass Cracked:      
 Minor  Dents  Scratches  Dings Tire Condition: Good  Low  Flat  Hubcaps  1  2  3  4  
 Minor Dents to:     Major Dents to:      
 Emergency Equip:  None  Has been removed  there are holes in the exterior  there are no holes

Additional Equipment Description: MFG     Model     Serial #    

Lic Plates removed:  Yes  No ZONAR Removed:  Yes  No  N/A  
 Lights/ACC removed:  Yes  No N/A  
 Fuel Card Turned in:  Yes  No Keys/KeyTrak  Yes  No  
 Mechanic's name: ERIC ALIAS Date: 1/21/22  
 Approved by: [Signature] Date: 1/21/22

FOR PD VEHICLE: SEAT PUT BACK IN VEHICLE FROM STORAGE:     YES     NO     N/A

Additional Comments:  
THIS UNIT PTO IS INOP / ALSO UNIT HAS VERY GOOD TIRES



**CITY OF NORTH PORT PUBLIC WORKS DEPARTMENT  
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MECHANIC'S VEHICLE INSPECTION FORM**



|  |                         |                                   |
|--|-------------------------|-----------------------------------|
| Inventory CID: <b>71746</b>  | Vin #: CATM313DJ3A00403 | Fair Market Value: \$ <u>3000</u> |
| Short Description:   |                         |                                   |
| Year: <u>2012</u> Make: <u>Cat</u> Model: <u>Excav</u> Mileage: <u>5141 hours</u>  |                         |                                   |
| This Vehicle: <input checked="" type="checkbox"/> Starts <input checked="" type="checkbox"/> Starts with a boost and <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Does not Run <input type="checkbox"/> For Parts Only  |                         |                                   |
| Engine: <u>   </u> L <u>   </u> V <u>   </u> <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel Engine  |                         |                                   |
| This Vehicle was maintained every <u>250</u> <input type="checkbox"/> Days <input checked="" type="checkbox"/> Hours <input type="checkbox"/> Miles  |                         |                                   |
| Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs Repair <input type="checkbox"/> Is in unknown condition   |                         |                                   |
| Repairs Needed (Be specific): _____  |                         |                                   |
| Est Cost of Repairs: \$ _____  |                         |                                   |
| Date removed from service: ___/___/_____ Maintenance Records: <input type="checkbox"/> Avail <input type="checkbox"/> Not Avail  |                         |                                   |
| Transmission:  |                         |                                   |
| <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual Condition is: <input checked="" type="checkbox"/> Operable <input type="checkbox"/> Needs Repair <input type="checkbox"/> Is Unknown   |                         |                                   |
| Transmission repairs needed: _____   |                         |                                   |
| Minor Damage to: _____ Major Damage to: _____  |                         |                                   |
| <input checked="" type="checkbox"/> AC <input type="checkbox"/> No AC AC Condition: <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Unknown <del>1/1</del> Air Bags: <input type="checkbox"/> Driver's Side <input type="checkbox"/> Dual  |                         |                                   |
| <input type="checkbox"/> Cruise <input checked="" type="checkbox"/> Tilt Wheel <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Ctr - PWR: <input type="checkbox"/> Windows <input type="checkbox"/> Locks <input type="checkbox"/> Steering <input type="checkbox"/> Seats  |                         |                                   |
| Exterior: Color <u>Yellow</u> Windows: <input checked="" type="checkbox"/> No cracked glass Cracked: _____   |                         |                                   |
| Minor <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: Good <input checked="" type="checkbox"/> Low <input type="checkbox"/> Flat <input type="checkbox"/> Hubcaps <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |                         |                                   |
| Minor Dents to: <u>Engine door panel</u> Major Dents to: _____   |                         |                                   |
| 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   |                         |                                   |
| Additional Equipment Description: MFG _____ Model _____ Serial # _____   |                         |                                   |

*N/A* Lic Plates removed:  Yes  No ZONAR Removed:  Yes  No  N/A  
 Lights/ACC removed:  Yes  No N/A  
 Fuel Card Turned in:  Yes  No Keys/KeyTrak  Yes  No  
 Mechanic's name: Eric Date: 1/15/22  
 Approved by: [Signature] Date: 1/21/22  
**FOR PD VEHICLE: SEAT PUT BACK IN VEHICLE FROM STORAGE: \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ N/A**

