


<b>RTR Services Inc.</b>				<b>RTR #:</b> 4051123			
<b>FLAT BED/TOW TRUCK CONDITION REPORT</b>		<b>ACCOUNT NUMBER:</b>					
<b>YEAR:</b> 2022		<b>MILES:</b> 47,362		<b>VIN#:</b> 3C7WRMDL7NG205221			
<b>MAKE:</b> RAM		<b>GVW:</b> 19,500		<b>BED WIDTH:</b>			
<b>MODEL:</b> 5500 Tow Truck		<b>WHEELBASE:</b>		<b>BED LENGTH:</b>			
<b>ENGINE:</b> Cummins 6.7		<b>HP:</b>		<b>TOW CAPACITY:</b>			
<b>TRANS:</b> Automatic		<b>FUEL:</b> <input type="checkbox"/> GAS <input checked="" type="checkbox"/> DIESEL		<b>KEYS: IGNITION:</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO • <b>DOOR:</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
<b>DOES MOTOR RUN?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<b>CAN IT BE DRIVEN?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<b>COLLISION DAMAGE?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
<b>PHYSICAL APPEARANCE</b>							
<b>BODY</b>	FRONT BUMPER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>OPTIONS</b> <input checked="" type="checkbox"/> PWR STEERING <b>BRAKES</b> <input type="checkbox"/> AIR <input checked="" type="checkbox"/> HYD <input checked="" type="checkbox"/> PWR LOCKS <input checked="" type="checkbox"/> PWR WINDOWS <input checked="" type="checkbox"/> PWR SEATS <input checked="" type="checkbox"/> PWR MIRRORS <input checked="" type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> AIR RIDE SEAT D/P _____ <input type="checkbox"/> AIR RIDE SUSPENSION <input checked="" type="checkbox"/> AM FM RADIO <input type="checkbox"/> TAPE / CD / CB? _____ <input type="checkbox"/> HITCH TYPE _____ <input checked="" type="checkbox"/> WHEEL LIFT <input type="checkbox"/> TANDEM AXLE <input checked="" type="checkbox"/> ENGINE BRAKE <input checked="" type="checkbox"/> TOOL BOX _____ <b>FUEL TANKS</b> <input checked="" type="checkbox"/> SINGLE GAL _____ <input type="checkbox"/> DUAL GAL _____ <input checked="" type="checkbox"/> MUD FLAPS <b>WHEELS</b> <input checked="" type="checkbox"/> ALUMINUM <input type="checkbox"/> STEEL <input type="checkbox"/> BUD <input type="checkbox"/> SPOKE <input checked="" type="checkbox"/> EXHAUST S/D? <u>S</u> <b>SUSPENSION</b> <input type="checkbox"/> AIR <input checked="" type="checkbox"/> SPRING <input type="checkbox"/> PAD <input type="checkbox"/> LIFT/TAG AXLE <input checked="" type="checkbox"/> WINCH <input checked="" type="checkbox"/> J HOOKS/CHAIN <u>2</u> <input type="checkbox"/> WET KIT <input type="checkbox"/> BOOM <input checked="" type="checkbox"/> FLATBED <input type="checkbox"/> SELF LOADER	
	HEAD LIGHTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	HOOD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	TURN SIGNALS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	GRILL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	D FRONT FENDER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	D DOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	D PANEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	REAR GATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	TAIL LIGHTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
REAR PANEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
P FRONT FENDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
P FRONT DOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
P PANEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
TOP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>TIRES</b>	D FRONT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20 % 225/70R19.5 SIZE:	
	D REAR A1 (S/D?)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20 % 225/70R19.5 SIZE:	
	D REAR A2 (S/D?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	% SIZE:	
	P FRONT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20 % 225/70R19.5 SIZE:	
	P REAR A1 (S/D?)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20 % 225/70R19.5 SIZE:	
	P REAR A2 (S/D?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	% SIZE:	
	SPARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	% SIZE:	
<b>GLASS</b>	WINDSHIELD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	D FRONT DOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	REAR WINDOW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	P FRONT DOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	MIRRORS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>INTERIOR</b>	DASH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	DOOR PANELS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	SEAT(S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	FLOORING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	HEADLINER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
BD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
<b>MECHANICAL</b>		<b>GD</b>	<b>FR</b>	<b>PR</b>	<b>UKN</b>	<b>N/A</b>	<b>COMMENTS:</b>
	ENGINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	TRANSMISSION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	CLUTCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	DIFFERENTIALS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	BRAKES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	FRONT END	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	REAR END	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BATTERY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>COMMENTS:</b> Broken fog light							

5/9/2024

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.