

## Heavy Equipment Inspection Form

<b>Inventory ID:</b> _____	<b>Asset Number</b> _____	<b>Fair Market Value:</b> _____
<b>Short Description:</b> <u>Caterpillar Track Loader</u>		
<b>Year</b> _____	<b>Manufacturer</b> <u>Caterpillar</u>	<b>Model</b> <u>955K-SeriesK</u>
<b>Long Description:</b> Equipment Serial # <u>85J3824</u> [Required for all Marketing]		
This Equipment: <input type="checkbox"/> Starts <input checked="" type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Is Operable <input type="checkbox"/> Is not operable <input type="checkbox"/> For Parts Only		
Engine: <u>L, V</u> <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel engine Engine: <input type="checkbox"/> Hours _____ <input type="checkbox"/> Miles _____ <i>Hour meter not working.</i>		
This vehicle was maintained every <u>1 a year</u> <input type="checkbox"/> Hours		
Engine Manufacture: <u>Cat</u> Condition: <input type="checkbox"/> Is Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is in Unknown Condition		
Engine Repairs needed: <u>Machine needs new batteries.</u>		
Transmission: <input type="checkbox"/> Automatic <input type="checkbox"/> Manual _____ Speed Transmission: <input type="checkbox"/> Hours _____ <input type="checkbox"/> Miles _____		
Transmission Manufacture: <u>Cat</u> Condition: <input checked="" type="checkbox"/> Is Operable <input type="checkbox"/> Needs Repair <input type="checkbox"/> Is Unknown		
Transmission Repairs Needed: <u>Motor runs good. This loader has been a good</u>		
Drivetrain: <input type="checkbox"/> 2WD <input type="checkbox"/> 4WD <input type="checkbox"/> AWD Condition: <u>dependable machine. Motor does not</u> <u>still in use oil.</u>		
Date Removed From Service: <u>use</u> Maintenance Records: <input checked="" type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection		
<b>Exterior:</b> Color <u>Yellow</u> Windows: <input type="checkbox"/> No cracked glass <input type="checkbox"/> Cracked <u>Glass Fair Conditions</u>		
Minor <input type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: <input type="checkbox"/> Low <input type="checkbox"/> Flat <u>Tracks</u>		
Damage to: <u>Doors need new latches, but open and close OK</u>		
Additional Damage to: _____		
# Of Wheels _____ # Of Axles _____ # Of Tracks <u>2</u>		
Dimensions: _____		
Decals: <input type="checkbox"/> None <input type="checkbox"/> Have been sprayed <input type="checkbox"/> Have been removed <input type="checkbox"/> Impressions remain <input type="checkbox"/> No impressions <u>Decals remain</u>		
<b>Interior:</b> Color <u>Black</u> <input type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather		
Damage to Seats: <u>Needs to be recovered</u>		
Damage to Dash/ Floor: <u>none</u>		
Radio: Brand <u>none</u> <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD		
<input type="checkbox"/> Cruise Control Power: <input type="checkbox"/> Steering <input type="checkbox"/> Seats <input type="checkbox"/> AC <input checked="" type="checkbox"/> No AC Condition: <input type="checkbox"/> Cold <input type="checkbox"/> Unknown		
<b>Additional Equipment:</b> Manufacturer _____ Model _____		
Serial # _____ Condition: <input type="checkbox"/> Is Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is in Unknown Condition		
Description: _____		
Location of Asset: _____		
For more information contact: _____		

March 4, 2019  
(Exhibit #8)