

Name: _____ Date: _____ Truck / City: _____ Event: _____

Front Suspension

Upper Spacer: _____ mm (1 2 3 4 5 6 7 8)

King Pin: Standard UM128

Upper Spacer: _____ mm

Knuckle Spacer: Upper Lower

Wheel Spacer: _____ mm

Drive Hub: LAW30R(4.5) TFW031(5.2)

Droop: _____ mm

Upper Rod Position:

Diff. Position:

Sus. Arm Spacer: Front _____ mm Rear _____ mm

Knuckle Spacer: _____ mm

Ride Height: _____ mm

Sway Bar: _____ mm

Toe Angle: _____ °

Front Diff.: Spool Oneway Diff.

Camber Angle: _____ °

Notes: _____

Sus. Holder Bush: Front _____ In / Out _____ mm Rear _____ In / Out _____ mm

Sus. Holder Spacer: _____ mm

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Rear Suspension

Upper Spacer: _____ mm (1 2 3 4 5 6 7)

Upper Spacer: _____ mm (1 2)

Upper Rod Position:

Wheel Spacer: _____ mm

Drive Hub: LAW30R(4.5) TFW031(5.2)

Droop: _____ mm

Sus. Arm Spacer: Front _____ mm Rear _____ mm

Diff. Position:

Ride Height: _____ mm

Sway Bar: _____ mm

Hub Carrier Spacer: Front _____ mm Rear _____ mm

Camber Angle: _____ °

Sus. Holder Bush: Front _____ IN / OUT _____ mm Rear _____ IN / OUT _____ mm

Sus. Holder Spacer: _____ mm

Shock

	Front	Rear
Shock Oil:	# _____	# _____
Shock Spring:	_____	_____
Diaphragm:	_____	_____
Pressure Form:	_____	_____
Shock Length:	_____ mm	_____ mm

Steering Wiper

Steering Spacer: _____ mm

Chassis

Battery Position: IN OUT

Weight: _____ g

Weight: _____ g

Weight: _____ g

Weight: _____ g

Front Belt Position: Right Left

Tire

Tire	Comments
Tire _____	-----
Inserts _____	-----
Wheel _____	-----
Traction Compound 1st: _____ 2nd: _____	-----

Others

2nd Gear Ratio: 1.83

Motor _____

Pinion/Spur _____ / _____ Gear Ratio _____

Battery _____ ESC _____

Body _____ Wing _____

Track Condition

<input type="checkbox"/> Smooth	<input type="checkbox"/> Asphalt
<input type="checkbox"/> Bumpy	<input type="checkbox"/> Concrete
<input type="checkbox"/> Low Truction	<input type="checkbox"/> Carpet
<input type="checkbox"/> Med. Truction	<input type="checkbox"/> Indoor
<input type="checkbox"/> High Truction	<input type="checkbox"/> Outdoor

Comment: _____
