

RTR Services Inc. DUMP TRUCK CONDITION REPORT						RTR #:		5113043				
						ACCOUNT NUMBER:		ACCOUNT NAME:				
YEAR:	2016	MILES	823,518			VIN#:	3AKJGEBG0GSHF0171					
MAKE:	Freightliner	GVW:	52,000	BED HEIGHT		5ft	BED LENGTH	19ft	BED WIDTH	8ft		
MODEL:	Cascadia 125	WHEELBASE:		182		COLOR:		EXTERIOR:	White	INTERIOR:	Gray	
ENGINE:	Cummins ISX15	HP	450			KEYS: IGNITION:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	• DOOR:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
TRANS:	Auto	FUEL: <input type="checkbox"/> GAS <input checked="" 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	CAN IT BE DRIVEN?			<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	COLLISION DAMAGE?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
PHYSICAL APPEARANCE												
BODY	GD	FR	PR	N/A	COMMENTS						OPTIONS	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/> PWR STEERING	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input checked="" type="checkbox"/> BRAKES	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/> AIR	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/> HYD	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/> PWR LOCKS	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input checked="" type="checkbox"/> PWR WINDOWS	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input checked="" type="checkbox"/> PWR SEATS	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input checked="" type="checkbox"/> PWR MIRRORS	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input checked="" type="checkbox"/> AIR CONDITIONER	
TIRES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input checked="" type="checkbox"/> AIR RIDE SEAT D/P both	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input checked="" type="checkbox"/> AIR RIDE SUSPENSION	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/> AM FM RADIO	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/> TAPE / CD / CB? _____	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/> HITCH TYPE _____	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input checked="" type="checkbox"/> TARP SYSTEM	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/> TANDEM AXLE	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input checked="" type="checkbox"/> ENGINE BRAKE	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/> TOOL BOX _____	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input checked="" type="checkbox"/> FUEL TANKS	
GLASS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/> SINGLE GAL _____	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input checked="" type="checkbox"/> DUAL GAL 200	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input checked="" type="checkbox"/> MUD FLAPS	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/> WHEELS	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/> ALUMINUM	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input checked="" type="checkbox"/> STEEL	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/> BUD	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input checked="" type="checkbox"/> SPOKE	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input checked="" type="checkbox"/> EXHAUST S/D? S	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/> SUSPENSION	
INTERIOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/> AIR	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/> SPRING	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/> PAD	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/> LIFT/TAG AXLE	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/> ARTICULATED	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input checked="" type="checkbox"/> BED CAPACITY _____	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/> WET KIT	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	
COMMENTS:												

12/2/2025

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.