Additional Comments:



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1.0



Inventory CID: **71727** Vin #: 1NPSL70X5DD185059 Fair Market Value: \$ 10,000

Short Description:  
 Year: 13 Make: Pete Model: Grapple Mileage: 113248

This Vehicle:  Starts  Starts with a boost and  Runs  Does not Run  For Parts Only  
 Engine:     L     V      Gas  Diesel Engine

This Vehicle was maintained every      Days  Hours  Miles  
 Condition:  Runs  Needs Repair  Is in unknown condition

Repairs Needed (Be specific): grapple part of truck has parts off of it Est Cost of Repairs: \$    

Date removed from service:     /     /     Maintenance Records:  Avail  Not Avail

Transmission:  
 Automatic  Manual Condition is:  Operable  Needs Repair  Is Unknown  
 Transmission repairs needed:    

Minor Damage to:     Major Damage to:      
 AC  No AC AC Condition:  Cold  Unknown Air Bags:  Driver's Side  Dual  
 Cruise  Tilt Wheel  Remote Mirrors  Climate Ctr - PWR:  Windows  Locks  Steering  Seats

Exterior: Color White Windows:  No cracked glass Cracked:      
 Minor  Dents  Scratches  Dings Tire Condition: Good  Low  Flat  Hubcaps  1  2  3  4  
 Minor Dents to:     Major Dents to: flat tire

Emergency Equip:  None  Has been removed  there are holes in the exterior  there are no holes  
 Additional Equipment Description: MFG     Model     Serial #    

Lic Plates removed:  Yes  No ZONAR Removed:  Yes  No  N/A

Lights/ACC removed:  Yes  No N/A

Fuel Card Turned in:  Yes  No Keys/KeyTrak  Yes  No

Mechanic's name: Donick Date: 1 / 21 / 22

Approved by: SL Date: 1 / 21 / 22

FOR PD VEHICLE: SEAT PUT BACK IN VEHICLE FROM STORAGE:     YES     NO     N/A

Additional Comments:



CITY OF NORTH PORT PUBLIC WORKS DEPARTMENT  
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|   |                                 |                                     |
|---|---------------------------------|-------------------------------------|
| Inventory CID: <u>70495</u>   | Vin #: <u>5VCACRVF9EH217328</u> | Fair Market Value: \$ <u>10,000</u> |
| Short Description:  |                                 |                                     |
| Year: <u>14</u> Make: <u>Autocar</u> Model: <u>Front loader</u> Mileage: <u>NA</u>  |                                 |                                     |
| This Vehicle: <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a boost and <input type="checkbox"/> Runs <input checked="" type="checkbox"/> Does not Run <input checked="" type="checkbox"/> For Parts Only  |                                 |                                     |
| Engine: <input type="checkbox"/> L <input type="checkbox"/> V <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel Engine  |                                 |                                     |
| This Vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles   |                                 |                                     |
| Condition: <input type="checkbox"/> Runs <input type="checkbox"/> Needs Repair <input checked="" type="checkbox"/> Is in unknown condition  |                                 |                                     |
| Repairs Needed (Be specific): _____   |                                 |                                     |
| Est Cost of Repairs: \$ _____   |                                 |                                     |
| Date removed from service: ___/___/___ Maintenance Records: <input type="checkbox"/> Avail <input type="checkbox"/> Not Avail   |                                 |                                     |
| Transmission:   |                                 |                                     |
| <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual Condition is <input type="checkbox"/> Operable <input type="checkbox"/> Needs Repair <input checked="" type="checkbox"/> Is Unknown   |                                 |                                     |
| Transmission repairs needed: _____  |                                 |                                     |
| Minor Damage to: _____ Major Damage to: _____   |                                 |                                     |
| <input checked="" type="checkbox"/> AC <input type="checkbox"/> No AC AC Condition: <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Unknown Air Bags: <input type="checkbox"/> Driver's Side <input type="checkbox"/> Dual  |                                 |                                     |
| <input type="checkbox"/> Cruise <input type="checkbox"/> Tilt Wheel <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Ctr - PWR <input type="checkbox"/> Windows <input type="checkbox"/> Locks <input type="checkbox"/> Steering <input type="checkbox"/> Seats   |                                 |                                     |
| Exterior: Color <u>WHITE</u> Windows: <input checked="" type="checkbox"/> No cracked glass Cracked: _____   |                                 |                                     |
| Minor <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: <input checked="" type="checkbox"/> Low <input type="checkbox"/> Flat Hubcaps <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |                                 |                                     |
| Minor Dents to: _____ Major Dents to: _____   |                                 |                                     |
| Emergency Equip: <input type="checkbox"/> None <input checked="" type="checkbox"/> Has been removed <input checked="" type="checkbox"/> there are holes in the exterior <input type="checkbox"/> There are no holes   |                                 |                                     |
| Additional Equipment Description: MFG _____ Model _____ Serial # _____  |                                 |                                     |

