

VEHICLE HISTORY RECORD		
REPORT NUMBER	610564180	
FLEET UNIT NUMBER	5099	
DATE	08/24	

INSPECTOR'S NAME (PRINT OR TYPE) DANNY COCHO JR		MOTOR CARRIER OPERATOR ALTA PRIME LLC	
THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19 YES		ADDRESS 35 Executive Dr Apt 109	
VEHICLE IDENTIFICATION (✓ AND COMPLETE) LIC. PLATE NO. 3AKJHHD8 8LSKZ6957		CITY, STATE, ZIP CODE Aurora IL 60504	
INSPECTION AGENCY/LOCATION (OPTIONAL) SPARTAN SERVICES		VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input type="checkbox"/> TRAILER <input type="checkbox"/> (OTHER)	

VEHICLE COMPONENTS INSPECTED			
ITEM	OK	NEEDS REPAIR	REPAIRED DATE
1. BRAKE SYSTEM	✓		
a. Service Brakes	✓		
b. Parking Brake System	✓		
c. Brake Drums or Rotors	✓		
d. Brake Hose	✓		
e. Brake Tubing	✓		
f. Low Pressure Warning Device	✓		
g. Tractor Protection Valve	✓		
h. Air Compressor	✓		
i. Electric Brakes	✓		
j. Hydraulic Brakes	✓		
k. Vacuum Systems	✓		
l. Antilock Brake System	✓		
m. Automatic Brake Adjusters	✓		
2. COUPLING DEVICES	✓		
a. Fifth Wheels	✓		
b. Pintle Hooks	✓		
c. Drawbar/Towbar Eye	✓		
d. Drawbar/Towbar Tongue	✓		
e. Safety Devices	✓		
f. Saddle-Mounts	✓		
3. EXHAUST SYSTEM	✓		
a. No leaks forward of/directly below the driver/sleeper compartment	✓		
b. Bus: No leaking/discharging in violation of standard	✓		
c. Unlikely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of vehicle	✓		
4. FUEL SYSTEM	✓		
a. No visible leak	✓		
b. Fuel Tank Filler Cap	✓		
c. Fuel tank securely attached	✓		
5. LIGHTING DEVICES	✓		
All lighting devices and reflectors required by Section 393 shall be operable	✓		
6. SAFETY EQUIPMENT	✓		
a. Vehicle parts, load, dunnage, spare tire, etc., secured	✓		
b. Front End Structure	✓		
c. Intermodal Container Securement Devices	✓		
7. STEERING MECHANISM	✓		
a. Steering Wheel Free Play	✓		
b. Steering Column	✓		
c. Front Axle Beam/All Other Steering Components	✓		
d. Steering Gear Box	✓		
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