

Motor Vehicle Checklist

Owner's Name: _____
Address: _____
City; State: _____ Zip Code: _____

Driver's License No: _____ Renewal Date: _____
Telephone (Home): (____) _____ Cell Phone: (____) _____
Insurance Company: _____
Amount of Coverage: _____

Other Drivers of same Vehicles (This Trip only) and Driver's License Numbers

Vehicle:
Make: _____ Model: _____ Year: _____
Color: _____ License: _____ State: _____
Seating Capacity: _____

Basic Safety Check

1. Seat Belts for everyone? _____
2. Tire Tread ok? _____ Spare? _____
3. Car Jack in car? _____
3. Brakes ok? _____
4. Windshield Wipers work? _____
5. Windshield Fluid ok? _____
6. Headlights / turn signals ok? _____
7. Rearview Mirrors? _____

Additional Safety Check

1. Emergency Road Flares? _____
 2. Fire Extinguisher? _____
 3. Flashlight in car? _____
 4. Tow Chain or Rope? _____
 5. First Aid Kit in car? _____
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