



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



Inventory CID: **71290** Vin #: 4XARD50A75D445750 Fair Market Value: \$2000.

Short Description:

Year: 2005 Make: Polaris Model: Ranger Mileage: _____

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

Engine: _____ L V _____ Gas Diesel Engine

This Vehicle was maintained every _____ Days Hours Miles

Condition: Runs Needs Repair Is in unknown condition

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

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

Transmission:

Automatic Manual Condition is: Operable Needs Repair Is Unknown

Transmission repairs needed: _____

Minor Damage to: _____ Major Damage to: _____

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

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

Exterior: Color _____ 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: 3408 Date: 4/26/23

Approved by: _____ Date: ____/____/____

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

Additional Comments:



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



Inventory CID: **71478** Vin #: 1GBE4V1959F404267 Fair Market Value: \$10000.

Short Description:

Year: **2009** Make: **Chevrolet** Model: **C4500 Rescue** Mileage: **162458**

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

Engine: **6.6** L V **8** Gas Diesel Engine

This Vehicle was maintained every _____ Days Hours Miles

Condition: Runs Needs Repair Is in unknown condition

Repairs Needed (Be specific): _____

Est Cost of Repairs: \$ _____

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

Transmission:

Automatic Manual Condition is: Operable Needs Repair Is Unknown

Transmission repairs needed: _____

Minor Damage to: _____ Major Damage to: _____

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

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

Exterior: Color **WHITE** Windows: No cracked glass Cracked: _____

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

Minor Dents to: **DRIVER REAR** Major Dents to: **DRIVER REAR**

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

Additional Equipment Description: MFG **KNAPHEIDE** Model **F25031** 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: **#3408** Date: **4 / 26 / 23**

Approved by: _____ Date: ____ / ____ / ____

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

Additional Comments:



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



Inventory CID: 70877	Vin #: 1FTWF31P96ED91473	Fair Market Value: \$5000
Short Description:		
Year: <u>2006</u> Make: <u>Ford</u> Model: <u>F350</u> Mileage: <u>87524</u>		
This Vehicle: <input type="checkbox"/> Starts <input checked="" type="checkbox"/> Starts with a boost and <input type="checkbox"/> Runs <input type="checkbox"/> Does not Run <input type="checkbox"/> For Parts Only		
Engine: <u>6.0</u> L V <u>8</u> <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel Engine		
This Vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles		
Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs Repair <input type="checkbox"/> Is in unknown condition		
Repairs Needed (Be specific): _____		
Est Cost of Repairs: \$ _____		
Date removed from service: ____ / ____ / _____ 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 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 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 checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4		
Minor Dents to: _____ Major Dents to: _____		
Emergency Equip: <input 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: # 3408 Date: 7 / 28 / 23

Approved by: _____ Date: ____ / ____ / ____

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

Additional Comments:

- FUEL CARD NOT IN VEHICLE



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MECHANIC'S VEHICLE INSPECTION FORM



Inventory CID: **71000** Vin #: 1FDWW37P57EB42656 Fair Market Value: \$5000

Short Description:
Year: 2007 Make: FORD Model: F350 Mileage: 96772

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

Engine: 6.0 L V 8 Gas Diesel Engine

This Vehicle was maintained every _____ Days Hours Miles

Condition: Runs Needs Repair Is in unknown condition

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

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

Transmission:

Automatic Manual Condition is: Operable Needs Repair Is Unknown

Transmission repairs needed: _____

Minor Damage to: _____ Major Damage to: _____

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

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

Exterior: Color _____ 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: #3108 Date: 4 / 28 / 23

Approved by: _____ Date: ____/____/____

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

Additional Comments:



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



Inventory CID: 71658	Vin #: 1NPTL70X0CD149802	Fair Market Value: \$
Short Description: Year: <u>2012</u> Make: <u>Peterbilt</u> Model: <u>Grapple</u> Mileage: <u>94197</u>		
This Vehicle: <input type="checkbox"/> Starts <input checked="" type="checkbox"/> Starts with a boost and <input type="checkbox"/> Runs <input type="checkbox"/> Does not Run <input type="checkbox"/> For Parts Only Engine: <u>11.9</u> L <u>V6</u> <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel Engine This Vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles Condition: <input type="checkbox"/> Runs <input type="checkbox"/> Needs Repair <input checked="" type="checkbox"/> Is in unknown condition Repairs Needed (Be specific): _____ Est Cost of Repairs: \$ _____		
Date removed from service: ___/___/_____ Maintenance Records: <input type="checkbox"/> Avail <input type="checkbox"/> Not Avail		
Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual Condition is: <input type="checkbox"/> Operable <input type="checkbox"/> Needs Repair <input type="checkbox"/> Is Unknown Transmission repairs needed: _____		
Minor Damage to: _____ Major Damage to: _____ <input type="checkbox"/> AC <input type="checkbox"/> No AC AC Condition: <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Unknown Air Bags: <input type="checkbox"/> Driver's Side <input type="checkbox"/> Dual <input type="checkbox"/> Cruise <input type="checkbox"/> Tilt Wheel <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Ctr - PWR: <input type="checkbox"/> Windows <input type="checkbox"/> Locks <input type="checkbox"/> Steering <input type="checkbox"/> Seats		
Exterior: Color <u>WHITE</u> Windows: <input checked="" type="checkbox"/> No cracked glass Cracked: _____ Minor <input 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 checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 Minor Dents to: _____ Major Dents to: _____ Emergency Equip: <input 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: #3408 Date: 9 / 28 / 23

