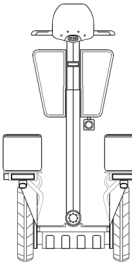
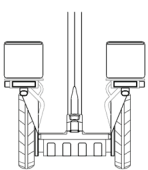
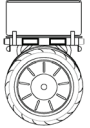
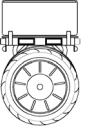
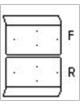
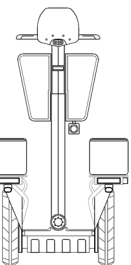
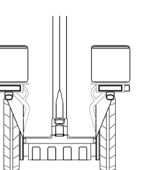
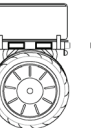

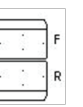


## Department Check-in / Check-out Form

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_ Unit # \_\_\_\_\_

<p>Date/Time Out _____ Mileage _____</p> <p style="text-align: center;">Condition:</p> <div style="display: flex; justify-content: space-around; align-items: center;">      </div> <p style="text-align: center;">Front      Rear      Right      Left      Batteries</p> <p>Notes: _____</p> <p>_____</p>	<p>Date/Time In _____ Mileage _____</p> <p style="text-align: center;">Condition:</p> <div style="display: flex; justify-content: space-around; align-items: center;">      </div> <p style="text-align: center;">Front      Rear      Right      Left      Batteries</p> <p>Notes: _____</p> <p>_____</p>														
<p style="text-align: center;"><b>Out Checklist</b></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"/> Wheel Wobble</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Info Key</td> <td style="border: none;"><input type="checkbox"/> Shield Lights</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Info Key Battery Level</td> <td style="border: none;"><input type="checkbox"/> Front White Driving Light</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Unit On/Off</td> <td style="border: none;"><input type="checkbox"/> Emergency Light Bars</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> LeanSteer</td> <td style="border: none;"><input type="checkbox"/> Siren Test</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Step On/Off Unit</td> <td style="border: none;"><input type="checkbox"/> Reset Trip / Average Speed</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Accelerate/Stop</td> <td style="border: none;"></td> </tr> </table> <p>Note any issues: _____</p> <p>_____</p>	<input type="checkbox"/> Battery Level	<input type="checkbox"/> Wheel Wobble	<input type="checkbox"/> Info Key	<input type="checkbox"/> Shield Lights	<input type="checkbox"/> Info Key Battery Level	<input type="checkbox"/> Front White Driving Light	<input type="checkbox"/> Unit On/Off	<input type="checkbox"/> Emergency Light Bars	<input type="checkbox"/> LeanSteer	<input type="checkbox"/> Siren Test	<input type="checkbox"/> Step On/Off Unit	<input type="checkbox"/> Reset Trip / Average Speed	<input type="checkbox"/> Accelerate/Stop		<p style="text-align: center;"><b>In Checklist</b></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"/> Wheel Wobble														
<input type="checkbox"/> Info Key	<input type="checkbox"/> Shield Lights														
<input type="checkbox"/> Info Key Battery Level	<input type="checkbox"/> Front White Driving Light														
<input type="checkbox"/> Unit On/Off	<input type="checkbox"/> Emergency Light Bars														
<input type="checkbox"/> LeanSteer	<input type="checkbox"/> Siren Test														
<input type="checkbox"/> Step On/Off Unit	<input type="checkbox"/> Reset Trip / Average Speed														
<input type="checkbox"/> Accelerate/Stop															

### 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:
<b>Details of Incident:</b>	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							