Lic Plates removed  Yes  No ZONAR Removed  Yes  No  N/A

Lights/ACC removed:  Yes  No N/A

Fuel Card Turned in:  Yes  No Keys/KeyTrak  Yes  No

Mechanic's name ERIC DALLAS Date: 1/21/22

Approved by: [Signature] Date: 1/21/22

Additional Comments:

THIS UNIT HAS MULTIPLE PARTS MISSING AND WILL NOT RUN





CITY OF NORTH PORT PUBLIC WORKS DEPARTMENT  
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 MECHANIC'S VEHICLE INSPECTION FORM



|   |                          |                                  |
|---|--------------------------|----------------------------------|
| Inventory CID: <b>71172</b>   | Vin #: 1FMCU49H58KA20161 | Fair Market Value: \$ <u>500</u> |
| Short Description:<br>Year: <u>2008</u> Make: <u>Ford</u> Model: <u>Escape HY</u> Mileage: <u>72577</u>   |                          |                                  |
| This Vehicle: <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a boost and <input type="checkbox"/> Runs <input checked="" type="checkbox"/> Does not Run <input type="checkbox"/> For Parts Only<br>Engine: ___ L V___ <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine<br>This Vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles<br>Condition: <input type="checkbox"/> Runs <input type="checkbox"/> Needs Repair <input checked="" type="checkbox"/> Is in unknown condition<br>Repairs Needed (Be specific): <u>unknown</u><br>Est Cost of Repairs: \$ _____  |                          |                                  |
| Date removed from service: ___/___/_____ Maintenance Records: <input type="checkbox"/> Avail <input type="checkbox"/> Not Avail   |                          |                                  |
| Transmission:<br><input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual Condition is: <input type="checkbox"/> Operable <input type="checkbox"/> Needs Repair <input type="checkbox"/> Is Unknown<br>Transmission repairs needed: _____  |                          |                                  |
| Minor Damage to: _____ Major Damage to: _____<br><input checked="" type="checkbox"/> AC <input type="checkbox"/> No AC AC Condition: <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Unknown Air Bags: <input type="checkbox"/> Driver's Side <input checked="" type="checkbox"/> Dual<br><input checked="" type="checkbox"/> Cruise <input type="checkbox"/> Tilt Wheel <input checked="" type="checkbox"/> Remote Mirrors <input checked="" type="checkbox"/> Climate Ctr - PWR <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Locks <input type="checkbox"/> Steering <input checked="" type="checkbox"/> Seats   |                          |                                  |
| Exterior: Color <u>White</u> Windows: <input checked="" type="checkbox"/> No cracked glass Cracked: _____<br>Minor <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: Good <input checked="" type="checkbox"/> Low <input type="checkbox"/> Flat <input type="checkbox"/> Hubcaps <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br>Minor Dents to: _____ Major Dents to: _____<br>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<br>Additional Equipment Description: MFG _____ Model _____ Serial # _____ |                          |                                  |

Lic Plates removed:  Yes  No ZONAR Removed:  Yes  No  N/A  
 Lights/ACC removed:  Yes  No N/A  
 Fuel Card Turned in:  Yes  No Keys/KeyTrak  Yes  No  
 Mechanic's name: [Signature] Date: 1/15/22  
 Approved by: [Signature] Date: 1/21/22  
**FOR PD VEHICLE: SEAT PUT BACK IN VEHICLE FROM STORAGE: \_\_\_ YES \_\_\_ NO \_\_\_ N/A**

