

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 2-24-15 If multiple off-duty days, enter end date here: (Month) (Day) (Year)

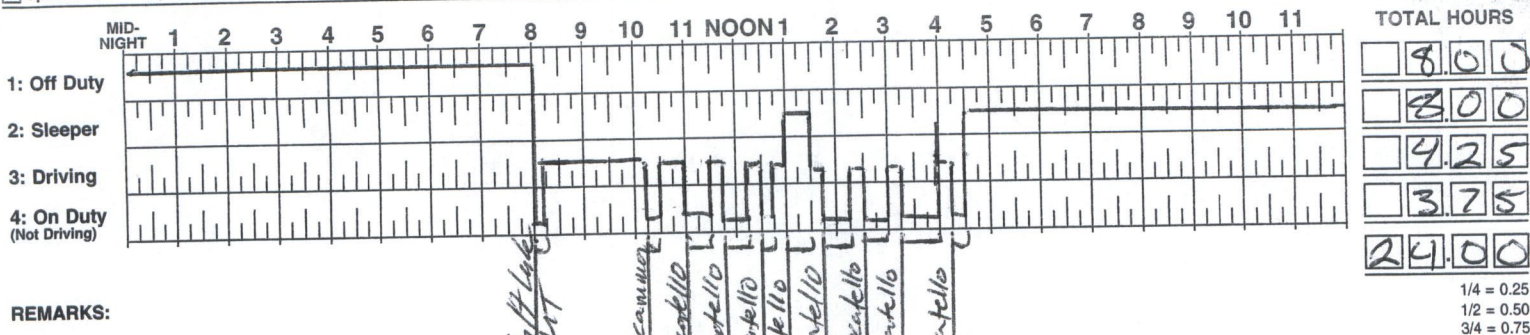
(Print Last Name, First Initial - Ex. Smith, R) Harm D

I certify these entries are true and correct. D (Driver's Signature in Full)

194 (Total Miles Driving Today) 231783 (Tractor Number) 1499 (Safety #)

112915 (Trailer Number) (Co-Driver ID) (Print Co-Driver Name)

☐ Specialized Transportation Inc. - 5001 US Hwy. 30W - Fort Wayne, IN 46898



B/L NO. SF

LOG USING STANDARD TIME OF HOME TERMINAL

Salt Lake

(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.
IF NO DEFECTS ARE FOUND, PLACE AN (X) IN THE BOX MARKED "NO DEFECTS".

- | | | | | |
|--|---|--|---|--|
| ☐ 1. Air Hoses and Connectors | ☐ 4. Tires | ☐ 7. Triangles and Fuses | ☐ 10. Parking Brake | ☐ 13. Speedometer |
| ☐ 2. Coupling Devices | ☐ 5. Glass and Mirrors | ☐ 8. Horn (Air and/or Electric) | ☐ 11. Steering Mechanism | ☐ 14. Lights and Reflectors |
| ☐ 3. Wheels and Rims | ☐ 6. Fire Extinguisher | ☐ 9. Windshield Wipers | ☐ 12. Service Brakes | ☒ 15. NO DEFECTS |

DRIVER'S SIGNATURE D

MILES AND FUEL BY STATE - SPECIALIZED TRANSPORTATION, INC.

Month <u>2-24-15</u>	Day <u>24</u>	Year <u>15</u>	Print Lead Driver's Name <u>Harm D</u>	Lead Hauler Code <u>1499</u>	
Tractor/Str. Truck 6 Digit # <u>231783</u>	PLACE AN (X) IF RENTAL UNIT ☐	Agent Name <u>Redman Van & Seng</u>	Agent Code <u>7445</u>		
ODOMETER READINGS REQUIRED BY "IFTA"		STATE/PROVINCE	ROUTES TRAVELED	MILES/KILOMETERS	GAL/LITERS FUEL PURCHASED
BEGINNING CITY/STATE <u>Salt Lake</u>		<u>UT</u>	<u>W F 215 I 15</u>	<u>97</u>	
BEGINNING - ODOMETER <u>969734</u>		<u>ID</u>	<u>I 15 W F 15</u>	<u>97</u>	
ENDING - ODOMETER <u>969928</u>					
ENDING CITY/STATE <u>Pocatello</u>					

Attach Fuel Receipts to Miles and Fuel Section.

