



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



Inventory CID: 71403 Vin #: C10100642805 Fair Market Value: \$ 500.00

Short Description:
 Year: 2009 Make: Schulte Model: XH600R ^{mower Deck} 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): Holes in deck, rusted
Is useable at this time. 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 Green Windows: No cracked glass Cracked: _____

Minor Dents Scratches Dings Tire Condition: Low Flat ^{Good} 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 Schulte Model XH600 Serial # C10100642805

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

Lights/ACC removed: Yes No N/A

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

Mechanic's name: Steve Nelson Date: 4/8/19

Approved by: [Signature] Date: 4/2/19

Additional Comments:



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Inventory CID: <u>71388</u>	Vin #: <u>1F9G518258F135</u> ³²⁸	Fair Market Value: \$ 500 <u>500</u>
Short Description: <u>3177 hrs</u>		
Year: _____ Make: <u>FINN</u> Model: <u>T120T-34</u> Mileage: _____		
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: _____ 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): <u>NONE KNOWN OF</u>		
Est Cost of Repairs: \$ _____		
Date removed from service: <u>4/2/19</u> Maintenance Records: <input type="checkbox"/> Avail <input type="checkbox"/> Not Avail		
Transmission:		
<input type="checkbox"/> Automatic <input checked="" 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 type="checkbox"/> AC <input checked="" type="checkbox"/> No AC AC Condition: <input 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 type="checkbox"/> Steering <input type="checkbox"/> Seats		
Exterior: Color <u>TAN</u> Windows: <input type="checkbox"/> No cracked glass Cracked: _____		
Minor <input 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 checked="" 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 checked="" type="checkbox"/> There are no holes		
Additional Equipment Description: MFG <u>FINN</u> Model <u>T120T-34</u> Serial # <u>SB-3328</u>		
Lic Plates removed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ZONAR Removed <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 <u>N/A</u> Keys/KeyTrak <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Mechanic's name: <u>Steven Nelson</u> Date: <u>04/02/2019</u>		
Approved by: <u>[Signature]</u> Date: <u>4/2/19</u>		

Additional Comments:



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Inventory CID: <u>71006</u>	Vin #: <u>1FDWF36P06E092595</u>	Fair Market Value: \$ <u>3500-</u>
Short Description:		
Year: <u>2006</u>	Make: <u>Ford</u>	Model: <u>F-350 - SERV</u>
		Mileage: <u>104797</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: <u>6.0</u> L <u>V8</u> <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel Engine		
This Vehicle was maintained every <u>5000</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" 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>03/01/2019</u> 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 checked="" 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 checked="" 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 checked="" 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: _____ 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: 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: MATT H Date: 5/24/19

Approved by: [Signature] Date: 5/24/2019

Additional Comments:



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Inventory CID: <u>6543</u>	Vin #: <u>4V-269</u>	Fair Market Value: \$ <u>15000</u>
Short Description:		
Year: <u>1998</u>	Make: <u>Thompson</u>	Model: <u>Pump</u> Hour Mileage: <u>596</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: <u>2.049</u> L V <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel Engine		
This Vehicle was maintained every _____ <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 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 type="checkbox"/> AC <input type="checkbox"/> No AC AC Condition: <input 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 type="checkbox"/> Steering <input type="checkbox"/> Seats		
Exterior: Color <u>Blue</u> Windows: <input type="checkbox"/> No cracked glass Cracked: _____		
Minor <input type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input 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 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: Gary stretch Date: 5/7/19
 Approved by: Jae Corbett Date: 5/7/19

Additional Comments:



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 MECHANIC'S VEHICLE INSPECTION FORM



Inventory CID: 70618 Vin #: 1FTRF14566NA18466 Fair Market Value: \$ 1500.00

Short Description:

Year: 2006 Make: Kond Model: F150 Mileage: 135256

This Vehicle: Starts Starts with a boost and Runs Does not Run For Parts Only
 Engine: 5.4 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): segt torn scrape on RR quarter panel RR Door
some paint peeling Est Cost of Repairs: \$ _____

Date removed from service: 5/1/19 Maintenance Records: Avail Not Avail

Transmission:

