

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

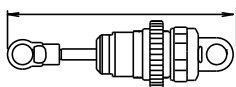
Camber Angle: _____ °

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

Motor _____

Pinion/Spur _____ / _____ Gear Ratio _____

Battery _____ ESC _____

Body _____ Wing _____

2nd Gear Ratio: 1.83

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: _____
