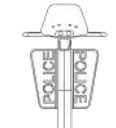
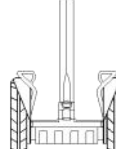



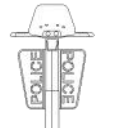
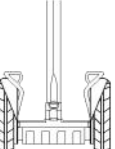





Department Check-in / Check-out Form

Employee Name: _____ Date: _____ Unit # _____

OUT

IN

<p>Date/Time Out _____ Mileage _____</p> <div style="text-align: center;">      </div> <p style="text-align: center;">Condition:</p> <p style="text-align: center;">Front Rear Right Left Batteries</p> <p>Notes: _____</p> <p>_____</p> <p>_____</p>	<p>Date/Time In _____ Mileage _____</p> <div style="text-align: center;">      </div> <p style="text-align: center;">Condition:</p> <p style="text-align: center;">Front Rear Right Left Batteries</p> <p>Notes: _____</p> <p>_____</p> <p>_____</p>														
<p style="text-align: center;">Out Checklist</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Battery Level</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Accelerate/Stop</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Info Key</td> <td style="border: none;"><input type="checkbox"/> Wheel Wobble</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Info Key Battery Level</td> <td style="border: none;"><input type="checkbox"/> Front Flashing Lights</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Unit On/Off</td> <td style="border: none;"><input type="checkbox"/> Taillight</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> LeanSteer</td> <td style="border: none;"><input type="checkbox"/> Reset Trip</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Step On/Off Unit</td> <td style="border: none;"><input type="checkbox"/> Reset Average Speed</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Test Drive</td> <td style="border: none;"></td> </tr> </table> <p>Note any issues: _____</p> <p>_____</p>	<input type="checkbox"/> Battery Level	<input type="checkbox"/> Accelerate/Stop	<input type="checkbox"/> Info Key	<input type="checkbox"/> Wheel Wobble	<input type="checkbox"/> Info Key Battery Level	<input type="checkbox"/> Front Flashing Lights	<input type="checkbox"/> Unit On/Off	<input type="checkbox"/> Taillight	<input type="checkbox"/> LeanSteer	<input type="checkbox"/> Reset Trip	<input type="checkbox"/> Step On/Off Unit	<input type="checkbox"/> Reset Average Speed	<input type="checkbox"/> Test Drive		<p style="text-align: center;">In Checklist</p> <p>Total Miles Driven: _____ Average Speed: _____</p> <p style="text-align: center;">_____ New Damage</p> <p style="text-align: center;">Y / N ? _____ Incident</p> <p style="text-align: center;">_____ Unit Functions OK</p> <p>Note any issues or questions: _____</p> <p>_____</p>
<input type="checkbox"/> Battery Level	<input type="checkbox"/> Accelerate/Stop														
<input type="checkbox"/> Info Key	<input type="checkbox"/> Wheel Wobble														
<input type="checkbox"/> Info Key Battery Level	<input type="checkbox"/> Front Flashing Lights														
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<input type="checkbox"/> LeanSteer	<input type="checkbox"/> Reset Trip														
<input type="checkbox"/> Step On/Off Unit	<input type="checkbox"/> Reset Average Speed														
<input type="checkbox"/> Test Drive															

Incident Report Area

Short Description of Incident		
Did incident result in damage to the unit?	Y N	If yes, describe damage:
Did incident result in Injury to a person?	Y N	If yes, describe injury:
Details of Incident:	Date and time incident happened or was discovered	Where?
Narrative with all information available on witnesses, injuries, police and other vehicles.		
Employee Signature: _____ Date of Report: _____		

Supervising Officer Review; Follow Up Plan:							
<p>Checklist</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Inspect</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Quarantine</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Repair</td> <td style="border: none;"><input type="checkbox"/> Send to Corporate</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Test</td> <td style="border: none;"></td> </tr> </table>	<input type="checkbox"/> Inspect	<input type="checkbox"/> Quarantine	<input type="checkbox"/> Repair	<input type="checkbox"/> Send to Corporate	<input type="checkbox"/> Test		<p>Supervising Officer Name: _____</p> <p>Supervising Officer Signature: _____</p> <p style="text-align: right;">Date: _____</p>
<input type="checkbox"/> Inspect	<input type="checkbox"/> Quarantine						
<input type="checkbox"/> Repair	<input type="checkbox"/> Send to Corporate						
<input type="checkbox"/> Test							