

**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:**

(Mark Damage with “**X**”)

**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:** Date:

**(PRINT NAME)**

**SERGEANT:** Date:

**(PRINT NAME)**

**MCP FORM 91 (05-12)**

**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?