

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD

REPORT
NUMBER

FLEET UNIT NUMBER

DATE

12-27-2022

205T017

MOTOR CARRIER OPERATOR

Vander Haag's Inc

ADDRESS

1499 US-42 NE

CITY, STATE, ZIP CODE

London, OH 43140

VEHICLE TYPE ☐ TRACTOR ☒ TRAILER ☐ TRUCK ☐ BUS
☐ (OTHER)

INSPECTOR'S NAME (PRINT OR TYPE)

Mitchell Johnson

THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19.

☒ YES

VEHICLE IDENTIFICATION (☒ AND COMPLETE) ☐ LIC. PLATE NO. ☒ VIN ☐ OTHER

1DW1A5325LBA32587

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
			1. BRAKE SYSTEM				6. SAFE LOADING				12. WINDSHIELD GLAZING
<input checked="" type="checkbox"/>			a. Service Brakes				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"/>			7. STEERING MECHANISM	<input checked="" type="checkbox"/>			14. MOTORCOACH SEATS
<input checked="" type="checkbox"/>			e. Brake Tubing	<input checked="" type="checkbox"/>			a. Steering Wheel Free Play	<input checked="" type="checkbox"/>			Seats securely fastened to the vehicle structure.
<input checked="" type="checkbox"/>			f. Low Pressure Warning Device	<input checked="" type="checkbox"/>			b. Steering Column	<input checked="" type="checkbox"/>			15. REAR IMPACT GUARD
<input checked="" type="checkbox"/>			g. Tractor Protection Valve	<input checked="" type="checkbox"/>			c. Front Axle Beam/All Other Steering Components	<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"/>			d. Steering Gear Box	<input checked="" type="checkbox"/>			16. OTHER
<input checked="" type="checkbox"/>			i. Electric Brakes	<input checked="" type="checkbox"/>			e. Pitman Arm	<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"/>			f. Power Steering	<input checked="" type="checkbox"/>			NONE
<input checked="" type="checkbox"/>			k. Vacuum Systems	<input checked="" type="checkbox"/>			g. Ball and Socket Joints	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			l. Antilock Brake System	<input checked="" type="checkbox"/>			h. Tie Rods and Drag Links	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			m. Automatic Brake Adjusters	<input checked="" type="checkbox"/>			i. Nuts	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			2. COUPLING DEVICES	<input checked="" type="checkbox"/>			j. Steering System	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			a. Fifth Wheels	<input checked="" type="checkbox"/>			8. SUSPENSION	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			b. Pintle Hooks	<input checked="" type="checkbox"/>			a. Axle Positioning Parts	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>			b. Spring Assembly	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			d. Drawbar/Towbar Tongue	<input checked="" type="checkbox"/>			c. Torque, Radius or Tracking Components	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			e. Safety Devices	<input checked="" type="checkbox"/>			9. FRAME	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			f. Saddle-Mounts	<input checked="" type="checkbox"/>			a. Frame Members	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			3. EXHAUST SYSTEM	<input checked="" type="checkbox"/>			b. Tire and Wheel Clearance	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			a. No leaks forward of/ directly below the driver/sleeper compartment.	<input checked="" type="checkbox"/>			c. Adjustable Axle Assemblies (Sliding Subframes)	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			b. Bus: No leaking/ discharging in violation of standard.	<input checked="" type="checkbox"/>			10. TIRES	<input checked="" type="checkbox"/>			
<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"/>			a. Steer-Axle Tires	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			4. FUEL SYSTEM	<input checked="" type="checkbox"/>			b. All Other Tires	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			a. No visible leak.	<input checked="" type="checkbox"/>			c. Speed-Restricted Tires	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			b. Fuel Tank Filler Cap	<input checked="" type="checkbox"/>			11. WHEELS AND RIMS	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			c. Fuel tank securely attached.	<input checked="" type="checkbox"/>			a. Lock or Side Ring	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			5. LIGHTING DEVICES	<input checked="" type="checkbox"/>			b. Wheels and Rims	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			All required lights/reflectors operable.	<input checked="" type="checkbox"/>			c. Fasteners	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			d. Welds	<input checked="" type="checkbox"/>			

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.