NEIGHBORHOOD VEHICLE INSPECTION (To be completed by the Police Chief or designated representative)

| | Date | | | | | |
|-----------|----------------|------------------------------|-------------|-----------|-----------------|-----------------|
| I certify | / that I have | e examined th | e following | g vehicle | e: | |
| Year | Make | | Model | | Body Type | |
| Vehicle | Identification | on Number | | | | |
| | • | forms to the 5-01 and 201 | _ | es and | requirements | as specified ir |
| | Brakes | | | | Tires | |
| | Headlamps | | | | Front Turn Sig | nals |
| | Rear Turn S | Signals | | | Tail Lamps | |
| | Stop Lamps | 5 | | | Reflex Reflecto | ors |
| | Exterior Mir | ror(s) | | | Parking Brake | |
| | Windshield | | | | Bench/Bucket | Seats |
| | Steering Wh | neel | | | Seatbelts @ ea | ach position |
| Inspect | ed by | | | | | |
| Inspect | or's Signatu | re | | | | |