




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 | 11. WHEELS AND RIMS | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | N/A | a. No visible Leak. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | a. Lock or Side Ring | <div> List any other condition(s) which may prevent safe operation of this vehicle. </div>  | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | N/A | b. Fuel tank filler cap | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | b. Wheels and Rims | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | N/A | c. Fuel tank securely attached. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | c. Fasteners | | | | | | | |
| 5. LIGHTING DEVICES | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | d. Welds | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | | a. All required light/reflectors operable. | <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.