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**MIDLANT BSVE MOTOR VEHICLE DESCRIPTION AND VEHICLE CHECKLIST**

NOTE: Please fill in requested information as completely as possible. Place an (X) in the correct feature/description. MANDATORY fields are indicated by (\*) asterisks.

Vehicle Tag \* 96 45 920 Location/Site \* NORF

IO# \* \_\_\_\_\_ EC \* \_\_\_\_\_ Leased/Owned/Non Owned \* \_\_\_\_\_

Odometer Reading \* 48616 Hours \_\_\_\_\_ Acquisition Cost \* \_\_\_\_\_

Manufacturer \* Ford Model \* F800

Year Mfg. \* 1995 VIN \* 1FDWF80C0SVA34085

Pass Cap 2 Trans (Man/Auto) A # Doors 2

Color (Ext \*/Int) Whit/Bik Fuel Type \* D Fuel Cap \_\_\_\_\_ Cylinders 6

#Axles 2 Pickup Bed (narrow/wide) \_\_\_\_\_ Bed Length \_\_\_\_\_ GVWR \* 24500

Body Style/Description Stake Bed

Installation Date \_\_\_\_\_ Acquisition Date \* \_\_\_\_\_ In-Service Date \* \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Warranty Expiration Date/Miles: \_\_\_\_\_ / \_\_\_\_\_

Warranty Expiration Date/Miles: \_\_\_\_\_ / \_\_\_\_\_ MSA  Yes  No

Owning Activity \* \_\_\_\_\_ UIC \_\_\_\_\_

Activity POC \_\_\_\_\_ POC Work Phone ONLY \_\_\_\_\_

Secondary POC \_\_\_\_\_ POC Purchase Price: \_\_\_\_\_

GSA  Agency Owned  Long Term Commercial Lease  Short Term Rental

Operational Status:  Oper  Decom  Pend  Other : \_\_\_\_\_

Exemption ID \* \_\_\_\_\_ Location Code \* \_\_\_\_\_ Location Zip \* \_\_\_\_\_ WC \_\_\_\_\_

**Vehicle Specifications:**

Purchase Contract Number:	RPN:
Engine Type: <u>Cummins</u>	Engine Serial Number:
Number of Cylinders: <u>6</u>	Engine Size: <u>5.9L</u>
Battery Size (amp): <u>925 x 3</u>	Transmission Type:
Auxiliary Engine Type:	Aux. Eng. Serial Number:
Aux. Eng. Power:	Aux. Eng. Cylinders:
Tire Size, Front:	Tire Size, Rear:
Ignition Code:	Lease Contract Number:

**Please check/list any special features and accessories:**

<input type="checkbox"/> 4x4	<input type="checkbox"/> AWD	<input checked="" type="checkbox"/> Dual Wheels	<input type="checkbox"/> Power Locks
<input type="checkbox"/> 4x6	<input type="checkbox"/> Extended Cab	<input type="checkbox"/> Towing Package	<input type="checkbox"/> Power Windows
<input type="checkbox"/> 6x6	<input type="checkbox"/> Crew Cab	<input type="checkbox"/> Utility Body	<input type="checkbox"/> Tire Chains

**Please check/describe vehicle condition:**

<input type="checkbox"/> A/C Inoperable	<input type="checkbox"/> Electrical Problems	<input type="checkbox"/> Headlights Inoperable	<input type="checkbox"/> Starter Bad-Won't Start
<input checked="" type="checkbox"/> Battery(s) Dead/Missing	<input type="checkbox"/> Exhaust System Problem	<input type="checkbox"/> Keys Missing	<input type="checkbox"/> Speedometer Inoperable
<input checked="" type="checkbox"/> Body Damage, Rust	<input type="checkbox"/> Fire Damage	<input type="checkbox"/> Parking Lights Inoperable	<input type="checkbox"/> Suspension Problems
<input type="checkbox"/> Brakes Worn	<input type="checkbox"/> Flood Damage	<input type="checkbox"/> Mechanical Problems	<input type="checkbox"/> Transmission Leak
<input checked="" type="checkbox"/> Dents, Minor	<input type="checkbox"/> Fuel Gauge Inoperable	<input checked="" type="checkbox"/> Minor Scratches	<input type="checkbox"/> Trans. Repairs Req.
<input type="checkbox"/> Engine Part(s) Required	<input type="checkbox"/> Interior Damaged	<input type="checkbox"/> Odometer Inoperable	<input type="checkbox"/> Visual Blemishes
<input type="checkbox"/> Engine Repairs Req.	<input type="checkbox"/> Hazard Lights Inoperable	<input type="checkbox"/> Oil Leaks	<input type="checkbox"/> Windshield Cracked
<input type="checkbox"/> Engine Smoke	<input type="checkbox"/> Horn Inoperable	<input type="checkbox"/> Radiator Leak	<input type="checkbox"/> Wipers Inoperable
<input type="checkbox"/> Axel Damage	<input type="checkbox"/> Frame Damage	<input type="checkbox"/> Tires(condition)	

**Please Check Appropriate Condition Code:**

- Code 1 = Excellent  Code S = Scrap (Major mechanical or accidents repairs required.)
- Code 4 = Usable  Code X = Salvage (Not to be "Titled" for highway use.)
- Code 7 = Repairable (Mechanical and/or accident repairs required)

Data Recorded By: \_\_\_\_\_ Date: \_\_\_\_\_