

## ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
14086943	111
DATE	01.27.2014

MOTOR CARRIER OPERATOR <b>NATIONAL EXPRES TRANSPORTER</b>		INSPECTOR'S NAME (PRINT OR TYPE) <b>NADAREVIC</b>	
ADDRESS <b>935 N. HARVARD AVE</b>		THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES	
CITY, STATE, ZIP CODE <b>VILLA PARK IL 60181</b>		VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER <b>4U4NC9TJ46N43444</b>	
VEHICLE TYPE <input checked="" type="checkbox"/> TRACTOR <input 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
<input checked="" type="checkbox"/>			<b>1. BRAKE SYSTEM</b>	<input checked="" type="checkbox"/>			<b>6. SAFE LOADING</b>	<input checked="" type="checkbox"/>			<b>10. TIRES</b>
<input checked="" type="checkbox"/>			a. Service Brakes	<input checked="" type="checkbox"/>			a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	<input checked="" type="checkbox"/>			a. Tires on any steering axle of a power unit.
<input checked="" type="checkbox"/>			b. Parking Brake System	<input checked="" type="checkbox"/>			b. Protection against shifting cargo.	<input checked="" type="checkbox"/>			b. All other tires.
<input checked="" type="checkbox"/>			c. Brake Drums or Rotors	<input checked="" type="checkbox"/>			c. Container securement devices on intermodal equipment.	<input checked="" type="checkbox"/>			<b>11. WHEELS AND RIMS</b>
<input checked="" type="checkbox"/>			d. Brake Hose	<input checked="" type="checkbox"/>			a. Steering Wheel Free Play	<input checked="" type="checkbox"/>			a. Lock or Side Ring
<input checked="" type="checkbox"/>			e. Brake Tubing	<input checked="" type="checkbox"/>			b. Steering Column	<input checked="" type="checkbox"/>			b. Wheels and Rims
<input checked="" type="checkbox"/>			f. Low Pressure Warning Device	<input checked="" type="checkbox"/>			c. Front Axle Beam and All Steering Components Other Than Steering Column	<input checked="" type="checkbox"/>			c. Fasteners
<input checked="" type="checkbox"/>			g. Tractor Protection Valve	<input checked="" type="checkbox"/>			d. Steering Gear Box	<input checked="" type="checkbox"/>			d. Welds
<input checked="" type="checkbox"/>			h. Air Compressor	<input checked="" type="checkbox"/>			e. Pitman Arm	<input checked="" type="checkbox"/>			<b>12. WINDSHIELD GLAZING</b>
<input checked="" type="checkbox"/>			i. Electric Brakes	<input checked="" type="checkbox"/>			f. Power Steering	<input checked="" type="checkbox"/>			Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).
<input checked="" type="checkbox"/>			j. Hydraulic Brakes	<input checked="" type="checkbox"/>			g. Ball and Socket Joints	<input checked="" type="checkbox"/>			<b>13. WINDSHIELD WIPERS</b>
<input checked="" type="checkbox"/>			k. Vacuum Systems	<input checked="" type="checkbox"/>			h. Tie Rods and Drag Links	<input checked="" type="checkbox"/>			Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
<input checked="" type="checkbox"/>			<b>2. COUPLING DEVICES</b>	<input checked="" type="checkbox"/>			i. Nuts	<input checked="" type="checkbox"/>			<b>14. OTHER</b>
<input checked="" type="checkbox"/>			a. Fifth Wheels	<input checked="" type="checkbox"/>			j. Steering System	<input checked="" type="checkbox"/>			List any other condition(s) which may prevent safe operation of this vehicle.
<input checked="" type="checkbox"/>			b. Pintle Hooks	<input checked="" type="checkbox"/>			<b>8. SUSPENSION</b>	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>			a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			d. Drawbar/Towbar Tongue	<input checked="" type="checkbox"/>			b. Spring Assembly	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			e. Safety Devices	<input checked="" type="checkbox"/>			c. Torque, Radius or Tracking Components	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			f. Saddle-Mounts	<input checked="" type="checkbox"/>			<b>9. FRAME</b>	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			<b>3. EXHAUST SYSTEM</b>	<input checked="" type="checkbox"/>			a. Frame Members	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			a. Exhaust system leaking forward of or directly below the driver/sleeper compartment.	<input checked="" type="checkbox"/>			b. Tire and Wheel Clearance	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			b. Bus exhaust system leaking or discharging in violation of standard.	<input checked="" type="checkbox"/>			c. Adjustable Axle Assemblies (Sliding Subframes)	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			c. Exhaust system likely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of the motor vehicle.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			<b>4. FUEL SYSTEM</b>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			a. Visible leak.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			b. Fuel tank filler cap missing.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			c. Fuel tank securely attached.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			<b>5. LIGHTING DEVICES</b>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			All lighting devices and reflectors required by Part 393 shall be operable.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ✓ OK, X 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.