

<b>YEAR:</b> 2016	<b>MILES:</b> 350,871	<b>VIN#:</b> 1FVACWDUXGHGW9665
<b>MAKE:</b> Freightliner	<b>GVW:</b> 26,000	<b>BOX HEIGHT:</b> 13'
<b>MODEL:</b> M2 106	<b>WHEELBASE:</b>	<b>BOX LENGTH:</b> 24'
<b>ENGINE:</b> Cummins ISB 6.7L	<b>HP:</b>	<b>BOX WIDTH:</b> 96"
<b>TRANS:</b> Automatic	<b>FUEL:</b> <input type="checkbox"/> GAS <input checked="" type="checkbox"/> DIESEL	<b>COLOR: EXTERIOR:</b> White
<b>DOES MOTOR RUN?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>CAN IT BE DRIVEN?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>INTERIOR:</b> Gray
<b>KEYS: IGNITION:</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO • <b>DOOR:</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
<b>ANTIFREEZE TESTED:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<b>RATING:</b>		
<b>COLLISION DAMAGE?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

**PHYSICAL APPEARANCE**

	GD	FR	PR	N/A	COMMENTS	OPTIONS
<b>BODY</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Damage passenger front corner	<input checked="" type="checkbox"/> PWR STEERING
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> AIR
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> HYD
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PWR LOCKS
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PWR WINDOWS
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scratched, dents/dings	<input type="checkbox"/> PWR SEATS
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PWR MIRRORS
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> AIR CONDITIONER
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cracked, scratched	<input type="checkbox"/> AIR RIDE SEAT D/P _____
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scratched, dents/dings/gouge	<input type="checkbox"/> AIR RIDE SUSPENSION
<b>TIRES</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 % 295/75R/22.5 SIZE:	<input checked="" type="checkbox"/> AM FM RADIO
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50/50 % 295/75R/22.5 SIZE:	<input type="checkbox"/> TAPE / CD / CB? _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	% SIZE:	<input type="checkbox"/> SLEEPER SIZE? _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 % 295/75R/22.5 SIZE:	<input type="checkbox"/> TRANSLUCENT ROOF
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50/50 % 295/75R/22.5 SIZE:	<input checked="" type="checkbox"/> E-TRACK LINING
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	% SIZE:	<input checked="" type="checkbox"/> BOX DOME LIGHT
<b>GLASS</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scratched	<input type="checkbox"/> SIDE DOOR
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scratched	<b>FUEL TANKS</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scratched	<input checked="" type="checkbox"/> SINGLE GAL 50
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scratched	<input type="checkbox"/> DUAL GAL _____
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Passenger mirror on outside missing	<input checked="" type="checkbox"/> MUD FLAPS
<b>INTERIOR</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scratched, dirty	<b>WHEELS</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scratched, dirty	<input type="checkbox"/> ALUMINUM
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ripped	<input checked="" type="checkbox"/> STEEL
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> BUD
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> SPOKE
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> EXHAUST S/D? S_
<b>MECHANICAL</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>SUSPENSION</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> AIR
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> SPRING
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAD
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> TANDEM AXLE
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> ENGINE BRAKE
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> TOOL BOX _____
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> LIFT/TAG AXLE

**COMMENTS:** Mileage unverified.

05/20/2024

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EMPLOYEE'S FULL NAME (PLEASE PRINT)      DATE      EMPLOYEE'S SIGNATURE

By signature above I do hereby certify all information contained within this report to be true and accurate to the best of my knowledge at present.