

Heavy Equipment Inspection Form

Inventory ID: _____	Asset Number _____	Fair Market Value: _____
Short Description: <u>John Deere Roadgrader</u>		
Year _____	Manufacturer: <u>John Deere</u>	Model: <u>770 CH</u>
Long Description: Equipment Serial # <u>PIN No. DW770CH5693</u> [Required for all Marketing]		
This Equipment: <input checked="" type="checkbox"/> Starts <input 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 _____		
This vehicle was maintained every <u>500</u> <input checked="" type="checkbox"/> Hours		
Engine Manufacture: <u>John Deere</u> Condition: <input checked="" type="checkbox"/> Is Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is in Unknown Condition		
Engine Repairs needed: <u>none</u>		
Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual _____ Speed Transmission: <input type="checkbox"/> Hours _____ <input type="checkbox"/> Miles _____		
Transmission Manufacture: <u>John Deere</u> Condition: <input checked="" type="checkbox"/> Is Operable <input type="checkbox"/> Needs Repair <input type="checkbox"/> Is Unknown		
Transmission Repairs Needed: <u>none</u>		
Drivetrain: <input type="checkbox"/> 2WD <input checked="" type="checkbox"/> 4WD <input type="checkbox"/> AWD Condition: <u>good</u>		
Date Removed From Service: <u>2018</u> Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection		
Exterior: Color <u>Yellow</u> Windows: <input type="checkbox"/> No cracked glass <input type="checkbox"/> Cracked		
Minor <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: <input type="checkbox"/> Low <input type="checkbox"/> Flat <u>Glass good shape.</u>		
Damage to: _____		
Additional Damage to: _____		
# Of Wheels <u>6</u> # Of Axles <u>2</u> # Of Tracks _____		
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>		
Interior: Color <u>Black</u> <input type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather		
Damage to Seats: <u>none</u>		
Damage to Dash/ Floor: <u>none</u>		
Radio: Brand _____ <input type="checkbox"/> AM <input checked="" type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD		
<input type="checkbox"/> Cruise Control Power: <input checked="" type="checkbox"/> Steering <input type="checkbox"/> Seats <input type="checkbox"/> <input checked="" type="checkbox"/> AC <input type="checkbox"/> No AC Condition: <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Unknown		
Additional Equipment: 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 # 25)