



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



Inventory CID: <u>71213</u>	Vin #: <u>1P99101176301022</u>	Fair Market Value: \$ <u>100.00</u>
Short Description:		
Year: <u>07</u>	Make: _____	Model: <u>Sign Board</u>
Mileage: _____		
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 checked="" 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 checked="" 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>light module arc broken cannot be repaired.</u>		
Est Cost of Repairs: \$ _____		
Date removed from service: ___/___/_____ Maintenance Records: <input checked="" 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 checked="" type="checkbox"/> 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 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 checked="" type="checkbox"/> Locks <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Seats		
Exterior: Color _____ Windows: <input type="checkbox"/> No cracked glass <input type="checkbox"/> 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 Hubcaps 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: [Signature] Date: 12/18/19

Approved by: [Signature] Date: 12/18/19

Additional Comments:

* LIMITED / NO AVAILABLE PARTS



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Inventory CID: <u>71158</u>	Vin #: <u>1P99101866301338</u>	Fair Market Value: \$ <u>100⁰⁰⁰</u>
Short Description:		
Year: <u>06</u>	Make: _____	Model: <u>Sign Board</u>
Mileage: _____		
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 checked="" type="checkbox"/> For Parts Only		
Engine: <input type="checkbox"/> L <input type="checkbox"/> V <input 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 type="checkbox"/> Needs Repair <input type="checkbox"/> Is in unknown condition		
Repairs Needed (Be specific): <u>Sign board circuit boards are broken.</u>		
<u>They cannot be repaired</u>		Est Cost of Repairs: \$ _____
Date removed from service: ___/___/___		Maintenance Records: <input checked="" 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 checked="" type="checkbox"/> 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 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 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 type="checkbox"/> Flat <input type="checkbox"/> H/caps 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: SE Date: 12/18/19
 Approved by: [Signature] Date: 12/18/19

Additional Comments:
* LIMITED / NO AVAILABLE



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Inventory CID: 71117 Vin #: 1FMEU73887VA97127 Fair Market Value: \$ 1800

Short Description:
 Year: 2007 Make: Ford Model: Explorer - 4X Mileage: 168916

This Vehicle: Starts Starts with a boost and Runs Does not Run For Parts Only
 Engine: 4.6 L V 8 Gas Diesel Engine
 This Vehicle was maintained every 5000 Days Hours Miles
 Condition: Runs Needs Repair Is in unknown condition
 Repairs Needed (Be specific): Exhaust leak Est Cost of Repairs: \$ _____

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

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

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

Exterior: Color Gold 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: MATT H. Date: 10/11/19
 Approved by: [Signature] Date: 10/28/19

Additional Comments:



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Inventory CID: <u>09235</u>	Vin #: <u>5E7285</u>	Fair Market Value: \$ <u>50⁰⁰</u>
Short Description:		
Year: <u>12</u> Make: <u>Cruze</u> Model: <u>Car</u> Mileage: _____		
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 checked="" type="checkbox"/> For Parts Only		
Engine: <input type="checkbox"/> L <input type="checkbox"/> V <input 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 type="checkbox"/> Needs Repair <input type="checkbox"/> Is in unknown condition		
Repairs Needed (Be specific): <u>Car setted out, Hyd black blown</u>		
Est Cost of Repairs: \$ _____		
Date removed from service: ___/___/___ Maintenance Records: <input checked="" 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 checked="" type="checkbox"/> 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 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 checked="" type="checkbox"/> Locks <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Seats		
Exterior: Color <u>White</u> Windows: <input type="checkbox"/> No cracked glass <input type="checkbox"/> 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 Hubcaps 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Minor Dents to: _____ Major Dents to: <u>Everything</u>		
Emergency Equip: <input type="checkbox"/> None <input 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: SC Date: 12/11/19

Approved by: [Signature] Date: 12/11/19

Additional Comments:



