

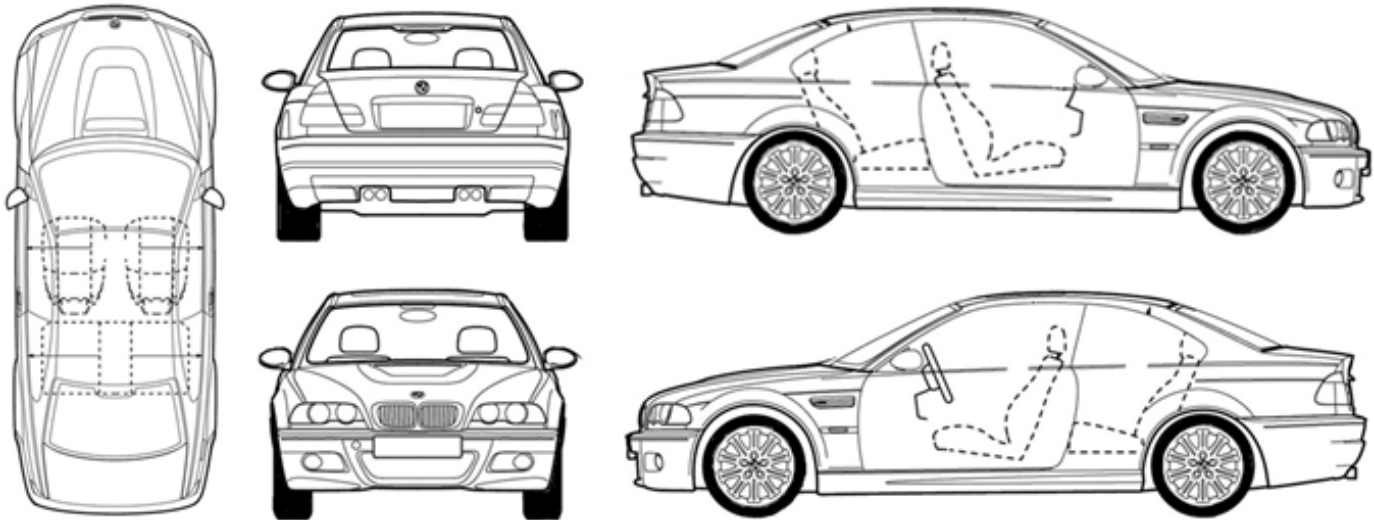
William J. Hughes Technical Center

Motor Vehicle Program Office

PASSENGER CAR INSPECTION FORM

VEHICLE DESCRIPTION		DATE/TIME OF INSPECTION	
Make:		Date:	Time:
Tag No.:		Odometer Reading:	
Location:		Inspector:	Org.:

VEHICLE WALK-AROUND



Head Lights <input type="checkbox"/> Working <input type="checkbox"/> Not Working	Tail Lights <input type="checkbox"/> Working <input type="checkbox"/> Not Working	Signal Lights <input type="checkbox"/> Working <input type="checkbox"/> Not Working	Dashboard Warning Lights On <input type="checkbox"/> Yes <input type="checkbox"/> No	Wiper Blades <input type="checkbox"/> Working <input type="checkbox"/> Not Working
Driver's Front Tire Good Condition <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's Rear Tire Good Condition <input type="checkbox"/> Yes <input type="checkbox"/> No	Passenger Front Tire Good Condition <input type="checkbox"/> Yes <input type="checkbox"/> No	Passengers Rear Tire Good Condition <input type="checkbox"/> Yes <input type="checkbox"/> No	
Interior - Needs Vacuum <input type="checkbox"/> Yes <input type="checkbox"/> No		Exterior - Needs Wash <input type="checkbox"/> Yes <input type="checkbox"/> No		Snow Brush in Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No

DESCRIBE PROBLEMS/WARNING INDICATORS: (REPORT ACCIDENTS)
