ORIGINAL - Submit to carrier DUPLICATE - Retain in your possession for 8 days DRIVER'S DAILY LOG NOTE: All entries must be neatly printed in blocks. Use blue or black ink only. Today's Date/Off Duty Begin Date If multiple off-duty days, enter end date here (Print Last Name, First Initial - Ex. Smith, R) d (Month) (Day) (Month) (Day) certify these entries are true and correct (Total Miles Driving Today) (Safety #) 0 (Driver's Signature in Full) Specialized Transportation Inc. - 5001 US Hwy. 30W - Fort Wayne, IN 46898 (Print Co-Driver Name) 10 11 NOON 1 2 1: Off Duty 10 TOTAL HOURS 2: Sleeper 3: Driving 4: On Duty REMARKS: 1/4 = 0.251/2 = 0.503/4 = 0.75B/L I LOG USING STANDARD TIME OF HOME TERMINA (Home Terminal Address) DAILY VEHICLE CONDITION REPORT THIS IS AN END OF THE DAY INSPECTION (FMCSR 396.11). IF ANY COMPONENTS ARE FOUND TO BE DEFECTIVE, PLACE AN (X) IN THE APPROPRIATE BOX. □ 1. Air Hoses and Connectors □ 4. Tires ☐ 10. Parking Brake ☐ 13. Speedometer ☐ 2. Coupling Devices 7. Triangles and Fuses ☐ 5. Glass and Mirrors ☐ 11. Steering Mechanism ☐ 14. Lights and Reflectors □ 8. Horn (Air and/or Electric) □ 12. Service Brakes ☐ 3. Wheels and Rims **15. NO DEFECTS** ☐ 6. Fire Extinguisher □ 9. Windshield Wipers DRIVER'S SIGNATURE MILES AND FUEL BY STATE - SPECIALIZED TRANSPORTATION, INC. Month Print Lead Driver's Name. Lead Hauler Tractor/Str. Truck 6 Digit Code PLACE AN (X) IF RENTAL UNIT Name Agent ODOMETER READINGS REQUIRED BY "IFTA" Code STATE/PROVINCE ROUTES TRAVELED BEGINNING CITY/STATE MILES/KILOMETERS GAL/LITERS FUEL PURCHASED ENDING - ODOMETER ENDING CITY/ST Attach Fuel Receipts to Miles and Fuel Section. FUEL RECEIPTS WILL NOT BE ACCEPTED IF THE DATES HAVE BEEN CHANGED TOTAL MILES/KILOMETERS

DRIVEN TODAY