Approved by: _____ Date: ___/___/___

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

Additional Comments:



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



Inventory CID: **72305** Vin #: VCEC220DP00210569 Fair Market Value: \$

Short Description:
Year: **2014** Make: **Volvo** Model: **Excavator** Mileage: **4448**

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

Engine: **5.7** L V **6** Gas Diesel Engine

This Vehicle was maintained every _____ Days Hours Miles

Condition: Runs Needs Repair Is in unknown condition

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

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

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

Transmission repairs needed: _____

Minor Damage to: _____ Major Damage to: _____

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

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

Exterior: Color _____ Windows: No cracked glass Cracked: **FRONT WINDOW**

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: **# 3105** Date: **4 / 28 / 23**

Approved by: _____ Date: ___ / ___ / ___

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

Additional Comments:



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



Inventory CID: **71942** Vin #: 1NPSL70X8ED233719 Fair Market Value: \$

Short Description:

Year: **2014** Make: **Pelabilt** Model: **Grapple** Mileage: _____

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

Engine: **11.9** L V Gas Diesel Engine

This Vehicle was maintained every _____ Days Hours Miles

Condition: Runs Needs Repair Is in unknown condition

Repairs Needed (Be specific): _____

Est Cost of Repairs: \$ _____

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

Transmission:

Automatic Manual Condition is: Operable Needs Repair Is Unknown

Transmission repairs needed: _____

Minor Damage to: _____ Major Damage to: _____

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

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

Exterior: Color **WHITE** Windows: No cracked glass Cracked: _____

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

Minor Dents to: _____ Major Dents to: _____

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

Additional Equipment Description: MFG _____ Model _____ Serial # _____

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

Lights/ACC removed: Yes No N/A

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

Mechanic's name: **#3408** Date: **4 / 28 / 23**

Approved by: _____ Date: ____ / ____ / ____

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

Additional Comments:

~~DELETED~~

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



Inventory CID: **71943** Vin #: 1NPSL70X4ED233720 Fair Market Value: \$

Short Description:

Year: **2014** Make: **Peterbilt** Model: **Grapple** Mileage: **119149**

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

Engine: **11.9** L **36** Gas Diesel Engine

This Vehicle was maintained every _____ Days Hours Miles

Condition: Runs Needs Repair Is in unknown condition

Repairs Needed (Be specific): _____

Est Cost of Repairs: \$ _____

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

Transmission:

Automatic Manual Condition is: Operable Needs Repair Is Unknown

Transmission repairs needed: _____

Minor Damage to: _____ Major Damage to: _____

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

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

Exterior: Color **WHITE** Windows: No cracked glass Cracked: _____

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

Minor Dents to: _____ Major Dents to: _____

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

Additional Equipment Description: MFG _____ Model _____ Serial # _____

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

Lights/ACC removed: Yes No **N/A**

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

Mechanic's name: **#3408** Date: **4 / 29 / 23**

Approved by: _____ Date: ____ / ____ / ____

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

Additional Comments:



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



Inventory CID: **72323** Vin #: 1FDUF5GY6EEB49754 Fair Market Value: \$

Short Description:

Year: **2014** Make: **FORD** Model: **F550** Mileage: **57353**

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

Engine: **0.8** L V **8** Gas Diesel Engine

This Vehicle was maintained every _____ Days Hours Miles

Condition: Runs Needs Repair Is in unknown condition

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

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

Transmission:

Automatic Manual Condition is: Operable Needs Repair Is Unknown

Transmission repairs needed: _____

Minor Damage to: _____ Major Damage to: _____

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

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

Exterior: Color _____ 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: **# 3108** Date: **4 / 28 / 23**