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Inventory CID: <u>09236</u>	Vin #: <u>SE7286</u>	Fair Market Value: \$ <u>50⁰⁰⁰</u>
Short Description: Year: <u>12</u> Make: <u>Cummins</u> Model: <u>Can</u> Mileage: _____		
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 checked="" type="checkbox"/> For Parts Only Engine: <input type="checkbox"/> L <input type="checkbox"/> V <input 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 type="checkbox"/> Needs Repair <input type="checkbox"/> Is in unknown condition Repairs Needed (Be specific): <u>Rotted out, hydraulics inop</u> Est Cost of Repairs: \$ _____		
Date removed from service: ___/___/___ Maintenance Records: <input checked="" 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 checked="" type="checkbox"/> Unknown Transmission repairs needed: _____		
Minor Damage to: _____ Major Damage to: <u>Frame and Controls</u> <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 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 checked="" 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 type="checkbox"/> Flat Hubcaps 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 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: [Signature] Date: 12/11/19

Approved by: [Signature] Date: 12/11/19

Additional Comments:



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Inventory CID: <u>09237</u>	Vin #: <u>SE7287</u>	Fair Market Value: \$ <u>50.00</u>
Short Description: Year: <u>12</u> Make: <u>Cadillac</u> Model: <u>Can</u> Mileage: _____		
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 checked="" 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 checked="" 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>Can and frame rotted out</u> Est Cost of Repairs: \$ _____		
Date removed from service: ___/___/___ Maintenance Records: <input checked="" 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 checked="" type="checkbox"/> 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 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 checked="" type="checkbox"/> Locks <input checked="" type="checkbox"/> Steering <input checked="" 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 type="checkbox"/> Flat Hubcaps 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Minor Dents to: _____ Major Dents to: <u>Whole unit</u> Emergency Equip: <input type="checkbox"/> None <input 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: [Signature] Date: 12/11/19

Approved by: [Signature] Date: 12/11/19

Additional Comments:



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Inventory CID: <u>71966</u>	Vin #: <u>09179</u>	Fair Market Value: \$ <u>50.00</u>
Short Description: Year: <u>13</u> Make: <u>Cummins</u> Model: <u>Car</u> Mileage: _____		
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 checked="" 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 checked="" 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>Car and frame rotted out</u>		
Est Cost of Repairs: \$ _____		
Date removed from service: ___/___/___ Maintenance Records: <input checked="" 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 checked="" type="checkbox"/> Unknown		
Transmission repairs needed: _____		
Minor Damage to: _____ Major Damage to: <u>Everything</u>		
<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 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 checked="" type="checkbox"/> Locks <input checked="" type="checkbox"/> Steering <input checked="" 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 type="checkbox"/> Flat Hubcaps 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: <input type="checkbox"/> Yes <input type="checkbox"/> No ZONAR Removed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Lights/ACC removed: <input type="checkbox"/> Yes <input type="checkbox"/> No N/A		
Fuel Card Turned in: <input type="checkbox"/> Yes <input type="checkbox"/> No Keys/KeyTrak <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mechanic's name: <u>SL</u> Date: <u>12 / 11 / 19</u>		
Approved by: <u>[Signature]</u> Date: <u>12 / 11 / 19</u>		

Additional Comments:



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Inventory CID: <u>71969</u>	Vin #: <u>09176</u>	Fair Market Value: \$ <u>50,00</u>
Short Description:		
Year: <u>13</u> Make: <u>Cruze</u> Model: <u>Car</u> Mileage: _____		
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 checked="" type="checkbox"/> For Parts Only		
Engine: <input type="checkbox"/> L <input type="checkbox"/> V <input 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 type="checkbox"/> Needs Repair <input type="checkbox"/> Is in unknown condition		
Repairs Needed (Be specific): <u>Arm worn out, Car rotted out</u>		
Est Cost of Repairs: \$ _____		
Date removed from service: ___/___/___ Maintenance Records: <input checked="" 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 checked="" type="checkbox"/> Unknown		
Transmission repairs needed: _____		
Minor Damage to: _____ Major Damage to: <u>Everything</u>		
<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 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 checked="" type="checkbox"/> Locks <input checked="" type="checkbox"/> Steering <input checked="" 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 type="checkbox"/> Flat <input type="checkbox"/> Hbcaps 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: SC Date: 10 / 11 / 19

Approved by: SC Date: 12 / 11 / 19

Additional Comments:



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



Inventory CID: 77482 Vin #: SE10012 Fair Market Value: \$ 50⁰⁰⁰

Short Description:
 Year: 14 Make: Cadillac Model: Can 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): Hyd system and arm in op.
 Est Cost of Repairs: \$ _____

