

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
67129251	708
DATE 08/02/24	

MOTOR CARRIER OPERATOR Zigi Freight Inc dba Royal 3 Inc	INSPECTOR'S NAME (PRINT OR TYPE) JUGOSAV KOVACEVIC
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 (<input checked="" type="checkbox"/> AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER 1M1AN4GY4NM025592
VEHICLE TYPE <input checked="" type="checkbox"/> TRACTOR <input 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"/>			1. BRAKE SYSTEM	<input checked="" type="checkbox"/>			6. SAFE LOADING	<input checked="" type="checkbox"/>			12. WINDSHIELD GLAZING
<input checked="" type="checkbox"/>			a. Service Brakes	<input checked="" type="checkbox"/>			a. Vehicle parts, load, dunnage, spare tire, etc., secured.	<input checked="" type="checkbox"/>			No cracks, discoloration, obstacles, etc. (see 393.60 for exceptions).
<input checked="" type="checkbox"/>			b. Parking Brake System	<input checked="" type="checkbox"/>			b. Front End Structure	<input checked="" type="checkbox"/>			13. WINDSHIELD WIPERS
<input checked="" type="checkbox"/>			c. Brake Drums or Rotors	<input checked="" type="checkbox"/>			c. Intermodal Container Securement Devices	<input checked="" type="checkbox"/>			No missing, damaged, or inoperable wipers.
<input checked="" type="checkbox"/>			d. Brake Hose	<input checked="" type="checkbox"/>			7. STEERING MECHANISM	<input checked="" type="checkbox"/>			14. MOTORCOACH SEATS
<input checked="" type="checkbox"/>			e. Brake Tubing	<input checked="" type="checkbox"/>			a. Steering Wheel Free Play	<input checked="" type="checkbox"/>			Seats securely fastened to the vehicle structure.
<input checked="" type="checkbox"/>			f. Low Pressure Warning Device	<input checked="" type="checkbox"/>			b. Steering Column	<input checked="" type="checkbox"/>			15. REAR IMPACT GUARD
<input checked="" type="checkbox"/>			g. Tractor Protection Valve	<input checked="" type="checkbox"/>			c. Front Axle Beam/All Other Steering Components	<input checked="" type="checkbox"/>			In place, securely attached, proper size, proper placement (see 393.86).
<input checked="" type="checkbox"/>			h. Air Compressor	<input checked="" type="checkbox"/>			d. Steering Gear Box	<input checked="" type="checkbox"/>			16. OTHER
<input checked="" type="checkbox"/>			i. Electric Brakes	<input checked="" type="checkbox"/>			e. Pitman Arm	<input checked="" type="checkbox"/>			List any other condition(s) which may prevent safe operation of this vehicle.
<input checked="" type="checkbox"/>			j. Hydraulic Brakes	<input checked="" type="checkbox"/>			f. Power Steering	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			k. Vacuum Systems	<input checked="" type="checkbox"/>			g. Ball and Socket Joints	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			l. Antilock Brake System	<input checked="" type="checkbox"/>			h. Tie Rods and Drag Links	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			m. Automatic Brake Adjusters	<input checked="" type="checkbox"/>			i. Nuts	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			2. COUPLING DEVICES	<input checked="" type="checkbox"/>			j. Steering System	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			a. Fifth Wheels	<input checked="" type="checkbox"/>			8. SUSPENSION	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			b. Pintle Hooks	<input checked="" type="checkbox"/>			a. Axle Positioning Parts	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>			b. Spring Assembly	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			d. Drawbar/Towbar Tongue	<input checked="" type="checkbox"/>			c. Torque, Radius or Tracking Components	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			e. Safety Devices	<input checked="" type="checkbox"/>			9. FRAME	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			f. Saddle-Mounts	<input checked="" type="checkbox"/>			a. Frame Members	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			3. EXHAUST SYSTEM	<input checked="" type="checkbox"/>			b. Tire and Wheel Clearance	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			a. No leaks forward of/ directly below the driver/ sleeper compartment.	<input checked="" type="checkbox"/>			c. Adjustable Axle Assemblies (Sliding Subframes)	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			b. Bus: No leaking/ discharging in violation of standard.	<input checked="" type="checkbox"/>			10. TIRES	<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"/>			a. Steer-Axle Tires	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			4. FUEL SYSTEM	<input checked="" type="checkbox"/>			b. All Other Tires	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			a. No visible leak.	<input checked="" type="checkbox"/>			c. Speed-Restricted Tires	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			b. Fuel Tank Filler Cap	<input checked="" type="checkbox"/>			11. WHEELS AND RIMS	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			c. Fuel tank securely attached.	<input checked="" type="checkbox"/>			a. Lock or Side Ring	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			5. LIGHTING DEVICES	<input checked="" type="checkbox"/>			b. Wheels and Rims	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			All required lights/reflectors operable.	<input checked="" type="checkbox"/>			c. Fasteners	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			d. Welds	<input checked="" type="checkbox"/>			

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ☒ OK, ☒ NEEDS REPAIR, ☒ 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.