

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 * N9477265 **Location/Site** * PORTNSY
IO# * _____ **EC** * 0722-06 **Leased/Owned/Non Owned** * OWNED
Odometer Reading * 5369 **Hours** _____ **Acquisition Cost** * _____
Manufacturer * FORD **Model** * F250
Year Mfg. * 2007 **VIN** * 1FDNF20597EA83514
Pass Cap 2 **Trans (Man/Auto)** AUTO **# Doors** 2
Color (Ext */Int) WHT / GRY **Fuel Type** * GAS DE **Fuel Cap** 25 **Cylinders** _____
#Axles 2 **Pickup Bed (narrow/wide)** WIDE **Bed Length** 6 **GVWR** * 8,600
Body Style/Description TRUCK, UTILITY
Installation Date 8/30/06 **Acquisition Date** * 8/30/06 **In-Service Date** * 8/30/06
Purchase Price: _____ **Warranty Expiration Date/Miles:** _____ / _____
Warranty Expiration Date/Miles: _____ / _____ **MSA** Yes No
Owning Activity * NAVFAC BSVE **UIC** N4008500
Activity POC MATTHEW NOBLICK **POC Work Phone ONLY** 7573964446
Secondary POC WARREN SIMS **POC Purchase Price:** _____
 GSA Agency Owned Long Term Commercial Lease Short Term Rental
Operational Status: Oper Decom Pend Other : _____
Exemption ID * _____ **Location Code** * 40 **Location Zip** * 23709 **WC** WAMP70

Vehicle Specifications:

Purchase Contract Number:	RPN:
Engine Type:	Engine Serial Number:
Number of Cylinders:	Engine Size:
Battery Size (amp):	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 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 type="checkbox"/> Battery(s) Dead/Missing	<input type="checkbox"/> Exhaust System Problem	<input type="checkbox"/> Keys Missing	<input type="checkbox"/> Speedometer Inoperable
<input 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 type="checkbox"/> Dents, Minor	<input type="checkbox"/> Fuel Gauge Inoperable	<input 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: *[Signature]* Date: 9/10/15