

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER <i>610241</i>	FLEET UNIT NUMBER <i>53139</i>
DATE <i>6-10-24</i>	

MOTOR CARRIER OPERATOR <i>TCD Freight</i>	INSPECTOR'S NAME (PRINT OR TYPE) <i>Tirath Singh</i>
ADDRESS	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE <i>Lexington, KY</i>	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER <i>KK154S37</i>
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											
<input checked="" type="checkbox"/>			a. Service Brakes	<input checked="" type="checkbox"/>			a. Vehicle parts, load, dunnage, spare tire, etc., secured.	<input checked="" type="checkbox"/>			12. WINDSHIELD GLAZING
<input checked="" type="checkbox"/>			b. Parking Brake System	<input checked="" type="checkbox"/>			b. Front End Structure	<input checked="" type="checkbox"/>			No cracks, discoloration, obstacles, etc. (see 393.60 for exceptions).
<input checked="" type="checkbox"/>			c. Brake Drums or Rotors	<input checked="" type="checkbox"/>			c. Intermodal Container Securement Devices	<input checked="" type="checkbox"/>			13. WINDSHIELD WIPERS
<input checked="" type="checkbox"/>			d. Brake Hose					<input checked="" type="checkbox"/>			No missing, damaged, or inoperable wipers.
<input checked="" type="checkbox"/>			e. Brake Tubing					<input checked="" type="checkbox"/>			14. MOTORCOACH SEATS
<input checked="" type="checkbox"/>			f. Low Pressure Warning Device					<input checked="" type="checkbox"/>			Seats securely fastened to the vehicle structure.
<input checked="" type="checkbox"/>			g. Tractor Protection Valve					<input checked="" type="checkbox"/>			15. REAR IMPACT GUARD
<input checked="" type="checkbox"/>			h. Air Compressor					<input checked="" type="checkbox"/>			In place, securely attached, proper size, proper placement (see 393.86).
<input checked="" type="checkbox"/>			i. Electric Brakes					<input checked="" type="checkbox"/>			16. OTHER
<input checked="" type="checkbox"/>			j. Hydraulic Brakes								List any other condition(s) which may prevent safe operation of this vehicle.
<input checked="" type="checkbox"/>			k. Vacuum Systems								
<input checked="" type="checkbox"/>			l. Antilock Brake System								
<input checked="" type="checkbox"/>			m. Automatic Brake Adjusters								
2. COUPLING DEVICES											
<input checked="" type="checkbox"/>			a. Fifth Wheels	<input checked="" type="checkbox"/>			a. Axle Positioning Parts				
<input checked="" type="checkbox"/>			b. Pintle Hooks	<input checked="" type="checkbox"/>			b. Spring Assembly				
<input checked="" type="checkbox"/>			c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>			c. Torque, Radius or Tracking Components				
<input checked="" type="checkbox"/>			d. Drawbar/Towbar Tongue								
<input checked="" type="checkbox"/>			e. Safety Devices								
<input checked="" type="checkbox"/>			f. Saddle-Mounts								
3. EXHAUST SYSTEM											
<input checked="" type="checkbox"/>			a. No leaks forward of/directly below the driver/sleeper compartment.	<input checked="" type="checkbox"/>							
<input checked="" type="checkbox"/>			b. Bus: No leaking/discharging in violation of standard.	<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"/>							
4. FUEL SYSTEM											
<input checked="" type="checkbox"/>			a. No visible leak.	<input checked="" type="checkbox"/>							
<input checked="" type="checkbox"/>			b. Fuel Tank Filler Cap	<input checked="" type="checkbox"/>							
<input checked="" type="checkbox"/>			c. Fuel tank securely attached.	<input checked="" type="checkbox"/>							
5. LIGHTING DEVICES											
<input checked="" type="checkbox"/>			All required lights/reflectors operable.	<input checked="" type="checkbox"/>							
6. SAFE LOADING											
7. STEERING MECHANISM											
8. SUSPENSION											
9. FRAME											
10. TIRES											
11. WHEELS AND RIMS											

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.