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	State	ZIP Code
PORTSMOUTH	NH	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)*	Comments
10/16/2025	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	Title	Date *(mm/dd/yyyy)*
Donna LaMarca	Donna LaMarca	VIN Program Specialist	10/20/2025

Badge/ Branch/ Dealer Number	Police Department / Branch / Dealership	City	State	ZIP Code
X612	Washington State Patrol	Spokane	WA	99224

Telephone Number	E-mail
509 227 6635	Donna.Lamarca@wsp.wa.gov

WASHINGTON STATE PATROL
OCT 20 2025
INSPECTED BY X612 LAMARCA

WASHINGTON STATE PATROL

☐ Private - Valid 60 Days
☒ Dealer – Valid 1 Year

CERTIFICATE OF VEHICLE INSPECTION

CTRL #

VEHICLE INFORMATION

1ST:

VEHICLE TYPE
☐ PASS ☐ M/H ☐ M/C ☐ TRK ☐ TRACTOR ☒ TRL ☐ OTHER

VEHICLE MAKE	MODEL	BODY TYPE	YEAR
OTHER	OTHER	3F-342 FLATBED GOOSENECK	2022

TRAILER SCALE WT.	NUMBER OF AXLES	COLOR
	2	Black

LICENSE NUMBER	STATE	MILEAGE	FUEL TYPE	OTHER VEHICLE MAKE
728669D	MT		☐ GAS ☐ DIESEL ☐ LPG ☐ ELECTRIC ☐ OTHER	PJ

2ND:

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	STATE
	6018 / 1539	WA

PURCHASED FROM	DATE OF PURCHASE	WRECKING YARD/STOCK NUMBER
CIT BANK NA	10/20/2025	

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 DONNA LAMARCA PERS # X612 (35) DISTRICT 10 (4)

WSP OFFICE: SPOKANE | DATE OF INSPECTION: 10/20/2025

WASHINGTON STATE PATROL
OCT 20 2025
INSPECTED BY X612 LAMARCA