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

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

Minor Damage to: _____ Major Damage to: Complete unit
 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 _____ Windows: No cracked glass Cracked: _____
 Minor Dents Scratches Dings Tire Condition: Good Low Flat Subcaps 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: [Signature] Date: 12/11/19
 Approved by: [Signature] Date: 12/11/19

Additional Comments:



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Inventory CID: <u>72906</u>	Vin #: <u>10585</u>	Fair Market Value: \$ 1000 <u>5000</u>
Short Description:		
Year: <u>2015</u> Make: <u>Corvette</u> Model: <u>Slammin Eagle</u> Mileage: <u>0</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 checked="" type="checkbox"/> For Parts Only		
Engine: <u> </u> L <u> </u> V <u> </u> <input type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine		
This Vehicle was maintained every <u> </u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" 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>missing pins, hubs worn out, Arm pin worn, cyl missing</u>		
Est Cost of Repairs: \$ <u> </u>		
Date removed from service: <u> </u> / <u> </u> / <u> </u> Maintenance Records: <input checked="" type="checkbox"/> Avail <input checked="" 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: <u> </u>		
Minor Damage to: <u> </u> Major Damage to: <u> </u>		
<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 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 checked="" type="checkbox"/> Locks <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Seats		
Exterior: Color <u>white</u> Windows: <input type="checkbox"/> No cracked glass <input checked="" type="checkbox"/> Cracked: <u> </u>		
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 Hubcaps 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Minor Dents to: <u> </u> Major Dents to: <u> </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 <u> </u> Model <u> </u> Serial # <u> </u>		

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: Steven Nelson Date: 11/13/2019
 Approved by: GC Date: 12/11/19

Additional Comments:



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



Inventory CID: <u>72935</u>	Vin #: <u>SE092211</u>	Fair Market Value: \$ 50.00 <u>50.00</u>
Short Description: Year: <u>2014</u> Make: <u>Corvette</u> Model: <u>Stammin eagle</u> Mileage: <u>0</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 checked="" type="checkbox"/> For Parts Only		
Engine: <u>N/A</u> 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 checked="" 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): <u>Dump Arm pin/bushings are worn out. Arms & pins are clean need replaced. Hyd hoses & O-rings need replaced</u> Est Cost of Repairs: \$ _____		
Date removed from service: ___/___/___ Maintenance Records: <input checked="" type="checkbox"/> Avail <input type="checkbox"/> Not Avail		
Transmission: <u>N/A</u>		
<input 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: <u>CCN</u> 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 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 checked="" type="checkbox"/> Seats		
Exterior: Color <u>White</u> Windows: <u>N/A</u> No cracked glass Cracked: _____		
Minor <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: Good <u>MS</u> <input type="checkbox"/> Flat Hubcaps 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Minor Dents to: <u>Entire CCN</u> Major Dents to: <u>Flair</u>		
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: Steven Nelson Date: 11/13/2019
 Approved by: [Signature] Date: 12/11/19

Additional Comments: may possibly need new Arm Assembly



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



Inventory CID: <u>71202</u>	Vin #: <u>1FMEU49H38K120160</u>	Fair Market Value: \$ <u>500</u> ^{.20}
Short Description:		
Year: <u>2007</u> Make: <u>Ford</u> Model: <u>escape</u> Mileage: <u>53,782</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>2.3</u> L V <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 type="checkbox"/> Runs <input type="checkbox"/> Needs Repair <input type="checkbox"/> Is in unknown condition		
Repairs Needed (Be specific): <u>Hybrid battery & ABS module needs to be replaced. Diagnosed by dealer.</u> Est Cost of Repairs: \$ <u>70101K</u>		
Date removed from service: <u> </u> / <u> </u> / <u> </u> Maintenance Records: <input checked="" type="checkbox"/> All <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: _____ 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 checked="" type="checkbox"/> All		
<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 checked="" 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"/> Now <input type="checkbox"/> Flat Hubcaps 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: Gary stretch Date: 12/11/19

Approved by: [Signature] Date: 12/11/19

Additional Comments:



