

Heavy Equipment Inspection Form

| | | |
|--|----------------------------------|-------------------------------|
| Inventory ID: | Asset Number | Fair Market Value: |
| Short Description: | | <u>ROPS Model No - 269600</u> |
| Year _____ | Manufacturer <u>Clark</u> | Model <u>75B GM</u> |
| Long Description: Equipment Serial # <u>447E101CR-M0366E82</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: ___ L, V ___ <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel engine Engine: <input checked="" type="checkbox"/> Hours <u>1484</u> <input type="checkbox"/> Miles _____ | | |
| This vehicle was maintained every <u>500</u> <input checked="" type="checkbox"/> Hours <u>Detroit Diesel Motor</u> | | |
| Engine Manufacture: <u>Detroit</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 <u>3</u> Speed Transmission: <input type="checkbox"/> Hours _____ <input type="checkbox"/> Miles _____ | | |
| Transmission Manufacture: _____ 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 type="checkbox"/> 4WD <input checked="" type="checkbox"/> AWD Condition: <u>Good</u> | | |
| Date Removed From Service: <u>still in service</u> Maintenance Records: <input checked="" 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>1 Flat</u> | | |
| Damage to: <u>Good to Fair Tread wear</u> | | |
| Additional Damage to: <u>needs brake repair</u> | | |
| # Of Wheels <u>4</u> # Of Axles <u>2</u> # Of Tracks <u>none</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> | | |
| Interior: Color <u>Black</u> <input type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather | | |
| Damage to Seats: <u>Good</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 <u>Heater Works</u> | | |
| Additional Equipment: Manufacturer _____ Model _____ | | |
| Serial # _____ Condition: <input type="checkbox"/> Is Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is in Unknown Condition | | |
| Description: <u>Maximum Mass WT. - 32,500 LBS. - Bucket in Good Shape</u> | | |
| Location of Asset: _____ | | |
| For more information contact: _____ | | |

March 4, 2019
(Exhibit # 28)