

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD

REPORT
NUMBER

61777277

FLEET UNIT NUMBER

404280

DATE

05-17-2023

MOTOR CARRIER OPERATOR

FedEx Ground

INSPECTOR'S NAME (PRINT OR TYPE)

Mike Ammermann

ADDRESS

1000 FedEx Drive

THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19.

☒ YES

CITY, STATE, ZIP CODE

Pittsburgh PA 15108

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

1F66F5KY5H0A17786

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

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	<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				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				14. MOTORCOACH SEATS
<input checked="" type="checkbox"/>			e. Brake Tubing	NA			a. Steering Wheel Free Play	NA			Seats securely fastened to the vehicle structure.
<input checked="" type="checkbox"/>			f. Low Pressure Warning Device	<input checked="" type="checkbox"/>			b. Steering Column				15. REAR IMPACT GUARD
NA			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).
NA			h. Air Compressor	<input checked="" type="checkbox"/>			d. Steering Gear Box				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				
NA			k. Vacuum Systems	<input checked="" type="checkbox"/>			g. Ball and Socket Joints				
<input checked="" type="checkbox"/>			l. Antilock Brake System	<input checked="" type="checkbox"/>			h. Tie Rods and Drag Links				
NA			m. Automatic Brake Adjusters	<input checked="" type="checkbox"/>			i. Nuts				
NA			2. COUPLING DEVICES	<input checked="" type="checkbox"/>			j. Steering System				
NA			a. Fifth Wheels	<input checked="" type="checkbox"/>			8. SUSPENSION				
NA			b. Pintle Hooks	<input checked="" type="checkbox"/>			a. Axle Positioning Parts				
NA			c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>			b. Spring Assembly				
NA			d. Drawbar/Towbar Tongue	<input checked="" type="checkbox"/>			c. Torque, Radius or Tracking Components				
NA			e. Safety Devices	<input checked="" type="checkbox"/>			9. FRAME				
NA			f. Saddle-Mounts	<input checked="" type="checkbox"/>			a. Frame Members				
<input checked="" type="checkbox"/>			3. EXHAUST SYSTEM	<input checked="" type="checkbox"/>			b. Tire and Wheel Clearance				
			a. No leaks forward of/ directly below the driver/ sleeper compartment.	<input checked="" type="checkbox"/>			c. Adjustable Axle Assemblies (Sliding Subframes)				
NA			b. Bus: No leaking/ discharging in violation of standard.	<input checked="" type="checkbox"/>			10. TIRES				
<input checked="" type="checkbox"/>			c. Unlikely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of vehicle.	NA			a. Steer-Axle Tires				
<input checked="" type="checkbox"/>			4. FUEL SYSTEM	<input checked="" type="checkbox"/>			b. All Other Tires				
<input checked="" type="checkbox"/>			a. No visible leak.	<input checked="" type="checkbox"/>			c. Speed-Restricted Tires				
<input checked="" type="checkbox"/>			b. Fuel Tank Filler Cap	NA			11. WHEELS AND RIMS				
<input checked="" type="checkbox"/>			c. Fuel tank securely attached.	<input checked="" type="checkbox"/>			a. Lock or Side Ring				
<input checked="" type="checkbox"/>			5. LIGHTING DEVICES	<input checked="" type="checkbox"/>			b. Wheels and Rims				
<input checked="" type="checkbox"/>			All required lights/reflectors operable.	<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.