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



Inventory CID: <u>70618</u>	Vin #: <u>1FTRF14566NA18466</u>	Fair Market Value: \$ <u>1500.00</u>
Short Description:		
Year: <u>2006</u> Make: <u>Korv</u> Model: <u>F150</u> Mileage: <u>135256</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>5.4 L V</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): <u>seat torn scrape on RR quarter panel RR door</u> <u>some paint peeling</u> Est Cost of Repairs: \$ _____		
Date removed from service: <u>5/1/19</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>RR</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 checked="" type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: <input type="checkbox"/> Low <input type="checkbox"/> Flat Hubcaps <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		
Minor Dents to: <u>RR door & quarter 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 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: 5/1/19

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

Additional Comments:



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



Inventory CID: <u>70611</u>	Vin #: <u>1FTRF14W25NB96012</u>	Fair Market Value: \$ <u>2000.00</u>
Short Description:		
Year: <u>2005</u> Make: <u>Ford</u> Model: <u>F-150-4X</u> Mileage: <u>129464</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>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: _____ 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 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 Subcaps 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Minor Dents to: <u>Missing paint on right side Underneath seals</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 # _____		

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: 12/10/19

Approved by: [Signature] Date: 12/12/19

Additional Comments:



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



Inventory CID: <u>06544</u>	Vin #: <u>4V-270</u>	Fair Market Value: \$ <u>300⁰⁰⁰</u>
Short Description: <u>Thompson</u>		
Year: <u>99</u>	Make: <u>PUMP</u>	Model: _____ Mileage: <u>97 HRS.</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 checked="" type="checkbox"/> For Parts Only		
Engine: _____ L V: _____ <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel Engine <u>Deutz D2011LO31 3cyl.</u>		
This Vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles		
Condition: <input type="checkbox"/> Runs <input type="checkbox"/> Needs Repair <input checked="" type="checkbox"/> in unknown condition		
Repairs Needed (Be specific): <u>Hard to start, runs rough. Pump in unknown condition</u>		
Est Cost of Repairs: \$ _____		
Date removed from service: ___/___/_____ Maintenance Records: <input checked="" 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 checked="" type="checkbox"/> 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 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 checked="" type="checkbox"/> Locks <input checked="" type="checkbox"/> Steering <input checked="" 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 type="checkbox"/> Flat Hubcaps 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: MH Date: 12/19/19

Approved by: [Signature] Date: 12/30/19

Additional Comments:



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



Inventory CID: <u>06377</u>	Vin #: <u>K624001699</u>	Fair Market Value: \$ <u>300</u> ^{USD}
Short Description: <u>Thompson</u>		
Year: <u>99</u>	Make: _____	Model: <u>Pump</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		Mileage: <u>229 HR.</u>
Engine: <u>L V</u> <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel Engine <u>Kubota ZB600-E</u>		
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 type="checkbox"/> Is in unknown condition		
Repairs Needed (Be specific): <u>Electrical issue, does not run</u>		
Est Cost of Repairs: \$ _____		
Date removed from service: ___/___/___		Maintenance Records: <input checked="" 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 checked="" type="checkbox"/> 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 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 checked="" type="checkbox"/> Locks <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Seats		
Exterior: Color _____ Windows: <input type="checkbox"/> No cracked glass <input type="checkbox"/> 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 Hubcaps 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: M.H. Date: 12/19/19

Approved by: [Signature] Date: 12/30/19

Additional Comments:



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



Inventory CID: <u>04779</u>	Vin #: <u>112HANU309RL042273</u>	Fair Market Value: \$ <u>500.00</u>
Short Description: <u>Egger Beaver trailer</u>		
Year: <u>93</u>	Make: _____	Model: _____ Mileage: _____
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 checked="" 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 checked="" 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>Some decks boards need to be replaced</u>		
Est Cost of Repairs: \$ _____		
Date removed from service: ____/____/____ Maintenance Records: <input checked="" 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 checked="" type="checkbox"/> 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 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 checked="" type="checkbox"/> Locks <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Seats		
Exterior: Color _____ Windows: <input 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"/> Poor <input type="checkbox"/> Flat Hubcaps 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: [Signature] Date: 1/31/00

Approved by: [Signature] Date: 1/31/00

Additional Comments: