Appendix

Motor Vehicle Checklist

Owner’s name ________________________________________________________________

Address ________________________________________________________________

City, state __________________________________________________ ZIP____________

Driver’s license no.__________________________________ Renewal date________________

Telephone (____) ____________________

Insurance company _________________________ Amount of liability coverage $________

Other drivers of same vehicle (this trip only) and driver’s license numbers:

__________________________________________________________________________

__________________________________________________________________________

Make of vehicle __________________________________________________________________

Model year ________________ Color______________ Auto license no.______________

Basic Safety Check

1. Seat belts for every passenger?____
2. Tire tread okay?_____ Spare?_____ Jack?_____ 
3. Brakes okay?_____ 
4. Windshield wipers operate?_____ 
   Fluid in reservoir?_____ 
5. Current inspection sticker?_____ 
6. Headlights and turn signals operating? _____ 
7. Rearview mirrors?_____ 
8. Exhaust system okay?_____ 

Additional Safety Check

1. Flares for emergencies?____
2. Fire extinguisher?_____ 
3. Flashlight?_____ 
4. Tow chain or rope?_____ 
5. First-aid kit?____