



AUTOMOBILE FACTS & FIGURES

Make, year and model of auto _____

VIN number: _____

Tire size _____

Inflation _____

Engine size _____

Oil weight & type, e.g. 10W30, Synthetic _____

Emergency contact numbers:

Family or friends to contact in case of an emergency:

Name: _____ Numbers: Home: _____

Relationship: _____ Work: _____

Mobile: _____

Name: _____ Numbers: Home: _____

Relationship: _____ Work: _____

Mobile: _____

Doctor – primary care or family physician:

Name: _____ Numbers: Home: _____

Work: _____

Mobile: _____

Insurance policy number: _____

Insurance claims phone number: _____

Roadside assistance phone number: _____

Registration expires on: ____/____/____

Annual inspection due by: ____/____/____

Oil changed on: ____/____/____ _____ miles

Air filter changed on: ____/____/____ _____ miles

Tires rotated on: ____/____/____ _____ miles

Battery replaced on: ____/____/____ _____ miles