

RTR Services Inc. BOX TRUCK CONDITION REPORT		RTR #: 5061859-06	ACCOUNT NUMBER: ACCOUNT NAME:
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YEAR: 2021	MILES: 65,819	VIN #: 4UZAC3GAXMCMV1948		
MAKE: Freightliner	GVW: 26,000	BOX HEIGHT: 85"	BOX LENGTH: 18'	BOX WIDTH: 93.5"
MODEL: MT 55G	WHEELBASE:	COLOR: EXTERIOR: White	INTERIOR: Gray	
ENGINE: V8 6L	HP: 308	KEYS: IGNITION: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO • DOOR: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
TRANS: Automatic	FUEL: <input checked="" type="checkbox"/> GAS <input type="checkbox"/> DIESEL	ANTIFREEZE TESTED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	RATING:	
DOES MOTOR RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	COLLISION DAMAGE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

PHYSICAL APPEARANCE

	GD	FR	PR	N/A	COMMENTS	OPTIONS	
BODY	FRONT BUMPER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PWR STEERING BRAKES <input type="checkbox"/> AIR <input checked="" type="checkbox"/> HYD <input type="checkbox"/> PWR LOCKS <input type="checkbox"/> PWR WINDOWS <input type="checkbox"/> PWR SEATS <input 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 type="checkbox"/> AM FM RADIO <input type="checkbox"/> CD / CB? _____ <input type="checkbox"/> SLEEPER SIZE? _____ <input type="checkbox"/> TRANSLUCENT ROOF <input type="checkbox"/> E-TRACK LINING <input type="checkbox"/> BOX DOME LIGHT <input type="checkbox"/> SIDE DOOR FUEL TANKS <input type="checkbox"/> SINGLE GAL _____ <input type="checkbox"/> DUAL GAL _____ <input checked="" type="checkbox"/> MUD FLAPS WHEELS <input type="checkbox"/> ALUMINUM <input type="checkbox"/> STEEL <input type="checkbox"/> BUD <input type="checkbox"/> SPOKE <input type="checkbox"/> EXHAUST S/D? _____ SUSPENSION <input type="checkbox"/> AIR <input type="checkbox"/> SPRING <input type="checkbox"/> PAD <input type="checkbox"/> TANDEM AXLE <input type="checkbox"/> ENGINE BRAKE <input type="checkbox"/> TOOL BOX _____ <input type="checkbox"/> LIFT/TAG AXLE <input type="checkbox"/> RAMP <input type="checkbox"/> LIFTGATE <input type="checkbox"/> CAMERA SYSTEM <input checked="" type="checkbox"/> CARGO VAN <input checked="" type="checkbox"/> SHELVING	
	HEADLIGHTS	<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"/>		
	GRILLE	<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 BOX	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	REAR BUMPER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	TAILLIGHTS	<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"/>	Key is stuck in the back door.		
P FRONT FENDER	<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"/>			
P BOX	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dent & scrape behind wheel well.		
TOP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
TIRES	D FRONT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	% SIZE: _____	
	D REAR A1 (S/D?)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	% 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	% SIZE: _____	
	P REAR A1 (S/D?)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	% 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: _____		
GLASS	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>		
INTERIOR	DASH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	DOOR PANELS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	SEAT(S)	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	SLEEPER BOX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
MECHANICAL		GD	FR	PR	UKN	N/A	COMMENTS:
	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/ELECTR	<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"/>		

THIS IS NOT A MECHANICAL INSPECTION / IT IS A VISUAL INSPECTION ONLY / DEF & DPF FUNCTIONS NOT VERIFIED, BUYER RESPONSIBLE TO VALIDATE / WE RECOMMEND YOU INSPECT PRIOR TO PURCHASE
COMMENTS: Mileage Unverified.

EMPLOYEE'S FULL NAME (PLEASE PRINT) _____	6/24/2025 DATE	EMPLOYEE'S SIGNATURE _____
All information contained within this report is deemed to be true and accurate to the best of my knowledge as of the date listed above.		