



PHYSICAL INSPECTION OF A VEHICLE OR WATERCRAFT

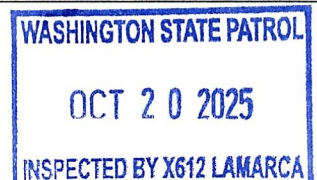
State Form 39530 (R9 / 9-24)
INDIANA BUREAU OF MOTOR VEHICLES

The legal authority for this form is IC 9-17-2-12 and IC 9-17-4.

BUREAU OF MOTOR VEHICLES
100 N. Senate Avenue, Room N440
Indianapolis, IN 46204
(888) 692-6841
www.bmv.in.gov

- INSTRUCTIONS:**
1. Approved inspector must complete information in blue or black ink or print form.
 2. The vehicle identification number (VIN) or hull identification number (HIN) must be inspected to verify the existence and condition of the number. An ownership document is not required to be submitted for inspection.
 3. Inspections may be performed by an employee of a dealer licensed under IC 9-32, a military policeman assigned to a military post in Indiana, a police officer, a designated employee of the BMV, an employee of a qualified person operating under a contract with the commission, or an employee of a dealer that is licensed as a motor vehicle dealer in a state other than Indiana and approved by the bureau.
 4. Police officers completing this form may charge a fee of not more than \$5.00 for this inspection under IC 9-17-2-12.

OWNER INFORMATION																
Name (last, first, middle initial or company name) CIT BANK NA																
Address (number and street) 155 COMMERCE WAY																
City PORTSMOUTH										State NH			ZIP Code 03801-3243			
VEHICLE OR WATERCRAFT INFORMATION																
☐ Identification Number ☐ NONE (Select if no identification number found.)																
4	P	5	3	F	3	4	2	1	N	1	3	6	5	9	6	5
Year	Make		Model		Type		Plate Number / State				Watercraft Registration Number, if applicable					
2022	PJ		3F-342 FB		TRAILER											
For assembled vehicles or watercraft include serial numbers for major component parts if present:																
Engine / Motor								Transmission								
Body Chassis								Front Assembly								
Rear Clip								Frame								
Other (specify):																
*IDACS / NCIC Check (Required if form is completed by a police officer)																
Date Check Performed (mm/dd/yyyy) 10/16/2025						Comments Clear NCIC, WACIC. GOOSENECK FLATBED TRAILER										
I swear or affirm that the information I have entered on this form is correct. I understand making a false statement may constitute the crime of perjury.																
Signature of Inspector 						Printed Name Donna LaMarca				Title VIN Program Specialist				Date (mm/dd/yyyy) 10/20/2025		
Badge / Branch / Dealer Number X612		Police Department / Branch / Dealership Washington State Patrol				City Spokane		State WA		ZIP Code 99224						
Telephone Number 509 227 6635						E-mail Donna.Lamarca@wsp.wa.gov										

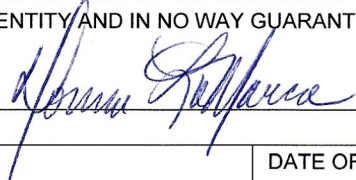




☐ Private - Valid 60 Days

☒ Dealer - Valid 1 Year

CERTIFICATE OF VEHICLE INSPECTION

VEHICLE INFORMATION									
VEHICLE TYPE ☐ PASS ☐ M/H ☐ M/C ☐ TRK ☐ TRACTOR ☒ TRL ☐ OTHER									
VEHICLE MAKE OTHER			MODEL OTHER		BODY TYPE 3F-342 FLATBED GOOSENECK		YEAR 2022		
TRAILER SCALE WT.			NUMBER OF AXLES 2			COLOR Black			
LICENSE NUMBER 728669D		STATE MT	MILEAGE	FUEL TYPE ☐ GAS ☐ DIESEL ☐ LPG ☐ ELECTRIC ☐ OTHER			OTHER VEHICLE MAKE PJ		
VIN:	4P53F3421N1365965								
ENGINE/ COACH NO.:									
I/WE HEREBY AFFIRM THE ABOVE-DESCRIBED VEHICLE WAS PRESENTED TO THE FOLLOWING WSP OFFICE AS AN: ☐ OUT OF STATE ☐ SALVAGE/REBUILD ☐ PARTS ONLY VEHICLE ☒ VIN VERIFICATION ☐ HOMEMADE ☐ OTHER: _____									
DOCUMENTATION									
VIN AGREES WITH DOCUMENTS: ☒ YES ☐ NO ☐ VIN OK: NO DOCUMENTS									
DOCUMENT(S) PRESENTED TO SUPPORT OWNERSHIP: ☐ BILL OF SALE ☐ DOL LETTER/REQUEST ☐ MCP RECEIPTS ☐ ODOMETER DISCLOSURE ☐ TITLE/SALVAGE TITLE ☒ OTHER: CIT BANK LIENHOLDER /REPO DOC									
COMMENTS									
THIS IS A CIT BANK NA LIENHOLDER REPOSSESSION AND WILL BE TITLED IN INDIANA TO CIT. CURRENT TITLE IN MONTANA ID: AA565178. TRAILER IS PHYSICALLY AT RITCHIE BROS IN SPOKANE, INSPECTION TO OBTAIN TITLE TO BE SIGNED OVER TO RBA (DEALER) AND AUCTIONED. INSPECTED FOR CIT BANK VIA RITCHIE BROS AS THE DEALER ON INDIANA INSPECTION DOCUMENT PROVIDED. LICENSE PLATE ASSIGNED TO TRAILER, NOT ON TRAILER. COPY INDIANA INSPECTION DOCUMENT ATTACHED.									
APPLICANT INFORMATION									
APPLICANT					PRIMARY PHONE				
ORGANIZATION APPLICANT RITCHIE BROS					PRIMARY ORGANIZATION PHONE 3607673000				
ADDRESS									
ORGANIZATION ADDRESS 214 Ritchie Ln, Chehalis, Lewis County, WA, 98532, USA									
OPERATOR LICENSE NUMBER				DEALER NUMBER/UBI 6018 / 1539			STATE WA		
PURCHASED FROM CIT BANK NA		DATE OF PURCHASE 10/20/2025			WRECKING YARD/STOCK NUMBER				
ADDRESS 155 COMMERCE WAY, PORTSMOUTH NH 03801-3243									
INSPECTING OFFICER INFORMATION									
THIS INSPECTION IS CONCERNED WITH IDENTITY AND IN NO WAY GUARANTEES THE VEHICLE TO BE FREE FROM DEFECTS									
INSPECTING OFFICER <u>DONNA LAMARCA</u> 					PERS # <u>X612 (35)</u> DISTRICT <u>10 (4)</u>				
WSP OFFICE: SPOKANE					DATE OF INSPECTION: 10/20/2025				

