

# Troop 66

## Motor Vehicle Safety Checklist

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

Telephone No: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Amt of liability coverage \$ \_\_\_\_\_

Other authorized drivers of same vehicle (this trip only) and drivers license numbers:

\_\_\_\_\_  
\_\_\_\_\_

Make/Model of Vehicle: \_\_\_\_\_ Model Year: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate No: \_\_\_\_\_ No. of Seat belts: \_\_\_\_\_

### Basic Safety Check

1. Seat belts used by every passenger? Y / N
2. Tire tread okay? Y / N Spare filled? Y / N  
Jack? Y / N Tools? Y / N
3. Brakes okay? Y / N
4. Windshield wipers operate? Y / N  
Wiper fluid in reservoir? Y / N
5. Horn works? Y / N
6. Safety/Emissions Sticker current? Y / N
7. Headlights (high/low beam) operating? Y / N
8. Turn Signals / Brake lights operating? Y / N
9. Mirrors present & adjusted? Y / N
10. Exhaust system okay? Y / N
11. Maps/directions to event? Y / N
12. Permission Slips for every passenger? Y / N
13. Trip Request approved? Y / N
14. Plan in case separated from group? Y / N

### Additional Safety Check

1. Flares for emergencies? Y / N
2. Fire Extinguisher? Y / N
3. Flashlight/Batteries? Y / N
4. Tow Chain/Rope? Y / N
5. First Aid kit? Y / N
6. FRS Radio/Batteries? Y / N

### Vehicle Towing Trailer

1. Hitch/Ball secure & tight? Y / N
2. Safety chains? Y / N
3. Trailer lights operating? Y / N
4. Doors secure/locked? Y / N
5. Tire chocks in trailer? Y / N
6. Spare present & filled? Y / N
7. Read Trailer Safety brief? Y / N

Notes: \_\_\_\_\_

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