Additional Comments:  
Batteries Bad And No longer Available  
Does Not Run



CITY OF NORTH PORT PUBLIC WORKS DEPARTMENT  
 FLEET MANAGEMENT DIVISION  
 MECHANIC'S VEHICLE INSPECTION FORM



|   |                                 |   |
|---|---------------------------------|---|
| Inventory CID: <u>70427</u>   | Vin #: <u>4EN6AAA8691008511</u> | Fair Market Value: \$ <u>50,000</u>               |
| Short Description: <u>E-ONE</u>   |                                 |   |
| Year: <u>04</u>   | Make: _____                     | Model: <u>Typhoon pump</u> Mileage: <u>114906</u> |
| This Vehicle: <input checked="" type="checkbox"/> Starts <input type="checkbox"/> Starts with a boost and <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Does not Run <input type="checkbox"/> For Parts Only  |                                 |   |
| Engine: <input checked="" type="checkbox"/> L V <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel Engine  |                                 |   |
| This Vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles   |                                 |   |
| Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs Repair <input type="checkbox"/> Is in unknown condition  |                                 |   |
| Repairs Needed (Be specific): _____   |                                 |   |
| Est Cost of Repairs: \$ _____   |                                 |   |
| Date removed from service: <u>1/6/2022</u> Maintenance Records: <input type="checkbox"/> Avail <input type="checkbox"/> Not Avail   |                                 |   |
| Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual Condition is: <input checked="" type="checkbox"/> Operable <input type="checkbox"/> Needs Repair <input type="checkbox"/> Is Unknown  |                                 |   |
| Transmission repairs needed: _____  |                                 |   |
| Minor Damage to: <u>N/A</u> Major Damage to: <u>N/A</u>   |                                 |   |
| <input checked="" type="checkbox"/> AC <input type="checkbox"/> No AC AC Conditions: <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Unknown Air Bags: <input type="checkbox"/> Driver's Side <input type="checkbox"/> Dual   |                                 |   |
| <input type="checkbox"/> Cruise <input type="checkbox"/> Tilt Wheel <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Ctr - PWR: <input type="checkbox"/> Windows <input type="checkbox"/> Locks <input checked="" type="checkbox"/> Steering <input type="checkbox"/> Seats                                 |                                 |   |
| Exterior: Color <u>W/AC</u> Windows: <input checked="" type="checkbox"/> No cracked glass Cracked: _____  |                                 |   |
| Minor <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: Good <input type="checkbox"/> Low <input type="checkbox"/> Flat <input type="checkbox"/> Hubcaps <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |                                 |   |
| Minor Dents to: <u>N/A</u> Major Dents to: <u>N/A</u>   |                                 |   |
| 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   |                                 |   |
| Additional Equipment Description: MFG _____ Model _____ Serial # _____  |                                 |   |

Lic Plates removed:  Yes  No ZONAR Removed:  Yes  No  N/A

Lights/ACC removed:  Yes  No N/A

Fuel Card Turned in:  Yes  No Keys/KeyTrak  Yes  No

Mechanic's name: [Signature] Date: 1/6/22

Approved by: [Signature] Date: 1/10/22

FOR PD VEHICLE: SEAT PUT BACK IN VEHICLE FROM STORAGE: \_\_\_\_\_ YES \_\_\_\_\_ NO  N/A

Additional Comments:



