

TROOP 12 MOTOR VEHICLE CHECKLIST

Owner's Name: _____

Address: _____

City, State, Zip: _____

Home Phone No: _____

Cell Phone No: _____

Driver's License No: _____

Expiration Date: _____

Insurance Company: _____

Policy No: _____

Effective Dates: _____

Amount of Liability Coverage: \$ _____

Make of Vehicle: _____

Model of Vehicle: _____

Model Year: _____

Color: _____

Auto License No: _____

Other Drivers of Same
Vehicle (this trip only): _____

Driver's License No: _____

Basic Safety Check:

1. Seat belt for every passenger? _____

7. Rear view mirrors? _____

2. Tire tread OK? _____

8. Exhaust system OK? _____

Spare? _____

Jack? _____

Additional Safety Check:

3. Brakes OK? _____

1. Flares for emergencies? _____

4. Windshield wipers operate? _____

2. Fire extinguisher? _____

Fluid in reservoir? _____

3. Flashlight? _____

5. Current inspection sticker? _____

4. Tow chain or rope? _____

6. Headlights operating? _____

5. First-aid kit? _____

Turn signals operating? _____