Approved by: _____ Date: ____/____/____

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

Additional Comments:



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



Inventory CID: **72450** Vin #: 5VCACRVF9EH217331 Fair Market Value: \$ **20,000**

Short Description:

Year: **2014** Make: **Autocar** Model: **Front Loader** Mileage: _____

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

Engine: _____ L V _____ Gas Diesel Engine

This Vehicle was maintained every _____ Days Hours Miles

Condition: Runs Needs Repair Is in unknown condition

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

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

Transmission:

Automatic Manual Condition is: Operable Needs Repair Is Unknown

Transmission repairs needed: _____

Minor Damage to: _____ Major Damage to: _____

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

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

Exterior: Color _____ 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: **3408** Date: **4 / 26 / 23**

Approved by: _____ Date: ____ / ____ / ____

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

Additional Comments:



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



Inventory CID: 72451	Vin #: 5VCACRVF7EH217330	Fair Market Value: \$ 20,000
Short Description: Year: 2014 Make: Autocar Model: Front loader Mileage: _____		
This Vehicle: <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a boost and <input type="checkbox"/> Runs <input checked="" type="checkbox"/> Does not Run <input type="checkbox"/> For Parts Only Engine: ___L V___ <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel Engine This Vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles Condition: <input type="checkbox"/> Runs <input type="checkbox"/> Needs Repair <input type="checkbox"/> Is in unknown condition Repairs Needed (Be specific): _____ Est Cost of Repairs: \$ _____		
Date removed from service: ___/___/_____ Maintenance Records: <input type="checkbox"/> Avail <input type="checkbox"/> Not Avail		
Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual Condition is: <input type="checkbox"/> Operable <input type="checkbox"/> Needs Repair <input checked="" type="checkbox"/> Is Unknown Transmission repairs needed: _____		
Minor Damage to: _____ Major Damage to: _____ <input type="checkbox"/> AC <input type="checkbox"/> No AC AC Condition: <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Unknown Air Bags: <input type="checkbox"/> Driver's Side <input type="checkbox"/> Dual <input type="checkbox"/> Cruise <input type="checkbox"/> Tilt Wheel <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Ctr - PWR: <input type="checkbox"/> Windows <input type="checkbox"/> Locks <input type="checkbox"/> Steering <input type="checkbox"/> Seats		
Exterior: Color WHITE Windows: <input type="checkbox"/> No cracked glass Cracked: _____ Minor <input checked="" type="checkbox"/> Dents <input checked="" 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: DR. SIDE CAB 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: **3408** Date: **4 / 26 / 23**
Approved by: _____ Date: ___/___/___

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

Additional Comments:



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



Inventory CID: 70708	Vin #: 1FMYU03176KC34320	Fair Market Value: \$1500.
Short Description: Year: <u>2006</u> Make: <u>Ford</u> Model: <u>Escape</u> Mileage: <u>126288</u>		
This Vehicle: <input type="checkbox"/> Starts <input checked="" type="checkbox"/> Starts with a boost and <input type="checkbox"/> Runs <input type="checkbox"/> Does not Run <input type="checkbox"/> For Parts Only Engine: <u>3.0</u> L V <u>6</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): _____ 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 type="checkbox"/> Is Unknown Transmission repairs needed: _____		
Minor Damage to: _____ Major Damage to: _____ <input type="checkbox"/> AC <input type="checkbox"/> No AC AC Condition: <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Unknown Air Bags: <input checked="" type="checkbox"/> Driver's Side <input checked="" type="checkbox"/> Dual <input checked="" type="checkbox"/> Cruise <input checked="" type="checkbox"/> Tilt Wheel <input checked="" type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Ctr - PWR: <input type="checkbox"/> Windows <input checked="" type="checkbox"/> Locks <input type="checkbox"/> Steering <input type="checkbox"/> Seats		
Exterior: Color <u>WHITE</u> Windows: <input checked="" type="checkbox"/> No cracked glass Cracked: _____ Minor <input type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: Good <input type="checkbox"/> Low <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Hubcaps <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 Minor Dents to: _____ Major Dents to: _____ Emergency Equip: <input 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: # 3108 Date: 4 / 27 / 23

Approved by: _____ Date: ____ / ____ / ____

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

Additional Comments:



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



Inventory CID: **72472** Vin #: 1GNLC2ECXFR514145 Fair Market Value: \$4000

Short Description:
Year: **2015** Make: **Chevrolet** Model: **Tahoe** Mileage: **86558**

This Vehicle: Starts Starts with a boost and Runs Does not Run For Parts Only
Engine: **5.3** L V **8** Gas Diesel Engine

