MANSFIELD POLICE DEPARTMENT MANSFIELD, OHIO VEHICLE INSPECTION FORM

Company Name:				
Company Address:				
Driver's Name:				
Driver's Address:				
Driver's SSN:	State OL #:		City/CDL OL:	#:
Vehicle Year:	Vehicle Make:		Vehicle Model:	
Body Style:	Vehicle Color		Vehicle Number:	
License #:	License St/Yr.		VIN: .	
ITEM	SATISFACTORY UNSATISFAC		TORY COMMENTS	
BRAKES, Service				
BRAKES, Emergency				
BUMPERS, Front and Rear				
DOORS				
DRIVER'S SEAT				
DRIVER'S VIEW				
EXHAUST SYSTEM				
GLASS, all Windows				
FRAME				
HEATER AND A/C				
HORN (Emergency Siren)				
LIGHTS, Head, Tail, Stop				
LIGHTS, License Plate				
MIRRORS, In and Out			·	
SEAT BELTS, Front and Rear				
STEERING				
SUSPENSION				
TIRES				
TURN SIGNALS				
WINDSHIELD				
WIPERS AND WASHERS				
MARKING AND PAINT				
ERTIFICATE OF INSPECTION: In a	accordance with provisions of	Section 751.11, 745.01(a) and 703 of the Clty	Code, the VEHICLE IS FOUN
O BE: () SATISFACTO	DRY () UNSATISFACTORY	•	

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