

# Motor Vehicle Safety Condition Report

Date Inspected: \_\_\_\_\_ Vehicle Number: \_\_\_\_\_

Driver: \_\_\_\_\_ Mileage: \_\_\_\_\_

Item	OK	N/A	Needs Repair	Comments
Vehicle Accident Report Kit WB-18 (4-14)				
Vehicle registration current				
Insurance information (self-insured number)				
Tires (inflation, tread depth)				
Springs				
Shocks				
Exhaust system				
Engine				
Steering				
Horn				
Mirrors				
First aid kit				
Fire extinguishers				
Brakes working				
Parking brake				
Windshield wipers				
Windshield				
Washers				
Headlights: hi/lo				
Turn signals				
Brake lights				
Backup lights				
Instrument lights				
Tail lights				
Body condition				
Backup alarm				

Site Specific Requirements/Equipment:
