

**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 \* 9474525 Location/Site \* NORF  
 IO# \* \_\_\_\_\_ EC \* \_\_\_\_\_ Leased/Owned/Non Owned \* \_\_\_\_\_  
 Odometer Reading \* DEAD BATTERY Hours \_\_\_\_\_ Acquisition Cost \* \_\_\_\_\_  
 Manufacturer \* FORD Model \* E-350  
 Year Mfg. \* 2005 VIN \* 1FDSE35L95HB49249  
 Pass Cap 2 Trans (Man/Auto) A # Doors 4  
 Color (Ext \*/Int) WHT / GRV Fuel Type \* G Fuel Cap \_\_\_\_\_ Cylinders 8  
 #Axles 2 Pickup Bed (narrow/wide) \_\_\_\_\_ Bed Length \_\_\_\_\_ GVWR \* 9600  
 Body Style/Description Utility  
 Installation Date \_\_\_\_\_ Acquisition Date \* \_\_\_\_\_ In-Service Date \* \_\_\_\_\_  
 Purchase Price: \_\_\_\_\_ Warranty Expiration Date/Miles: \_\_\_\_\_ / \_\_\_\_\_  
 Warranty Expiration Date/Miles: \_\_\_\_\_ / \_\_\_\_\_ MSA  Yes  No  
 Owing 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:	Engine Serial Number:
Number of Cylinders: <u>8</u>	Engine Size: <u>5.4</u>
Battery Size (amp):	Transmission Type:
Auxiliary Engine Type:	Aux. Eng. Serial Number:
Aux. Eng. Power:	Aux. Eng. Cylinders:
Tire Size, Front: <u>2457516</u>	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 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 checked="" 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: \_\_\_\_\_

MISSING FUEL CAP

Impact damage left front corner panel + drivers side door