



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



Inventory CID: <u>70393</u>	Vin #: <u>1FAFP53U44A189808</u>	Fair Market Value: \$ <u>690.00</u>
Short Description:		
Year: <u>2004</u>	Make: <u>Ford</u>	Model: <u>Taurus - GL</u> Mileage: <u>87580</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>3.0 L V 6</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: <u>Paint</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 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 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 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: 10 / 3 / 19

Approved by: [Signature] Date: 10 / 31 / 19

Additional Comments:



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Inventory CID: <u>71256</u>	Vin #: <u>1FTWF31R08EB43700</u>	Fair Market Value: \$ <u>3840.00</u>
Short Description:		
Year: <u>2007</u> Make: <u>Ford</u> Model: <u>F-350 4x4</u> Mileage: <u>118686</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>6.4 L V8</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: ___ / ___ / _____ 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 checked="" 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 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 type="checkbox"/> No cracked glass Cracked: _____		
Minor <input checked="" 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 checked="" 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: Matt Moore Date: 9/4/19

Approved by: Steve Cantt Date: 9/4/19

Additional Comments:



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MECHANIC'S VEHICLE INSPECTION FORM



Inventory CID: <u>70396</u>	Vin #: <u>1FTNF21P74EC78723</u>	Fair Market Value: \$ <u>41800</u>
Short Description: Year: <u>2004</u> Make: <u>Ford</u> Model: <u>F-250-4X</u> Mileage: <u>95912</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 L 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: ___/___/___ 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"/> Unknown		
Transmission repairs needed: _____		
Minor Damage to: <u>Drivers seat</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"/> Mal		
<input type="checkbox"/> Cruise <input type="checkbox"/> Tilt Wheel <input type="checkbox"/> Remote Mirrors <input checked="" 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 checked="" type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: Good <input checked="" type="checkbox"/> <input type="checkbox"/> Flat <input type="checkbox"/> Flat <input type="checkbox"/> Flat <input type="checkbox"/> Flat		
Hubcaps 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input 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 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: MATT H. Date: 9/24/19

Approved by: SK Date: 10/1/19

Additional Comments:



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 MECHANIC'S VEHICLE INSPECTION FORM



Inventory CID: <u>70397</u>	Vin #: <u>1FTNF21P94ECT8724</u>	Fair Market Value: \$ <u>4800</u>
Short Description: Year: <u>2004</u> Make: <u>Ford</u> Model: <u>F250-4X</u> Mileage: <u>123348</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 L V 8</u> <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel Engine		
This Vehicle was maintained every <u>5000</u> <input type="checkbox"/> Days <input checked="" 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 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 checked="" type="checkbox"/> Unknown		
Transmission repairs needed: _____		
Minor Damage to: <u>Drivers seat</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 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 type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: Good <input checked="" type="checkbox"/> Low <input type="checkbox"/> Flat Hubcaps 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Minor Dents to: <u>Front bumper</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 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: MATT H. Date: 9/25/19
 Approved by: [Signature] Date: 10/1/19

Additional Comments:



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



Inventory CID: <u>70118</u>	Vin #: <u>1FTRF18V23MB06087</u>	Fair Market Value: \$ <u>1890.00</u>
Short Description:		
Year: <u>2003</u> Make: <u>Ford</u> Model: <u>F-150 4x4</u> Mileage: <u>90165</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 6</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 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 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 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 H. Date: 10/3/19

Approved by: [Signature] Date: 10/3/19

Additional Comments:



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



Inventory CID: <u>70412</u>	Vin #: <u>3FRWF6534V665312</u>	Fair Market Value: \$ <u>\$ 8000.00</u>
Short Description:		
Year: <u>2004</u> Make: <u>FORD</u> Model: <u>F650 Dump</u> Mileage: <u>81452</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>6.0L V8</u> <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel Engine (<u>International</u>)		
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 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 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 type="checkbox"/> 4		
Minor Dents to: <u>Faded</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: MATT H. Date: 10/3/19
 Approved by: [Signature] Date: 10/3/19

Additional Comments:
Dump bed has some holes along with bed sides. Tarp system works but damaged.



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



Inventory CID: <u>70878</u>	Vin #: <u>1FTWF31P6LED91477</u>	Fair Market Value: \$ <u>4800</u>
Short Description:		
Year: <u>2006</u> Make: <u>Ford</u> Model: <u>F350-4X</u> Mileage: <u>83626</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>6.0L 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: ___/___/___ 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</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 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 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 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: 9/27/19
 Approved by: GL Date: 10/1/19

Additional Comments:



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



PD 810

Inventory CID: <u>73401</u>	Vin #: <u>1GCCS19W3Y8264170</u>	Fair Market Value: \$ <u>250.00</u>
Short Description:		
Year: <u>2000</u> Make: <u>Chevy</u> Model: <u>S-10</u> Mileage: <u>?</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		
Engine: <u>4.3</u> L <u>V6</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 checked="" type="checkbox"/> Miles		
Condition: <input type="checkbox"/> Runs <input checked="" 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"/> Unknown		
Transmission repairs needed: _____		
Minor Damage to: _____ Major Damage to: <u>inside trim / console</u>		
<input 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 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>Blue</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 checked="" type="checkbox"/> Flat Hubcaps 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Minor Dents to: _____ Major Dents to: <u>Front-end / LH bed</u>		
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 H. Date: 10/1/19
 Approved by: [Signature] Date: 10/1/19

Additional Comments: