

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
67775876	5187
DATE 08/20/24	

MOTOR CARRIER OPERATOR ALFA PRIME LLC	INSPECTOR'S NAME (PRINT OR TYPE) Danny Cacho Jr.
ADDRESS 75 Executive Dr Apt 107	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE Aurora IL 60504	VEHICLE IDENTIFICATION (<input checked="" type="checkbox"/> AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER 1FU7HMDR8LLL N22 88
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL) SPAR TACK SERVICES

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"/>				<input checked="" type="checkbox"/>			14. MOTORCOACH SEATS
<input checked="" type="checkbox"/>			e. Brake Tubing	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			Seats securely fastened to the vehicle structure.
<input checked="" type="checkbox"/>			f. Low Pressure Warning Device	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			15. REAR IMPACT GUARD
<input checked="" type="checkbox"/>			g. Tractor Protection Valve	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			In place, securely attached, proper size, proper placement (see 393.86).
<input checked="" type="checkbox"/>			h. Air Compressor	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			16. OTHER
<input checked="" type="checkbox"/>			i. Electric Brakes	<input checked="" type="checkbox"/>							List any other condition(s) which may prevent safe operation of this vehicle.
<input checked="" type="checkbox"/>			j. Hydraulic Brakes	<input checked="" type="checkbox"/>							
<input checked="" type="checkbox"/>			k. Vacuum Systems	<input checked="" type="checkbox"/>							
<input checked="" type="checkbox"/>			l. Antilock Brake System	<input checked="" type="checkbox"/>							
<input checked="" type="checkbox"/>			m. Automatic Brake Adjusters	<input checked="" type="checkbox"/>							
2. COUPLING DEVICES				7. STEERING MECHANISM							
<input checked="" type="checkbox"/>			a. Fifth Wheels	<input checked="" type="checkbox"/>			a. Steering Wheel Free Play				
<input checked="" type="checkbox"/>			b. Pintle Hooks	<input checked="" type="checkbox"/>			b. Steering Column				
<input checked="" type="checkbox"/>			c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>			c. Front Axle Beam/All Other Steering Components				
<input checked="" type="checkbox"/>			d. Drawbar/Towbar Tongue	<input checked="" type="checkbox"/>			d. Steering Gear Box				
<input checked="" type="checkbox"/>			e. Safety Devices	<input checked="" type="checkbox"/>			e. Pitman Arm				
<input checked="" type="checkbox"/>			f. Saddle-Mounts	<input checked="" type="checkbox"/>			f. Power Steering				
3. EXHAUST SYSTEM				8. SUSPENSION							
<input checked="" type="checkbox"/>			a. No leaks forward of/ directly below the driver/sleeper compartment.	<input checked="" type="checkbox"/>			a. Axle Positioning Parts				
<input checked="" type="checkbox"/>			b. Bus: No leaking/ discharging in violation of standard.	<input checked="" type="checkbox"/>			b. Spring Assembly				
<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. Torque, Radius or Tracking Components				
4. FUEL SYSTEM				9. FRAME							
<input checked="" type="checkbox"/>			a. No visible leak.	<input checked="" type="checkbox"/>			a. Frame Members				
<input checked="" type="checkbox"/>			b. Fuel Tank Filler Cap	<input checked="" type="checkbox"/>			b. Tire and Wheel Clearance				
<input checked="" type="checkbox"/>			c. Fuel tank securely attached.	<input checked="" type="checkbox"/>			c. Adjustable Axle Assemblies (Sliding Subframes)				
5. LIGHTING DEVICES				10. TIRES							
<input checked="" type="checkbox"/>			All required lights/reflectors operable.	<input checked="" type="checkbox"/>			a. Steer-Axle Tires				
				<input checked="" type="checkbox"/>			b. All Other Tires				
				<input checked="" type="checkbox"/>			c. Speed-Restricted Tires				
				<input checked="" type="checkbox"/>							
				<input checked="" type="checkbox"/>			11. WHEELS AND RIMS				
				<input checked="" type="checkbox"/>			a. Lock or Side Ring				
				<input checked="" type="checkbox"/>			b. Wheels and Rims				
				<input checked="" type="checkbox"/>			c. Fasteners				
				<input checked="" type="checkbox"/>			d. Welds				

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ☒ OK, ☒ NEEDS REPAIR, ☒ 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.