

**SUMNER POLICE DEPARTMENT
VEHICLE INSPECTION**

Vehicle # _____

Officer Assigned: _____

- | | | | |
|--|---|--------------------------------|---|
| <input type="checkbox"/> Radio | <input type="checkbox"/> All Lights/Signals | <input type="checkbox"/> Siren | <input type="checkbox"/> Flares |
| <input type="checkbox"/> Camera (<input type="checkbox"/> Polaroid <input type="checkbox"/> 35MM or <input type="checkbox"/> Digital) | | | <input type="checkbox"/> Spare Tire |
| <input type="checkbox"/> AR-15 Mount | <input type="checkbox"/> Shotgun Mount | <input type="checkbox"/> Taser | <input type="checkbox"/> Rubber gloves (box) |
| <input type="checkbox"/> MDT | | | <input type="checkbox"/> Emergency Blanket |
| <input type="checkbox"/> Radar (Serial #) _____ | | | <input type="checkbox"/> NIX Kits |
| <input type="checkbox"/> 2 Tuning Forks (Serial #'s) _____ / _____ | | | <input type="checkbox"/> Sharps Container |
| <input type="checkbox"/> Gas Card | | | <input type="checkbox"/> Traffic Flashlight Cone (orange) |
| <input type="checkbox"/> AED, Power checked <input type="checkbox"/> | | | <input type="checkbox"/> Traffic Cones Number: _____ |
| <input type="checkbox"/> Form Container, <input type="checkbox"/> All documents present | | | <input type="checkbox"/> Sharps Container |
| <input type="checkbox"/> Flex cuffs, <input type="checkbox"/> Spit sock, <input type="checkbox"/> Leg restraints | | | <input type="checkbox"/> 100' Tape Measure |
| <input type="checkbox"/> Slim Jim <input type="checkbox"/> Bolt cutters | | | <input type="checkbox"/> Window Paint |
| <input type="checkbox"/> PBT (Serial#) _____ | | | <input type="checkbox"/> Evidence bags and envelopes |
| <input type="checkbox"/> Cell Phone | | | <input type="checkbox"/> Spike Strips |
| <input type="checkbox"/> First Aid Kit | | | <input type="checkbox"/> Barricade Tape |

EXTERIOR CLEAN

EXTERIOR DIRTY

INTERIOR CLEAN

INTERIOR DIRTY

DAMAGE

INTERIOR EXTERIOR

EXPLAIN: _____

GAS and FLUIDS

FULL 3/4th-1/4 FULL under 1/4th FULL Oil good Trans good Washer good

MILAGE: _____

COMMENTS or Repairs Needed: _____

COPY TO Sergeant: DATE: _____ Fleet Maintenance Notified: Date: _____
 Repairs Authorized By: _____ Date: _____

INSPECTOR/OFFICER: _____

DATE: _____