**CITY OF NORTH PORT PUBLIC WORKS DEPARTMENT  
FLEET MANAGEMENT DIVISION  
MECHANIC'S VEHICLE INSPECTION FORM**



|  |                          |                                   |
|--|--------------------------|-----------------------------------|
| Inventory CID: <b>72535</b>  | Vin #: 1GNLC2EC7FR580457 | Fair Market Value: \$ <b>1500</b> |
| Short Description:   |                          |                                   |
| Year: <b>2015</b> Make: <b>CHEV</b> Model: <b>TRHOE</b> Mileage: <b>72770</b>  |                          |                                   |
| This Vehicle: <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a boost and <input type="checkbox"/> Runs <input checked="" type="checkbox"/> Does not Run <input type="checkbox"/> For Parts Only  |                          |                                   |
| Engine: <b>5.3</b> L V <b>B</b> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine   |                          |                                   |
| This Vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles  |                          |                                   |
| Condition: <input type="checkbox"/> Runs <input checked="" type="checkbox"/> Needs Repair <input type="checkbox"/> Is in unknown condition   |                          |                                   |
| Repairs Needed (Be specific): _____  |                          |                                   |
| Est Cost of Repairs: \$ _____  |                          |                                   |
| Date removed from service: ___/___/_____ Maintenance Records: <input type="checkbox"/> Avail <input type="checkbox"/> Not Avail  |                          |                                   |
| Transmission:  |                          |                                   |
| <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual Condition is: <input type="checkbox"/> Operable <input type="checkbox"/> Needs Repair <input checked="" type="checkbox"/> Is Unknown   |                          |                                   |
| Transmission repairs needed: _____   |                          |                                   |
| Minor Damage to: _____ Major Damage to: _____  |                          |                                   |
| <input checked="" type="checkbox"/> AC <input type="checkbox"/> No AC AC Condition: <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Unknown Air Bags: <input checked="" type="checkbox"/> Driver's Side <input type="checkbox"/> Dual  |                          |                                   |
| <input checked="" type="checkbox"/> Cruise <input checked="" type="checkbox"/> Tilt Wheel <input checked="" type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Ctr - PWR <input checked="" type="checkbox"/> Windows <input type="checkbox"/> Locks <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Seats  |                          |                                   |
| Exterior: Color <b>BLACK</b> Windows: <input type="checkbox"/> No cracked glass Cracked: <b>BACK WINDOW MISSING</b>  |                          |                                   |
| Minor <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: <input checked="" type="checkbox"/> Good <input checked="" type="checkbox"/> Low <input type="checkbox"/> Flat <input type="checkbox"/> Hubcaps <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |                          |                                   |
| Minor Dents to: _____ Major Dents to: _____  |                          |                                   |
| 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  |                          |                                   |
| Additional Equipment Description: MFG _____ Model _____ Serial # _____   |                          |                                   |

Lic Plates removed:  Yes  No ZONAR Removed:  Yes  No  N/A

Lights/ACC removed:  Yes  No N/A

Fuel Card Turned in:  Yes  No Keys/KeyTrak  Yes  No

Mechanic's name: **ERIC** Date: **1/15/22**

Approved by: **[Signature]** Date: **1/21/22**

**FOR PD VEHICLE: SEAT PUT BACK IN VEHICLE FROM STORAGE: \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ N/A**

Additional Comments:  
**BACK WINDOW MISSING UNH RUNS VERY POOR**



CITY OF NORTH PORT PUBLIC WORKS DEPARTMENT  
FLEET MANAGEMENT DIVISION  
MECHANIC'S VEHICLE INSPECTION FORM



|   |                          |                                   |
|---|--------------------------|-----------------------------------|
| Inventory CID: <b>71949</b>   | Vin #: 1FAHP2L8XEG129654 | Fair Market Value: \$ <u>1000</u> |
| Short Description:<br>Year: <u>2014</u> Make: <u>Ford</u> Model: <u>TAURUS</u> Mileage: <u>78975</u>  |                          |                                   |
| This Vehicle: <input type="checkbox"/> Starts <input checked="" type="checkbox"/> Starts with a boost and <input type="checkbox"/> Runs <input type="checkbox"/> Does not Run <input type="checkbox"/> For Parts Only<br>Engine: ___ L V ___ <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine<br>This Vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles<br>Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs Repair <input type="checkbox"/> Is in unknown condition<br>Repairs Needed (Be specific): _____<br>Est Cost of Repairs: \$ _____  |                          |                                   |
| Date removed from service: ___ / ___ / _____ Maintenance Records: <input type="checkbox"/> Avail <input type="checkbox"/> Not Avail   |                          |                                   |
| Transmission:<br><input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual Condition is: <input checked="" type="checkbox"/> Operable <input type="checkbox"/> Needs Repair <input type="checkbox"/> Is Unknown<br>Transmission repairs needed: _____   |                          |                                   |
| Minor Damage to: _____ Major Damage to: _____<br><input checked="" type="checkbox"/> AC <input type="checkbox"/> No AC AC Condition: <input type="checkbox"/> Cold <input type="checkbox"/> Unknown Air Bags: <input checked="" type="checkbox"/> Driver's Side <input type="checkbox"/> Dual<br><input checked="" type="checkbox"/> Cruise <input checked="" type="checkbox"/> Tilt Wheel <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Ctr - PWR: <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Locks <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Seats   |                          |                                   |
| Exterior: Color <u>BLACK</u> Windows: <input checked="" type="checkbox"/> No cracked glass Cracked: _____<br>Minor <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: Good <input checked="" type="checkbox"/> Low <input type="checkbox"/> Flat <input type="checkbox"/> Hubcaps <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br>Minor Dents to: _____ Major Dents to: _____<br>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<br>Additional Equipment Description: MFG _____ Model _____ Serial # _____ |                          |                                   |