This Vehicle was maintained every _____ Days Hours Miles

Condition: Runs Needs Repair Is in unknown condition

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

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

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

Transmission repairs needed: _____

Minor Damage to: _____ Major Damage to: _____

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

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

Exterior: Color _____ 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 **WHALEN** 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: **#3408** Date: **4 / 27 / 23**

Approved by: _____ Date: ____ / ____ / ____

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

Additional Comments:



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



Inventory CID: 73169	Vin #: 1FM5K8AR3JGA72939	Fair Market Value: \$4000
Short Description: Year: 2018 Make: Chevrolet Model: Tahoe Mileage: 71369		
This Vehicle: <input type="checkbox"/> Starts <input checked="" type="checkbox"/> Starts with a boost and <input type="checkbox"/> Runs <input type="checkbox"/> Does not Run <input type="checkbox"/> For Parts Only Engine: 3.6 L V 6 <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine This Vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles Condition: <input type="checkbox"/> Runs <input checked="" type="checkbox"/> Needs Repair <input type="checkbox"/> Is in unknown condition Repairs Needed (Be specific): DAMAGE TO DRIVER FRONT CORNER 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 type="checkbox"/> Is Unknown Transmission repairs needed: _____		
Minor Damage to: _____ Major Damage to: DRIVER FRONT <input type="checkbox"/> AC <input type="checkbox"/> No AC AC Condition: <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Unknown Air Bags: <input checked="" type="checkbox"/> Driver's Side <input checked="" type="checkbox"/> Dual <input type="checkbox"/> Cruise <input type="checkbox"/> Tilt Wheel <input checked="" type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Ctr - PWR: <input type="checkbox"/> Windows <input checked="" type="checkbox"/> Locks <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Seats		
Exterior: Color B/W 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 <input type="checkbox"/> Hubcaps <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 Minor Dents to: _____ Major Dents to: _____ Emergency Equip: <input type="checkbox"/> None <input 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: **#3408** Date: **4 / 27 / 23**

Approved by: _____ Date: ___/___/___

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

Additional Comments:

**AIRBAGS DEPLOYED D/F DAMAGE
MISSING D/F WHEEL
WILL NOT MOVE**



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



Inventory CID: **72466** Vin #: 1GNLC2EC3FR513967 Fair Market Value: \$4000

Short Description:

Year: **2015** Make: **Chevrolet** Model: **Tahoe** Mileage: **109584**

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

Engine: **5.3** L V **8** Gas Diesel Engine

This Vehicle was maintained every _____ Days Hours Miles

Condition: Runs Needs Repair Is in unknown condition

Repairs Needed (Be specific): _____

Est Cost of Repairs: \$ _____

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

Transmission:

Automatic Manual Condition is: Operable Needs Repair Is Unknown

Transmission repairs needed: _____

Minor Damage to: _____ Major Damage to: _____

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

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

Exterior: Color _____ 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: **#3408** Date: **4 / 27 / 23**

Approved by: _____ Date: ___/___/___

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

Additional Comments:



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



Inventory CID: **72530** Vin #: 1GNLC2ECXFR577018 Fair Market Value: \$4000

Short Description:

Year: 2015 Make: Chevrolet Model: Tahoe Mileage: 109049

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

Engine: 6.3 L V 8 Gas Diesel Engine

This Vehicle was maintained every _____ Days Hours Miles

Condition: Runs Needs Repair Is in unknown condition

Repairs Needed (Be specific): _____

Est Cost of Repairs: \$ _____

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

Transmission:

Automatic Manual Condition is: Operable Needs Repair Is Unknown

Transmission repairs needed: _____

Minor Damage to: _____ Major Damage to: _____

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

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

Exterior: Color B/W 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 WHALEN 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: #3108 Date: 4 / 27 / 25

Approved by: _____ Date: ___/___/_____

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

Additional Comments:



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



Inventory CID: 72536	Vin #: 1GNLC2EC3FR581895	Fair Market Value: \$ 3,000
Short Description: Year: 2015 Make: CHEVY Model: TAHOE Mileage: 94259		
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: 5.3 L V 8 <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): _____ 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 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 type="checkbox"/> Cold <input checked="" type="checkbox"/> Unknown Air Bags: <input checked="" type="checkbox"/> Driver's Side <input type="checkbox"/> Dual <input checked="" type="checkbox"/> Cruise <input checked="" type="checkbox"/> Tilt Wheel <input checked="" type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Ctr - PWR: <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Locks <input type="checkbox"/> Steering <input checked="" type="checkbox"/> Seats		
Exterior: Color B/W 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: Good <input type="checkbox"/> Low <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Hubcaps <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 Minor Dents to: N/A Major Dents to: N/A 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 WHELEN 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: **#3408** Date: **4 / 25 / 23**

