




# ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
DATE	

MOTOR CARRIER OPERATOR <b>ZIGI FREIGHT INC dba ROYAL3 INC</b>	INSPECTOR'S NAME (PRINT OR TYPE) <b>JUGOSLAV KOVACEVIC</b>
ADDRESS <b>6850 W. 63rd STREET</b>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE <b>CHICAGO, IL 60638</b>	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
<b>1. BRAKE SYSTEM</b>				<b>6. SAFE LOADING</b>				<b>12. WINDSHIELD GLAZING</b>			
<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	<b>13. WINDSHIELD WIPERS</b>			
<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	<b>7. STEERING MECHANISM</b>				<b>14. MOTORCOACH SEATS</b>			
<input type="checkbox"/>	<input type="checkbox"/>	N/A	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	<b>15. REAR IMPACT GUARD</b>			
<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	<b>16. OTHER</b>			
<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				
<b>2. COUPLING DEVICES</b>				<input type="checkbox"/>	<input type="checkbox"/>	N/A	j. Streering System				
<input type="checkbox"/>	<input type="checkbox"/>	N/A	a. Fifth Wheels	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<b>8. SUSPENSION</b>				
<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 checked="" type="checkbox"/>	<input type="checkbox"/>		c. Torque, Radius or Tracking Components				
<input type="checkbox"/>	<input type="checkbox"/>	N/A	e. Safety Devices	<b>9. FRAME</b>							
<input type="checkbox"/>	<input type="checkbox"/>	N/A	f. Saddle-Mounts	<input checked="" type="checkbox"/>	<input type="checkbox"/>		a. Frame Members				
<b>3. EXHAUST SYSTEM</b>				<input checked="" type="checkbox"/>	<input type="checkbox"/>		b. Tire and Wheel Clearance				
<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.	<b>10. TIRES</b>							
<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	<div> List any other condition(s) which may prevent safe operation of this vehicle.  </div>			
<b>4. FUEL SYSTEM</b>				<input checked="" type="checkbox"/>	<input type="checkbox"/>		b. All Other Tires				
<input type="checkbox"/>	<input type="checkbox"/>	N/A	a. No visible Leak.	<input type="checkbox"/>	<input type="checkbox"/>	N/A	c. Speed-Restricted Tires				
<input type="checkbox"/>	<input type="checkbox"/>	N/A	b. Fuel tank filler cap	<b>11. WHEELS AND RIMS</b>							
<input type="checkbox"/>	<input type="checkbox"/>	N/A	c. Fuel tank securely attached.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		a. Lock or Side Ring				
<b>5. LIGHTING DEVICES</b>				<input checked="" type="checkbox"/>	<input type="checkbox"/>		b. Wheels and Rims				
<input checked="" type="checkbox"/>	<input type="checkbox"/>		a. All required light/reflectors operable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		c. Fasteners	<div> List any other condition(s) which may prevent safe operation of this vehicle.  </div>			
				<input checked="" type="checkbox"/>	<input type="checkbox"/>		d. Welds				

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.