

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD		
REPORT NUMBER	610 564 177	5087
FLEET UNIT NUMBER		09124
DATE		

INSPECTOR'S NAME (PRINT OR TYPE) Denny Cacho Jr		MOTOR CARRIER OPERATOR LITA PRIME LLC	
THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES		ADDRESS 35 Freeway Dr Apt 107	
VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER 3AKJHHR2LSLMB99		CITY, STATE, ZIP CODE Autora IL 60504	
INSPECTION AGENCY/LOCATION (OPTIONAL) SPARTAN SERVICES		VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	

VEHICLE COMPONENTS INSPECTED			
ITEM	OK	NEEDS REPAIR	REPAIR DATE
1. BRAKE SYSTEM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a. Service Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Parking Brake System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Brake Drums or Rotors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Brake Hose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Brake Tubing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Low Pressure Warning Device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
g. Tractor Protection Valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
h. Air Compressor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
i. Electric Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j. Hydraulic Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
k. Vacuum Systems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
l. Antilock Brake System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
m. Automatic Brake Adjusters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. COUPLING DEVICES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a. Fifth Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Pintle Hooks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Drawbar/Towbar Tongue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Safety Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Saddle-Mounts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. EXHAUST SYSTEM	<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"/>	
b. Bus: No leaking/discharging in violation of standard.	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	
4. FUEL SYSTEM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a. No visible leak.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Fuel Tank Filler Cap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Fuel tank securely attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. LIGHTING DEVICES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
All lighting devices and reflectors required by Section 393 shall be operable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. SAFE LOADING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a. Vehicle parts, load, dunnage, spare tire, etc., secured.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Front End Structure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Intermodal Container Securement Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. STEERING MECHANISM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a. Steering Wheel Free Play	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Steering Column	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Front Axle Beam/All Other Steering Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Steering Gear Box	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: <input checked="" type="checkbox"/> OK <input type="checkbox"/> NEEDS REPAIR <input type="checkbox"/> 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.