Approved by: _____ Date: ___/___/___

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

Additional Comments:



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



Inventory CID: 05506	Vin #: 6HT-697	Fair Market Value: \$ 1500
Short Description: Year: 96 Make: THOMPSON Model: _____ Mileage: 4364		
This Vehicle: <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a boost and <input type="checkbox"/> Runs <input checked="" type="checkbox"/> Does not Run <input type="checkbox"/> For Parts Only Engine: _____ L V 4 <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel Engine This Vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles Condition: <input type="checkbox"/> Runs <input type="checkbox"/> Needs Repair <input checked="" type="checkbox"/> Is in unknown condition Repairs Needed (Be specific): _____ Est Cost of Repairs: \$ _____		
Date removed from service: ____ / ____ / ____ Maintenance Records: <input type="checkbox"/> Avail <input type="checkbox"/> Not Avail		
Transmission: N/A <input type="checkbox"/> Automatic <input type="checkbox"/> Manual Condition is: <input type="checkbox"/> Operable <input type="checkbox"/> Needs Repair <input type="checkbox"/> Is Unknown Transmission repairs needed: _____		
Minor Damage to: _____ Major Damage to: _____ <input type="checkbox"/> AC <input type="checkbox"/> No AC AC Condition: <input type="checkbox"/> Cold <input type="checkbox"/> Unknown Air Bags: <input type="checkbox"/> Driver's Side <input type="checkbox"/> Dual <input type="checkbox"/> Cruise <input type="checkbox"/> Tilt Wheel <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Ctr - PWR: <input type="checkbox"/> Windows <input type="checkbox"/> Locks <input type="checkbox"/> Steering <input type="checkbox"/> Seats		
Exterior: Color BLUE 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"/> 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: **#3408** Date: **4 / 26 / 23**

Approved by: _____ Date: ____ / ____ / ____

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

Additional Comments:



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



Inventory CID: 06264	Vin #: 4V255 SERIAL 215611	Fair Market Value: \$ 1,500
Short Description:		
Year: 98 Make: THOMPSON Model: _____ Mileage: 634 HOURS		
This Vehicle: <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a boost and <input type="checkbox"/> Runs <input checked="" type="checkbox"/> Does not Run <input type="checkbox"/> For Parts Only		
Engine: _____ L V 4 <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel Engine		
This Vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles		
Condition: <input type="checkbox"/> Runs <input type="checkbox"/> Needs Repair <input checked="" type="checkbox"/> Is in unknown condition		
Repairs Needed (Be specific): _____		
Est Cost of Repairs: \$ _____		
Date removed from service: ____ / ____ / _____ Maintenance Records: <input type="checkbox"/> Avail <input type="checkbox"/> Not Avail		
Transmission: N/A		
<input type="checkbox"/> Automatic <input type="checkbox"/> Manual Condition is: <input type="checkbox"/> Operable <input type="checkbox"/> Needs Repair <input type="checkbox"/> Is Unknown		
Transmission repairs needed: _____		
Minor Damage to: N/A Major Damage to: _____		
<input type="checkbox"/> AC <input type="checkbox"/> No AC AC Condition: <input type="checkbox"/> Cold <input type="checkbox"/> Unknown Air Bags: <input type="checkbox"/> Driver's Side <input type="checkbox"/> Dual		
<input type="checkbox"/> Cruise <input type="checkbox"/> Tilt Wheel <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Ctr - PWR: <input type="checkbox"/> Windows <input type="checkbox"/> Locks <input type="checkbox"/> Steering <input type="checkbox"/> Seats		
Exterior: Color BLUE 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"/> 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: **#3408** Date: **4 / 16 / 23**

Approved by: _____ Date: ____ / ____ / ____

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

Additional Comments:



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



Inventory CID: 71246	Vin #: 1FTRF14WX7KC90644	Fair Market Value: \$
Short Description:		
Year: <u>07</u> Make: <u>FORD</u> Model: <u>F150</u> Mileage: <u>80202</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: ___L V___ <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): _____		
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 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 checked="" 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 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 checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4		
Minor Dents to: _____ Major Dents to: _____		
Emergency Equip: <input type="checkbox"/> None <input checked="" type="checkbox"/> Has been removed <input type="checkbox"/> there are holes in the exterior <input checked="" type="checkbox"/> There are no holes		
Additional Equipment Description: MFG <u>N/A</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: #3408 Date: 4 / 28 / 23

Approved by: _____ Date: ___/___/___

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

Additional Comments: