



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



Inventory CID: <u>70514</u>	Vin #: <u>1FTRE14W4SNAB1637</u>	Fair Market Value: \$ <u>1500</u>
Short Description:		
Year: <u>05</u> Make: <u>Ford</u> Model: <u>F150</u> Mileage: <u>106530</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>4.6</u> L V <u>8</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine		
This Vehicle was maintained every <u>5,000</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: ___/___/___ 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>Drivers seat torn</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 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 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: <u>tailgate</u> 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: Mat Moore Date: 6/22/19

Approved by: SC Date: 6/22/19

Additional Comments:



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Inventory CID: <u>70140</u>	Vin #: _____	Fair Market Value: \$ <u>1500</u>
Short Description: Year: <u>2003</u> Make: <u>Ford</u> Model: <u>F-150-4X</u> Mileage: <u>96,665</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>4.6 L V 8</u> <input checked="" type="checkbox"/> Gas <input 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: ____/____/____ 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 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>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 checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		
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: Gary stretch Date: 6/22/19
 Approved by: [Signature] Date: 6/22/19

Additional Comments:



CITY OF NORTH PORT PUBLIC WORKS DEPARTMENT
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Inventory CID: <u>70693</u>	Vin #: <u>1FTRF14W56NA92633</u>	Fair Market Value: \$ <u>1500</u>
Short Description: Year: <u>2006</u> Make: <u>Ford</u> Model: <u>F-150</u> Mileage: <u>102522</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>4.6 L V 8</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine		
This Vehicle was maintained every <u>5,000</u> <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>Drivers seat is torn</u> 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 checked="" 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 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: <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 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 Moon Date: 6/22/19
Approved by: [Signature] Date: 6/22/19

Additional Comments:



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Inventory CID: <u>70694</u>	Vin #: <u>1FTRE14W76NA92634</u>	Fair Market Value: \$ <u>1500</u>
Short Description:		
Year: <u>06</u> Make: <u>Ford</u> Model: <u>F150</u> Mileage: <u>106767</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>4.6</u> L V <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine		
This Vehicle was maintained every <u>4000</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles		
Condition: <input type="checkbox"/> Runs <input type="checkbox"/> Needs Repair <input type="checkbox"/> Is in unknown condition		
Repairs Needed (Be specific): <u>Appear to be leaking inside truck on right side</u> Est Cost of Repairs: \$ _____		
Date removed from service: <u>6/22/19</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 type="checkbox"/> Operable <input checked="" type="checkbox"/> Needs Repair <input type="checkbox"/> Is Unknown		
Transmission repairs needed: <u>some slippage under load (fluid full)</u>		
Minor Damage to: <u>RR RP</u> 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 checked="" type="checkbox"/> Dual		
<input checked="" 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 <u>white</u> Windows: <input checked="" type="checkbox"/> No cracked glass Cracked: _____		
Minor <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input checked="" 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 checked="" type="checkbox"/> 4		
Minor Dents to: <u>RR RP RF door</u> Major Dents to: _____		
Emergency Equip <input type="checkbox"/> None <input type="checkbox"/> Has been removed <input checked="" 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: <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Keys/KeyTrak <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Mechanic's name: <u>[Signature]</u> Date: <u>6/22/19</u>		
Approved by: <u>[Signature]</u> Date: <u>6/22/19</u>		

Additional Comments:



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Inventory CID: <u>70689</u>	Vin #: <u>1C7RE1W56NA92650</u>	Fair Market Value: \$ <u>1,700.00</u>
Short Description:		
Year: <u>06</u>	Make: <u>Ford</u>	Model: <u>F150</u>
		Mileage: <u>101627</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>4.6</u> L V <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine		
This Vehicle was maintained every <u>4000</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>6/22/19</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: <u>Front & Rear bumpers</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 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 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 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 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 _____ 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: 6/21/19

Approved by: [Signature] Date: 7/29/19

Additional Comments:



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Inventory CID: <u>76778</u>	Vin #: <u>1EYRE1YW76N1B22</u>	Fair Market Value: \$ <u>1500</u>
Short Description: _____ Year: <u>06</u> Make: <u>Ford</u> Model: <u>F-150</u> Mileage: <u>108449</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>4.6 L V</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine This Vehicle was maintained every <u>4000</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): <u>RF window motor</u> Est Cost of Repairs: \$ _____		
Date removed from service: <u>6/22/19</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: <u>Pass Door QR</u> Major Damage to: <u>None</u> <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 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: <u>Front bumper</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 checked="" type="checkbox"/> There are no holes Additional Equipment Description: <u>MFG</u> 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: 6/22/19
 Approved by: [Signature] Date: 6/22/19

Additional Comments:



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Inventory CID: <u>70880</u>	Vin #: <u>1FTWF31P76ED91</u>	Fair Market Value: \$ <u>6900</u> ¹⁰⁰
Short Description:		
Year: <u>2006</u> Make: <u>F 350</u> Model: <u>4x4</u>	Mileage: <u>86,654</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: <u>0</u> L V <u>0</u> <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel Engine		
This Vehicle was maintained every <u>5,000</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>8/5/2019</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 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 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 checked="" type="checkbox"/> 4		
Minor Dents to: <u>Right side of Bed</u> 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: Brad Orlando Date: 8/6/2019

Approved by: Steve Casey Date: 8/6/19

Additional Comments:



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



Inventory CID: <u>72525</u>	Vin #: <u>94253400126</u>	Fair Market Value: \$ <u>500⁰⁰</u>
Short Description:		
Year: <u>2015</u>	Make: <u>KAWASAKI</u>	Model: <u>Man-Procat</u> Mileage: <u>1275 hr.</u>
This Vehicle: <input 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> </u> L V <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine		
This Vehicle was maintained every <u>300</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 type="checkbox"/> Operable <input type="checkbox"/> Needs Repair <input checked="" type="checkbox"/> Is Unknown		
Transmission repairs needed: _____		
Minor Damage to: _____ Major Damage to: <u>Hydraulic Pump blown</u>		
<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 _____ Windows: <input 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 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 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 Hicks Date: 8/5/19

Approved by: Steve Covert Date: 8/5/19

Additional Comments: Blown hydraulic pump