

Fleet Name

Vehicle Mileage

Truck Unit #

Email Address

VIN #  
(required field)

Phone Number

Max Engine RPM  
(required field)

R.O. Number

Top Gear Ratio  
of Transmission  
(required field)

Case Number

**Print****Exit****Comments**



Side Angle 1

Side Angle 2

Side Angle 3

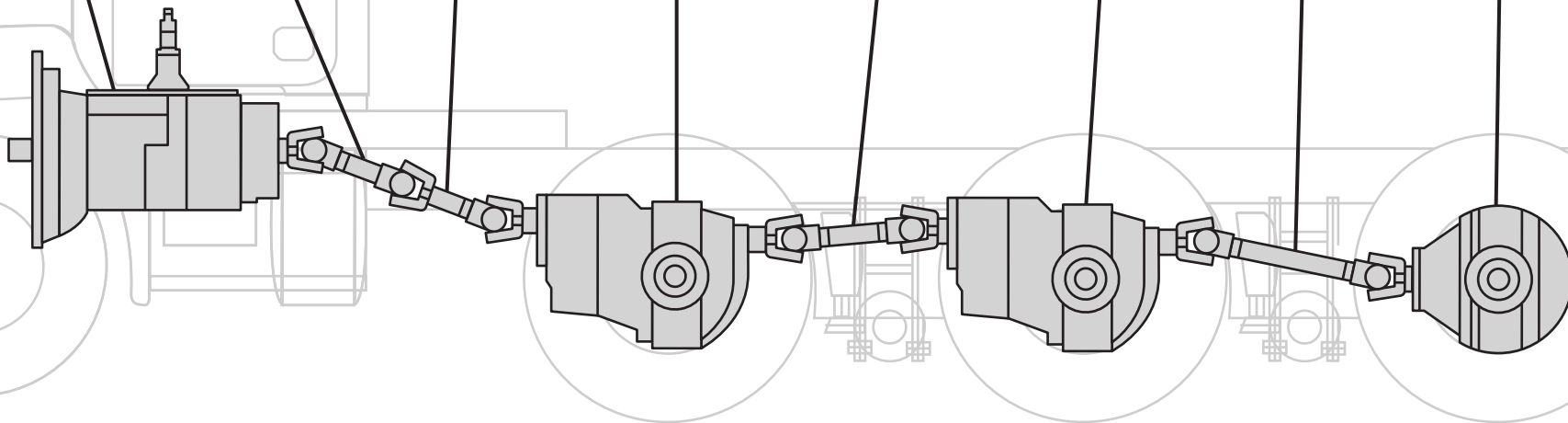
Side Angle 4

Side Angle 5

Side Angle 6

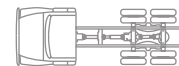
Side Angle 7

Side Angle 8



Print

Exit



Top Angle 1

Top Angle 2

Top Angle 3

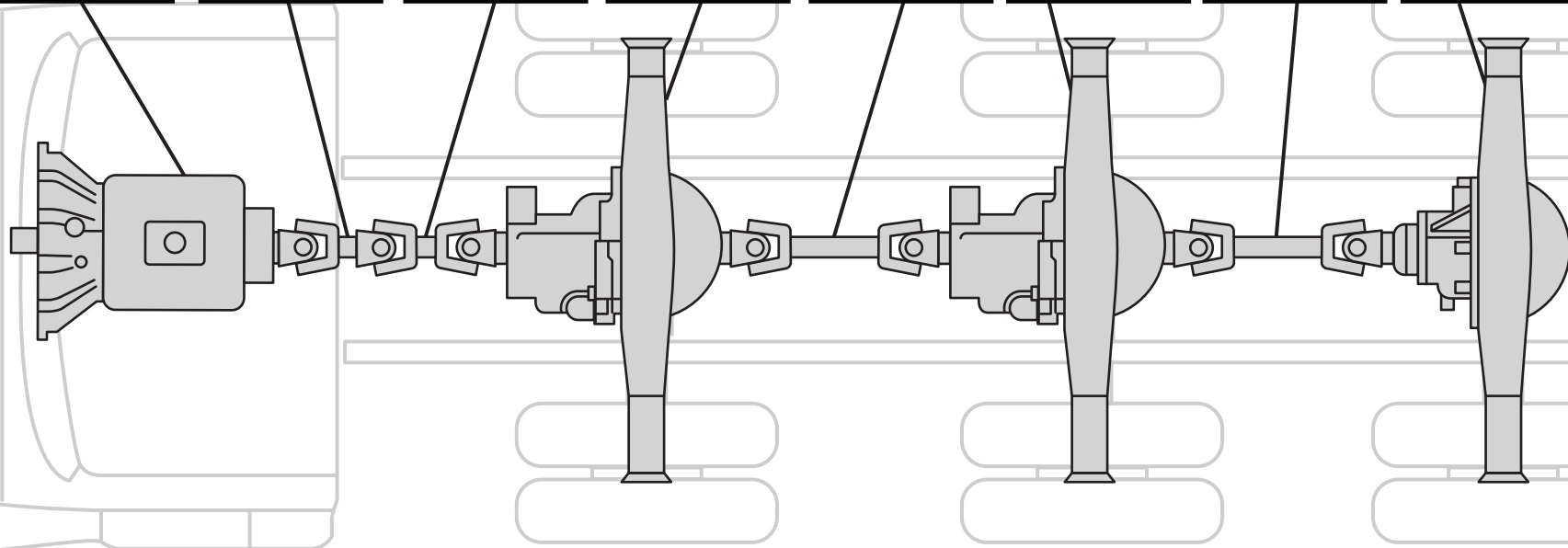
Top Angle 4

Top Angle 5

Top Angle 6

Top Angle 7

Top Angle 8



Print

Exit