Automatic Manual Condition is Operable Needs Repair Is Unknown

Transmission repairs needed: _____

Minor Damage to: RR 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: Low Flat Hubcaps 1 2 3 4

Minor Dents to: RR door & Quarter Panel 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: Steve Snyder Date: 5/1/19

Approved by: Steve Cassell Date: 5/1/19

Additional Comments:



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MECHANIC'S VEHICLE INSPECTION FORM



Inventory CID: <u>71236</u>	Vin #: <u>3140000212</u>	Fair Market Value: \$ <u>10,000.00</u>
Short Description: Year: <u>2007</u> Make: <u>Freightliner</u> Model: <u>XL3100</u> Mileage: <u>3659/8034 hr.</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: <input type="checkbox"/> L <input type="checkbox"/> V <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: <u>4/19/18</u> Maintenance Records <input checked="" type="checkbox"/> Avail <input type="checkbox"/> Not Avail		
Transmission: <input type="checkbox"/> Automatic <input checked="" 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>R/R Step</u> 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 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>Gray</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"/> Good <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 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: Tony Shedd Date: 4/19/18

Approved by: SL Date: 4/23/19

Additional Comments:

Rear cab missing lower front glass.



**CITY OF NORTH PORT PUBLIC WORKS DEPARTMENT
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Inventory CID: 70356 Vin #: CATM313CPBDR00131 Fair Market Value: \$ 10,000.00

Short Description:

Year: 2003 Make: CAT Model: M313C Mileage: 2011

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

Engine: 4.4L V Gas Diesel Engine

This Vehicle was maintained every 300 Days Hours Miles

Condition: Runs Needs Repair Is in unknown condition

Repairs Needed (Be specific): _____
Est Cost of Repairs: \$ _____

Date removed from service: 4/19/19 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: 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: Stevy Snyder Date: 4/19/19

Approved by: SC Date: 4/22/19

Additional Comments:



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



Inventory CID: <u>71530</u>	Vin #: <u>1GBE4V1939E403</u>	Fair Market Value: \$ <u>5000.00</u>
Short Description: _____		
Year: <u>2009</u>	Make: <u>Chevy</u>	Model: <u>5500</u> 411
Mileage: <u>95418</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>6.6 L V</u> <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>4 / 22 / 19</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: _____ 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 checked="" type="checkbox"/> Climate Ctr - PWR <input checked="" type="checkbox"/> Windows <input checked="" 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 type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input 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 checked="" type="checkbox"/> 4		
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 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: Steve Snyder Date: 4/22/19

Approved by: SL Date: 4/22/19

Additional Comments:



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



Inventory CID: <u>71531</u>	Vin #: <u>1GBE4V19S9F403121</u>	Fair Market Value: \$ <u>5000.00</u>
Short Description: Year: <u>2009</u> Make: <u>Chevy</u> Model: <u>5500</u> Mileage: <u>155944</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: <u>6.6 L V</u> <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>4 / 22 / 19</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: _____ 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 checked="" 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 checked="" type="checkbox"/> Climate Ctr - PWR <input checked="" type="checkbox"/> Windows <input checked="" 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 type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input 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 checked="" type="checkbox"/> 4 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 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 in truck
 Mechanic's name: Steve Snyder Date: 4 / 22 / 19
 Approved by: sc Date: 4 / 23 / 19

Additional Comments:



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



Inventory CID: 71406 Vin #: 1FV6JSBB9YHB27362 Fair Market Value: \$ 5600.00

Short Description:
 Year: 2000 Make: Freightliner Model: Bucket FL80 Mileage: 50262

This Vehicle: Starts Starts with a boost and Runs Does not Run For Parts Only
 Engine: 7.2 L V Gas Diesel Engine CAT.
 This Vehicle was maintained every 7500 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 white Windows: No cracked glass Cracked: _____
 Minor Dents Scratches Dings Tire Condition: Low Flat Hubcaps 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 Altac / Model AA755L Serial # 0799B20838

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: MATT H. Date: 5/13/19
 Approved by: Steve Cassell Date: 5/12/19

Additional Comments: