

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
64871439	W94937
DATE 01-26-24	

MOTOR CARRIER OPERATOR Zigi Freight Inc dba Royal 3 hr	INSPECTOR'S NAME (PRINT OR TYPE) JUGOSLAV KORACEVIC
ADDRESS 6850 W. 63rd St.	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE Chicago, IL 60638	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER 1GR1P0627N7324224
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
<input checked="" type="checkbox"/>			a. Service Brakes	<input checked="" type="checkbox"/>			a. Vehicle parts, load, dunnage, spare tire, etc., secured.	<input checked="" type="checkbox"/>			12. WINDSHIELD GLAZING
<input checked="" type="checkbox"/>			b. Parking Brake System	<input checked="" type="checkbox"/>			b. Front End Structure	<input checked="" type="checkbox"/>			No cracks, discoloration, obstacles, etc. (see 393.60 for exceptions).
<input checked="" type="checkbox"/>			c. Brake Drums or Rotors	<input checked="" type="checkbox"/>			c. Intermodal Container Securement Devices	<input checked="" type="checkbox"/>			13. WINDSHIELD WIPERS
<input checked="" type="checkbox"/>			d. Brake Hose	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			No missing, damaged, or inoperable wipers.
<input checked="" type="checkbox"/>			e. Brake Tubing	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			14. MOTORCOACH SEATS
<input checked="" type="checkbox"/>			f. Low Pressure Warning Device	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			Seats securely fastened to the vehicle structure.
<input checked="" type="checkbox"/>			g. Tractor Protection Valve	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			15. REAR IMPACT GUARD
<input checked="" type="checkbox"/>			h. Air Compressor	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			In place, securely attached, proper size, proper placement (see 393.86).
<input checked="" type="checkbox"/>			i. Electric Brakes	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			16. OTHER
<input checked="" type="checkbox"/>			j. Hydraulic Brakes	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			List any other condition(s) which may prevent safe operation of this vehicle.
<input checked="" type="checkbox"/>			k. Vacuum Systems	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			l. Antilock Brake System	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			m. Automatic Brake Adjusters	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			a. Fifth Wheels	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			b. Pintle Hooks	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			d. Drawbar/Towbar Tongue	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			e. Safety Devices	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			f. Saddle-Mounts	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			a. No leaks forward of/ directly below the driver/sleeper compartment.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			b. Bus: No leaking/ discharging in violation of standard.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			c. Unlikely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of vehicle.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			a. No visible leak.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			b. Fuel Tank Filler Cap	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			c. Fuel tank securely attached.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			All required lights/reflectors operable.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
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INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ☒ OK, ☒ NEEDS REPAIR, ☒ NA IF ITEMS DO NOT APPLY, _____ REPAIRED DATE