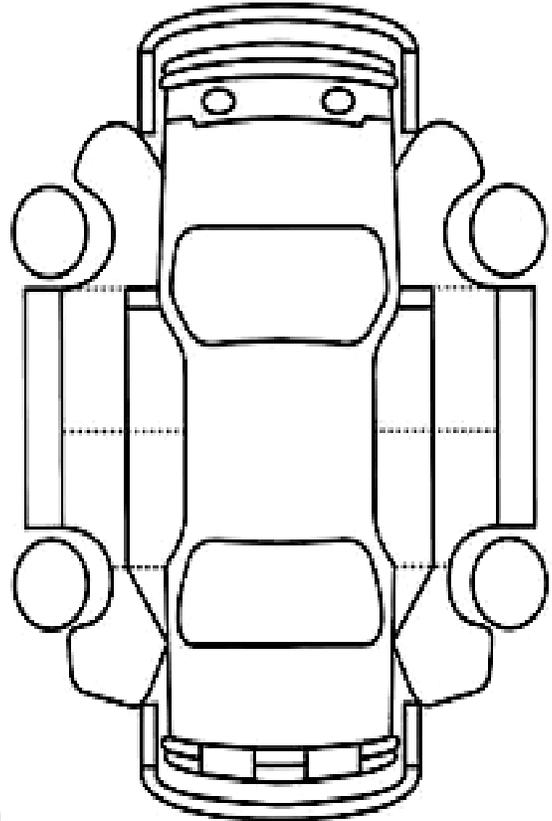


**MARYLAND CAPITOL POLICE
VEHICLE INSPECTION FORM**

**DRIVER MUST INSPECT THE ASSIGNED VEHICLE BEFORE THE VEHICLE IS MOVED.
DRIVER: USE THIS CHECK LIST AS A GUIDE FOR INSPECTING THE VEHICLE.**

Vehicle Tag No. _____ Odometer Number: _____

WITH ENGINE OFF CHECK THE FOLLOWING
ENGINE OIL WITHIN ACCEPTABLE LIMITS
FAN BELTS TIGHT AND SHOW NO OBVIOUS DAMAGE
COOLANT LEVEL ACCEPTABLE
WASHER FLUID LEVEL ACCEPTABLE
EXTERIOR OF VEHICLE CLEAN
INTERIOR OF VEHICLE CLEAN
WINDSHIELD WIPERS
SEAT BELT FUNCTIONS CORRECTLY
TIRE INFLATION
TIRE TREAD AND SIDEWALLS SHOW NO DAMAGE
TURN ON THE ENGINE CHECK THE FOLLOWING
HEADLIGHTS FUNCTION ON BOTH HI AND LO BEAM
TURN SIGNALS FUNCTION (Left/Right)
BRAKE LIGHTS FUNCTION INCLUDING THIRD BRAKE LIGHT
REVERSE LIGHTS FUNCTION
FLUID LEAKS DISCOVERED
HORN SOUNDS
MIRRORS FUNCTION AND ARE CLEAN
EMERGENCY LIGHTS AND SIREN WORK
ANY NEW DAMAGE NOTED PRIOR TO USING THIS VEHICLE?



(Mark Damage with "X")

EQUIPMENT: (Note any Damage, Missing/Broken Items, etc.)

Ok, Missing, N/A

Ok, Missing, N/A

Ok, Missing, N/A

Wifi Device

Lock Out Kit

Computer

Flares

Glass Break Tool

EZ Pass

Fire Extinguisher

First Aid Kit

Other: _____

Crime Scene Tape

Crime Scene Tape

Other: _____

NOTES: (Write any Damage, Repairs needed, Missing/Broken Items, etc.)

I have personally inspected the vehicle above and have found it to be in the condition listed above.

OFFICER: _____
(PRINT NAME)

Date: _____

SERGEANT: _____
(PRINT NAME)

Date: _____