

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
53024	53130
DATE 5/30/24	

MOTOR CARRIER OPERATOR <div style="font-size: 1.5em; font-family: cursive;">ICD Freight INC</div>	INSPECTOR'S NAME (PRINT OR TYPE) <div style="font-size: 1.5em; font-family: cursive;">Trath Singh</div>
ADDRESS 	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE <div style="font-size: 1.2em; font-family: cursive;">Lenexa, Kansas</div>	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER <div style="font-size: 1.5em; font-family: cursive;">283057</div>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL) <div style="font-size: 1.2em; font-family: cursive;">City Truck and Tire Repair</div>

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"/>			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			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"/>			16. OTHER List any other condition(s) which may prevent safe operation of this vehicle.	
<input checked="" type="checkbox"/>			h. Air Compressor	<input checked="" type="checkbox"/>			d. Steering Gear Box	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>			i. Electric Brakes	<input checked="" type="checkbox"/>			e. Pitman Arm	<input checked="" type="checkbox"/>				
<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"/>				
			2. COUPLING DEVICES				8. SUSPENSION					
<input checked="" type="checkbox"/>			a. Fifth Wheels	<input checked="" type="checkbox"/>			a. Axle Positioning Parts	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>			b. Pintle Hooks	<input checked="" type="checkbox"/>			b. Spring Assembly	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>			c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>			c. Torque, Radius or Tracking Components	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>			d. Drawbar/Towbar Tongue	<input checked="" type="checkbox"/>			9. FRAME					
<input checked="" type="checkbox"/>			e. Safety Devices	<input checked="" type="checkbox"/>			a. Frame Members	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>			f. Saddle-Mounts	<input checked="" type="checkbox"/>			b. Tire and Wheel Clearance	<input checked="" type="checkbox"/>				
			3. EXHAUST SYSTEM				10. TIRES					
<input checked="" type="checkbox"/>			a. No leaks forward of/directly below the driver/sleeper compartment.	<input checked="" type="checkbox"/>			a. Steer-Axle Tires	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>			b. Bus: No leaking/discharging in violation of standard.	<input checked="" type="checkbox"/>			b. All Other 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"/>			c. Speed-Restricted Tires	<input checked="" type="checkbox"/>				
			4. FUEL SYSTEM				11. WHEELS AND RIMS					
<input checked="" type="checkbox"/>			a. No visible leak.	<input checked="" type="checkbox"/>			a. Lock or Side Ring	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>			b. Fuel Tank Filler Cap	<input checked="" type="checkbox"/>			b. Wheels and Rims	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>			c. Fuel tank securely attached.	<input checked="" type="checkbox"/>			c. Fasteners	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>			5. LIGHTING DEVICES			<input checked="" type="checkbox"/>	d. Welds	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>			All required lights/reflectors operable.			<input checked="" type="checkbox"/>		<input checked="" 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.