Lic Plates removed:  Yes  No ZONAR Removed:  Yes  No  N/A

Lights/ACC removed:  Yes  No N/A

Fuel Card Turned in:  Yes  No Keys/KeyTrak  Yes  No

Mechanic's name: Eric Lucas Date: 1/15/22

Approved by: [Signature] Date: 1/20/22

FOR PD VEHICLE: SEAT PUT BACK IN VEHICLE FROM STORAGE:  YES  NO  N/A

Additional Comments:



CITY OF NORTH PORT PUBLIC WORKS DEPARTMENT  
FLEET MANAGEMENT DIVISION  
MECHANIC'S VEHICLE INSPECTION FORM



|  |                           |                                  |
|--|---------------------------|----------------------------------|
| Inventory CID: <b>70780</b>  | Vin #: 1FMMPU16596LA75519 | Fair Market Value: \$ <u>800</u> |
| Short Description:   |                           |                                  |
| Year: <u>2006</u> Make: <u>FORD</u> Model: <u>EXPEDITION</u> Mileage: <u>180758</u>  |                           |                                  |
| This Vehicle: <input checked="" type="checkbox"/> Starts <input type="checkbox"/> Starts with a boost and <input type="checkbox"/> Runs <input type="checkbox"/> Does not Run <input type="checkbox"/> For Parts Only  |                           |                                  |
| Engine: <u>5.4 L V8</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine   |                           |                                  |
| This Vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles  |                           |                                  |
| Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs Repair <input type="checkbox"/> Is in unknown condition   |                           |                                  |
| Repairs Needed (Be specific): _____<br>Est Cost of Repairs: \$ _____   |                           |                                  |
| Date removed from service: ___ / ___ / _____ Maintenance Records: <input type="checkbox"/> Avail <input type="checkbox"/> Not Avail  |                           |                                  |
| Transmission:  |                           |                                  |
| <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual Condition is: <input checked="" type="checkbox"/> Operable <input type="checkbox"/> Needs Repair <input type="checkbox"/> Is Unknown   |                           |                                  |
| Transmission repairs needed: _____   |                           |                                  |
| Minor Damage to: _____ Major Damage to: _____  |                           |                                  |
| <input checked="" type="checkbox"/> AC <input type="checkbox"/> No AC AC Condition: <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Unknown Air Bags: <input type="checkbox"/> Driver's Side <input checked="" type="checkbox"/> Dual  |                           |                                  |
| <input checked="" type="checkbox"/> Cruise <input checked="" type="checkbox"/> Tilt Wheel <input checked="" type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Ctr - PWR <input type="checkbox"/> Windows <input checked="" type="checkbox"/> Locks <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Seats  |                           |                                  |
| Exterior: Color <u>white</u> Windows: <input checked="" type="checkbox"/> No cracked glass Cracked: _____  |                           |                                  |
| Mirror <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: Good <input checked="" type="checkbox"/> Low <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Hubcaps <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 |                           |                                  |
| Minor Dents to: _____ Major Dents to: _____  |                           |                                  |
| Emergency Equip: <input type="checkbox"/> None <input checked="" type="checkbox"/> Has been removed <input checked="" type="checkbox"/> there are holes in the exterior <input type="checkbox"/> There are no holes  |                           |                                  |
| Additional Equipment Description: MFG _____ Model _____ Serial # _____   |                           |                                  |

Lic Plates removed:  Yes  No ZONAR Removed:  Yes  No  N/A

Lights/ACC removed:  Yes  No N/A

Fuel Card Turned in:  Yes  No Keys/KeyTrak  Yes  No

Mechanic's name: ERIC DALLAS Date: 1/15/22

Approved by: [Signature] Date: 1/21/22

FOR PD VEHICLE: SEAT PUT BACK IN VEHICLE FROM STORAGE: \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ N/A

Additional Comments: