





ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
DATE	

MOTOR CARRIER OPERATOR ZIGI FREIGHT INC dba ROYAL3 INC	INSPECTOR'S NAME (PRINT OR TYPE) JUGOSLAV KOVACEVIC
ADDRESS 6850 W. 63rd STREET	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE CHICAGO, IL 60638	VEHICLE IDENTIFICATION (<input checked="" type="checkbox"/> AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input checked="" type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL)

VEHICLE COMPONENTS INSPECTED														
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM			
1. BRAKE SYSTEM				6. SAFE LOADING				12. WINDSHIELD GLAZING						
<input checked="" type="checkbox"/>	<input type="checkbox"/>		a. Service Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>		a. Vehicle parts, load, dunnage, spare tire, etc., secured.	<input type="checkbox"/>	<input type="checkbox"/>	N/A	No cracks, discoloration, obstacles, etc. (see 393.60 for exceptions).			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		b. Parking Brake System	<input checked="" type="checkbox"/>	<input type="checkbox"/>		b. Front End Structure	<input type="checkbox"/>	<input type="checkbox"/>	N/A	13. WINDSHIELD WIPERS			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		c. Brake Drums or Rotors	<input type="checkbox"/>	<input type="checkbox"/>	N/A	c. Intermodal Container Securement Devices	<input type="checkbox"/>	<input type="checkbox"/>	N/A	No missing, Damaged, or inoperable wipers.			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		d. Brake Hose	7. STEERING MECHANISM				14. MOTORCOACH SEATS						
<input checked="" type="checkbox"/>	<input type="checkbox"/>		e. Brake Tubbing	<input type="checkbox"/>	<input type="checkbox"/>	N/A	a. Steering Wheel Free Play	<input type="checkbox"/>	<input type="checkbox"/>	N/A	Seats securely fastened to the vehicle structure.			
<input type="checkbox"/>	<input type="checkbox"/>	N/A	f. Low Pressure Warning Device	<input type="checkbox"/>	<input type="checkbox"/>	N/A	b. Steering Column	15. REAR IMPACT GUARD						
<input type="checkbox"/>	<input type="checkbox"/>	N/A	g. Tractor Protection Valve	<input type="checkbox"/>	<input type="checkbox"/>	N/A	c. Front Axle Beam/All Other Steering Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>		In place, securely attached, proper size, proper placement (see 393.86).			
<input type="checkbox"/>	<input type="checkbox"/>	N/A	h. Air Compressor	<input type="checkbox"/>	<input type="checkbox"/>	N/A	d. Steering Gear Box	16. OTHER						
<input type="checkbox"/>	<input type="checkbox"/>	N/A	i. Electric Brakes	<input type="checkbox"/>	<input type="checkbox"/>	N/A	e. Pitman Arm	<div> List any other condition(s) which may prevent safe operation of this vehicle. </div> 						
<input type="checkbox"/>	<input type="checkbox"/>	N/A	j. Hydraulic Brakes	<input type="checkbox"/>	<input type="checkbox"/>	N/A	f. Power Steering							
<input type="checkbox"/>	<input type="checkbox"/>	N/A	k. Vakum Systems	<input type="checkbox"/>	<input type="checkbox"/>	N/A	g. Ball and Socket Joints							
<input checked="" type="checkbox"/>	<input type="checkbox"/>		l. Antilock Brake System	<input type="checkbox"/>	<input type="checkbox"/>	N/A	h. Tie Rods and Drag Links							
<input checked="" type="checkbox"/>	<input type="checkbox"/>		m. Automatic Brake Adjusters	<input type="checkbox"/>	<input type="checkbox"/>	N/A	i. Nuts							
2. COUPLING DEVICES				<input type="checkbox"/>	<input type="checkbox"/>	N/A	j. Steering System							
<input type="checkbox"/>	<input type="checkbox"/>	N/A	a. Fifth Wheels	<input type="checkbox"/>	<input type="checkbox"/>	N/A	8. SUSPENSION							
<input type="checkbox"/>	<input type="checkbox"/>	N/A	b. Pintle Hooks	<input type="checkbox"/>	<input type="checkbox"/>	N/A	a. Axle Positioning Parts	<div> List any other condition(s) which may prevent safe operation of this vehicle. </div> 						
<input type="checkbox"/>	<input type="checkbox"/>	N/A	c. Drawbar/Towbar Eye	<input type="checkbox"/>	<input type="checkbox"/>	N/A	b. Spring Assembly							
<input type="checkbox"/>	<input type="checkbox"/>	N/A	d. Drawbar/Towbar Tongue	<input type="checkbox"/>	<input type="checkbox"/>	N/A	c. Torque, Radius or Tracking Components							
<input type="checkbox"/>	<input type="checkbox"/>	N/A	e. Safety Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>		9. FRAME							
<input type="checkbox"/>	<input type="checkbox"/>	N/A	f. Saddle-Mounts	<input checked="" type="checkbox"/>	<input type="checkbox"/>		a. Frame Members							
3. EXHAUST SYSTEM				<input checked="" type="checkbox"/>	<input type="checkbox"/>		b. Tire and Wheel Clearance	<div> List any other condition(s) which may prevent safe operation of this vehicle. </div> 						
<input type="checkbox"/>	<input type="checkbox"/>	N/A	a. No leaks forward of/ directly below the driver/ sleeper compartment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		c. Adjustable Axle Assemblies (Sliding Subframes)							
<input type="checkbox"/>	<input type="checkbox"/>	N/A	b. Bus: No leaking/ discharging in violation of standard.	<input type="checkbox"/>	<input type="checkbox"/>	N/A	10. TIRES							
<input type="checkbox"/>	<input type="checkbox"/>	N/A	c. Unlikely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of vehicle.	<input type="checkbox"/>	<input type="checkbox"/>	N/A	a. Steer-Axle Tires							
<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input checked="" type="checkbox"/>	<input type="checkbox"/>		b. All Other Tires							
4. FUEL SYSTEM				<input type="checkbox"/>	<input type="checkbox"/>	N/A	c. Speed-Restricted Tires	<div> List any other condition(s) which may prevent safe operation of this vehicle. </div> 						
<input type="checkbox"/>	<input type="checkbox"/>	N/A	a. No visible Leak.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		11. WHEELS AND RIMS							
<input type="checkbox"/>	<input type="checkbox"/>	N/A	b. Fuel tank filler cap	<input checked="" type="checkbox"/>	<input type="checkbox"/>		a. Lock or Side Ring							
<input type="checkbox"/>	<input type="checkbox"/>	N/A	c. Fuel tank securely attached.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		b. Wheels and Rims							
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		c. Fasteners							
5. LIGHTING DEVICES				<input checked="" type="checkbox"/>	<input type="checkbox"/>		d. Welds	<div> List any other condition(s) which may prevent safe operation of this vehicle. </div> 						
<input checked="" type="checkbox"/>	<input type="checkbox"/>		a. All required light/reflectors operable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>									
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>									
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>									

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ☒ OK, ☒ NEEDS REPAIR, ☒ NA IF ITEMS DO NOT APPLY, ☒ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.