

Annual Vehicle Inspection Report

| Vehicle History Record | |
|------------------------|-------------------|
| Report Number | FLEET UNIT NUMBER |
| | 152 |
| DATE | 1/30/24 |

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|--|---|
| MOTOR CARRIER OPERATOR 626 Specialized Carriers | INSPECTOR'S NAME (PRINT OR TYPE) Mike Gabryk |
| ADDRESS 582 W 19480 Apollo Dr | THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES |
| CITY, STATE, ZIP CODE Muskegon WI 53150 | VEHICLE IDENTIFICATION (✓) AND COMPLETE <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER 1TK504829C024818 |
| VEHICLE TYPE <input type="checkbox"/> TRACTOR <input checked="" type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> (OTHER) | INSPECTION AGENCY/LOCATION (OPTIONAL) |

VEHICLE COMPONENTS INSPECTED

| ITEM | OK | NEEDS REPAIR | REPAIRED DATE | ITEM | OK | NEEDS REPAIR | REPAIRED DATE |
|--|----|--------------|---------------|--|----|--------------|---------------|
| 1. BRAKE SYSTEM | | | | 7. STEERING MECHANISM | NA | | |
| a. Service Brakes | X | | | a. Steering Wheel Free Play | | | |
| b. Parking Brake System | X | | | b. Steering Column | | | |
| c. Brake Drums or Rotors | X | | | c. Front axle beam and ALL steering components other than steering column | | | |
| d. Brake Hose | X | | | d. Steering Gear Box | | | |
| e. Brake Tubing | NA | | | e. Pitman Arm | | | |
| f. Low Pressure Warning Device | | | | f. Power Steering | | | |
| g. Tractor Protection Valve | | | | g. Ball and Socket Joints | | | |
| h. Air Compressor | | | | h. Tie Rods and Drag Links | | | |
| i. Electric Brakes | | | | i. Nuts | | | |
| j. Hydraulic Brakes | | | | j. Steering System | | | |
| k. Vacuum Systems | | | | 8. SUSPENSION | | | |
| 2. COUPLING DEVICES | | | | 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. | | | |
| a. Fifth Wheels | X | | | b. Spring Assembly | | | |
| b. Pintle Hooks | NA | | | c. Torque, Radius, or Tracking Components | | | |
| c. Drawbar/Towbar Eye | | | | 9. FRAME | | | |
| d. Drawbar/Towbar Tongue | | | | a. Frame Members | X | | |
| e. Safety Devices | | | | b. Tire and Wheel Clearance | X | | |
| f. Saddle-Mounts | | | | c. Adjustable Axle Assemblies (Sliding Subframes) | X | | |
| 3. EXHAUST SYSTEM | | | | 10. TIRES | | | |
| a. Any exhaust system determined to be leaking of a point forward of or directly below the driver/sleeper compartment. | NA | | | a. Tires on any steering axle of a power unit. | NA | | |
| b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2), or (3). | | | | b. All other tires. | X | | |
| c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle. | | | | 11. WHEELS AND RIMS | | | |
| 4. FUEL SYSTEM | | | | a. Lock or Side Ring | NA | | |
| a. Visible leak | NA | | | b. Wheels and Rims | X | | |
| b. Fuel tank filler cap missing | | | | c. Fasteners | X | | |
| c. Fuel tank securely attached | | | | d. Welds | X | | |
| 5. LIGHTING DEVICES | | | | 12. WINDSHIELD GLAZING | | | |
| All lighting devices and reflectors required by Section 393 shall be operable. | X | | | Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions). | NA | | |
| 6. SAFE LOADING | | | | 13. WINDSHIELD WIPERS | | | |
| 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. | X | | | Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective. | NA | | |
| b. Protection against shifting cargo | X | | | List any other condition which may prevent safe operation of this vehicle. | | | |

Instructions: Mark column entries to verify inspection: X 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 REPORT IN ACCORDANCE WITH 49 CFR 396.