

Annual Vehicle Inspection Report

Name and Address of Inspecting Company or Agency CITY TRUCK AND TIRE REPAIR INC 2205 S 88TH ST KANSAS CITY KS 66111				Date 02/05/2026	Time
Registered Owner's Name ICD FREIGHT INC		Certified Inspector's Name (Print or Type) TIRATH SINGH		The signing of this inspection report certifies that the technician meets and exceeds all requirements of 49 CFR §396.17 and compatible state regulations and that the technician has the necessary tools, and is skilled in completion of the annual inspection, as listed in 49 CFR §396.17 Technician's Signature <i>tirath singh</i>	
Street		City, State, Zip Code LENEXA, KANSAS			
Motor Carrier Operating Vehicle (If different from Owner)		Street			
City, State, Zip Code		City, State, Zip Code			
License Plate Number/State	Vehicle Identification Number 1JJV532D9PL410420	Vehicle Make WABASH	Vehicle Model	Model Year	

Vehicle Components Inspected

OK	Need Repair	Repair Date	Item	OK	Need Repair	Repair Date	Item	OK	Need Repair	Repair Date	Item
X			1. BRAKE SYSTEM	X			5. FUEL SYSTEM	X			10. SUSPENSION
X			Adjustment	X			Visible Leaks	X			Springs (packed/broken/shifted)
X			Drums or Rotors	X			Fill Caps in place/intact	X			U-bolts, Hangers, etc.
X			Hoses and/or Tubing	X			Tank(s) securely attached	X			Torque, Radius, Tracking Arms
			Lining	X			6. LIGHTING DEVICES	X			11. FRAME
			Warning (Low Pressure)				Headlamps	X			Frame Members
			Tractor Protection Valve				Front Turn Signals	X			Tire & Wheel Clearance
			Air Compressor	X			Front ID/Clearance Lamps	X			Sliding Subframe (adj. axle)
			Service Brakes	X			Side Marker Lamps - Left	X			12. TIRES
			Parking Brakes	X			Side Marker Lamps -Right				Steering Axle Tires -Condition
			Electric Brakes	X			Rear Turn Signals				Steering Tires - over 4/32" tread
			Hydraulic Brakes	X			Stop Lamps	X			Other Tires - Condition
			Vacuum Brakes	X			Tail Lamps	X			Other Tires - over 2/32" tread
			Warning (Sys Failure)	X			Rear ID/Clearance Lamps	X			13. WHEELS & RIMS
			2. STEERING SYSTEM	X			Reflectors / Ref Tape				Lock/Slide Ring
			Free Play (Lash)				7. COUPLING DEVICES	X			Fasteners
			Steering Column				5 th Wheel	X			Disk/Spoke Condition
			Front Axle Beam				Pintle Hooks	X			Welds
			Steering Gear Box				Drawbar Eye				List any other condition which may affect safe vehicle operation
			Pitman Arm				Drawbar Tongue				
			Ball & Socket Joints	X			Safety Devices				
			Tie Rods & Drag Links				8. EXHAUST SYSTEM				
			Nuts, Bolts, Fasteners				Leaks				
			Power Steering Fluid				Placement				
			3. WINDSHIELDS	X			9. SAFE LOADING				
			4. WIPERS				Securement Devices				

MARK COLUMNS AS FOLLOWS: **x** = OK; **o** = Needs repair; **NA** = Does not apply; Fill in Repair date as appropriate

I CERTIFY THE ANNUAL VEHICLE INSPECTION HAS BEEN DONE ACCURATELY AND COMPLETELY. I FURTHER CERTIFY THAT THIS INSPECTION COMPLIES WITH THE REQUIREMENTS OF 49 CFR §396.21.

This information must be available on board the vehicle, either as a copy of this report, or on a decal that complies with 49 CFR §396.17(c)(2). This report must be kept a minimum of fourteen months from date of completion

Certified Inspector's Signature: *tirath singh*

Date: 02/05/2026