



**RTR Services Inc.**  
**TRAILER**  
**CONDITION REPORT**

**RTR #:** 4033222-03  
**ACCOUNT NUMBER:**  
**ACCOUNT NAME:**

<b>YEAR:</b>	2018	<b>BODY TYPE:</b>	Dry Van	<b>VIN#:</b>	5V8VC5325JT807389		
<b>MAKE:</b>	Vanguard	<b>LICENSE:</b>		<b>STATE:</b>		<b>TAGS: MN:</b>	<b>YR:</b>
<b>MODEL:</b>	VXP	<b>COLOR:</b>	<b>EXTERIOR:</b> White	<b>INTERIOR:</b>	White/Aluminum/Wood		
<b>LENGTH:</b>	53'	<b>WIDTH:</b>	102"	<b>HEIGHT:</b>	13'9"	<b>GVW:</b>	68,000
<b>HITCH:</b>	<input type="checkbox"/> GOOSE NECK <input type="checkbox"/> PINTLE <input checked="" type="checkbox"/> 5 <sup>TH</sup> WHEEL PIN <input type="checkbox"/> 1 7/8" BALL <input type="checkbox"/> 2" BALL <input type="checkbox"/> 2 5/16" BALL						

<b>IS IT ROAD READY?</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>COLLISION DAMAGE?</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>KEYS:</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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**PHYSICAL APPEARANCE**

					COMMENTS	OPTIONS	
	GD	FR	PR	N/A			
<b>BODY</b>	FRONT PANEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> AIR RIDE SUSPENSION	
	HITCH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SPRING SUSPENSION	
	D SIDE PANEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> AIR BRAKES	
	SIDE DOOR (S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> ELECTRICAL BRAKES	
	REAR PANEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HYD BRAKES	
	REAR DOOR (S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> SLIDER AXLE	
	P SIDE PANEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>WHEELS</b>	
	REAR BUMPER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BUD	
	TOP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SPOKE	
<b>INTERIOR</b>	FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> STEEL	
	D SIDE PANELS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ALUMINUM	
	FRONT PANEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LIFT/TAG AXLE	
	P SIDE PANEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SPARE TIRE RACK	
	CARGO RAILS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> REFRIGERATION UNIT	
	CEILING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> REEFER HRS _____	
<b>TIRES</b>	D FRONT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> TOOL BOX	
	D REAR A1 (S/D?)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> MUD FLAPS	
	D REAR A2 (S/D?)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ROLL UP REAR DOOR	
	D REAR A3 (S/D?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> LOADING RAMP	
	P FRONT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> BATTERY	
	P REAR A1 (S/D?)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	P REAR A2 (S/D?)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	P REAR A3 (S/D?)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SPARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
<b>MECHANICAL</b>		GD	FR	PR	UKN	N/A	COMMENTS:
	TAIL LIGHTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	SIGNAL LIGHTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	CLEARANCE LGT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	SLIDER AXLES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	REFRIGERATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	LANDING GEAR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	AIR HOSE/GLAD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ELECTR PIGTAIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

**COMMENTS:**

  
  
  
  
  
  
  
  
  
  

7/3/2024

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 EMPLOYEE'S FULL NAME (PLEASE PRINT)                      DATE                      EMPLOYEE'S SIGNATURE  
 By signature above I do hereby certify all information contained within this report to be true and accurate to the best of my knowledge at present.

**RTR Services Inc. • 395 Market St. NE Salem OR 97301 • 1.800.238.3294 • FAX 503.399.0421**

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