

Police Vehicle Road Test Assessment Form

Officer Name

Badge Number

Date of Test

Test Location

Vehicle Make/Model

Vehicle Plate Number

Pre-Trip Inspection

Item	Pass	Fail	Comments
Exterior Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Tires/Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Road Test Evaluation

Skill	Score (1-5)	Comments
Vehicle Control	<input type="text"/>	<input type="text"/>
Traffic Law Obedience	<input type="text"/>	<input type="text"/>
Emergency Maneuvers	<input type="text"/>	<input type="text"/>
Communication Devices Use	<input type="text"/>	<input type="text"/>

Instructor/Assessor Comments

Overall Result

Assessor Name

Assessor Signature

Date