


ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
66550467	828
DATE 1/20/2025	

MOTOR CARRIER OPERATOR RIKI TRANSPORTATION INC dba BRZ	INSPECTOR'S NAME (PRINT OR TYPE) JUGOSLAV KOVACEVIC
ADDRESS 8225 LECLAIRE AVE	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE BURBANK, IL 60459	VEHICLE IDENTIFICATION (<input checked="" type="checkbox"/> AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER 1M1AN4GY0LM017936
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
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 checked="" type="checkbox"/>	<input type="checkbox"/>		No cracks, discoloration, obstacles, etc. (see 393.60 for exceptions).
<input checked="" type="checkbox"/>	<input type="checkbox"/>		b. Parking Brake System	<input type="checkbox"/>	<input type="checkbox"/>	N/A	b. Front End Structure	<input checked="" type="checkbox"/>	<input type="checkbox"/>		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 checked="" type="checkbox"/>	<input type="checkbox"/>		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 checked="" type="checkbox"/>	<input type="checkbox"/>		a. Steering Wheel Free Play	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Seats securely fastened to the vehicle structure.
<input checked="" type="checkbox"/>	<input type="checkbox"/>		f. Low Pressure Warning Device	<input checked="" type="checkbox"/>	<input type="checkbox"/>		b. Steering Column	15. REAR IMPACT GUARD			
<input type="checkbox"/>	<input type="checkbox"/>	N/A	g. Tractor Protection Valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>		c. Front Axle Beam/All Other Steering Components	<input type="checkbox"/>	<input type="checkbox"/>	N/A	In place, securely attached, proper size, proper placement (see 393.86).
<input type="checkbox"/>	<input type="checkbox"/>	N/A	h. Air Compressor	<input checked="" type="checkbox"/>	<input type="checkbox"/>		d. Steering Gear Box	16. OTHER			
<input type="checkbox"/>	<input type="checkbox"/>	N/A	i. Electric Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>		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 checked="" type="checkbox"/>	<input type="checkbox"/>		f. Power Steering				
<input type="checkbox"/>	<input type="checkbox"/>	N/A	k. Vakum Systems	<input checked="" type="checkbox"/>	<input type="checkbox"/>		g. Ball and Socket Joints				
<input checked="" type="checkbox"/>	<input type="checkbox"/>		l. Antilock Brake System	<input checked="" type="checkbox"/>	<input type="checkbox"/>		h. Tie Rods and Drag Links				
<input checked="" type="checkbox"/>	<input type="checkbox"/>		m. Automatic Brake Adjusters	<input checked="" type="checkbox"/>	<input type="checkbox"/>		i. Nuts				
2. COUPLING DEVICES				8. SUSPENSION							
<input checked="" type="checkbox"/>	<input type="checkbox"/>		a. Fifth Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>		a. Axle Positioning Parts				
<input type="checkbox"/>	<input type="checkbox"/>	N/A	b. Pintle Hooks	<input checked="" type="checkbox"/>	<input type="checkbox"/>		b. Spring Assembly				
<input type="checkbox"/>	<input type="checkbox"/>	N/A	c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>	<input type="checkbox"/>		c. Torque, Radius or Tracking Components				
<input type="checkbox"/>	<input type="checkbox"/>	N/A	d. Drawbar/Towbar Tongue	<input checked="" type="checkbox"/>	<input type="checkbox"/>		9. FRAME				
<input checked="" type="checkbox"/>	<input type="checkbox"/>		e. Safety Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>		a. Frame Members				
<input checked="" type="checkbox"/>	<input type="checkbox"/>		f. Saddle-Mounts	<input checked="" type="checkbox"/>	<input type="checkbox"/>		b. Tire and Wheel Clearance				
3. EXHAUST SYSTEM				10. TIRES							
<input checked="" type="checkbox"/>	<input type="checkbox"/>		a. No leaks forward of/ directly below the driver/ sleeper compartment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		a. Steer-Axle Tires				
<input type="checkbox"/>	<input type="checkbox"/>	N/A	b. Bus: No leaking/ discharging in violation of standard.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		b. All Other Tires				
<input checked="" type="checkbox"/>	<input type="checkbox"/>		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	c. Speed-Restricted Tires				
4. FUEL SYSTEM				11. WHEELS AND RIMS							
<input checked="" type="checkbox"/>	<input type="checkbox"/>		a. No visible Leak.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		a. Lock or Side Ring				
<input checked="" type="checkbox"/>	<input type="checkbox"/>		b. Fuel tank filler cap	<input type="checkbox"/>	<input type="checkbox"/>	N/A	b. Wheels and Rims				
<input checked="" type="checkbox"/>	<input type="checkbox"/>		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"/>						
<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.