FUEL RECEIPTS WILL NOT BE ACCEPTED IF THE DATES HAVE BEEN CHANGED

194

TOTAL MILES/KILOMETERS DRIVEN TODAY

B/L NO. SF LOG USING STANDARD TIME OF HOME TERMINAL 001/0000000000 (Home Terminal Address)

DRIVER'S SIGNATURE

ORIGINAL Copy - Mail to Safety Administration every 7 days in attached envelopes

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: 2-26-15 (Month) (Day) (Year)

If multiple off-duty days, enter end date here: - - (Month) (Day) (Year)

(Print Last Name, First Initial - Ex. Smith, R) Harmon D

I certify these entries are true and correct. [Signature] (Driver's Signature in Full)

(Total Miles Driving Today) 231783 (Tractor Number) 1499 (Safety #)

112915 (Trailer Number) (Co-Driver ID)

 (Print Co-Driver Name)

☐ Specialized Transportation Inc. - 5001 US Hwy. 30W - Fort Wayne, IN 46898

	MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	TOTAL HOURS
1: Off Duty																									<u>17.75</u>
2: Sleeper																									<u>3.25</u>
3: Driving																									<u>3.00</u>
4: On Duty (Not Driving)																									<u>24.00</u>

REMARKS: Portbury
Rebun
Tetonia
Idaho Falls
Idaho Falls
Idaho Falls
Idaho Falls

1/4 = 0.25
1/2 = 0.50
3/4 = 0.75

B/L NO. LOG USING STANDARD TIME OF HOME TERMINAL Salt Lake UT (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. IF NO DEFECTS ARE FOUND, PLACE AN (X) IN THE BOX MARKED "NO DEFECTS".

- | | | | | |
|--|---|--|---|--|
| ☐ 1. Air Hoses and Connectors | ☐ 4. Tires | ☐ 7. Triangles and Fuses | ☐ 10. Parking Brake | ☐ 13. Speedometer |
| ☐ 2. Coupling Devices | ☐ 5. Glass and Mirrors | ☐ 8. Horn (Air and/or Electric) | ☐ 11. Steering Mechanism | ☐ 14. Lights and Reflectors |
| ☐ 3. Wheels and Rims | ☐ 6. Fire Extinguisher | ☐ 9. Windshield Wipers | ☐ 12. Service Brakes | ☒ 15. NO DEFECTS |
- DRIVER'S SIGNATURE [Signature]

MILES AND FUEL BY STATE - SPECIALIZED TRANSPORTATION, INC.

Month	Day	Year	Print Lead Driver's Name	Lead Hauler Code	
<u>2</u>	<u>26</u>	<u>15</u>	<u>Harmon D</u>	<u>1499</u>	
Tractor/Str. Truck 6 Digit #	PLACE AN (X) IF RENTAL UNIT	Agent Name	Agent Code		
<u>231783</u>	☐	<u>Rebun Van & Storage</u>	<u>7445</u>		
ODOMETER READINGS REQUIRED BY "IFTA"		STATE/PROVINCE	ROUTES TRAVELED	MILES/KILOMETERS	GALLONS FUEL PURCHASED
BEGINNING CITY/STATE		<u>ID</u>	<u>LI (33) LI (33) 20 LI</u>		
BEGINNING - ODOMETER					
<u>970348</u>					
ENDING - ODOMETER					
<u>970443</u>					
ENDING CITY/STATE					
<u>Idaho Falls</u>					

Attach Fuel Receipts to Miles and Fuel Section.

FUEL RECEIPTS WILL NOT BE ACCEPTED IF THE DATES HAVE BEEN CHANGED

ORIGINAL Copy - Mail to Safety Administration every 7 days in attached envelopes

TOTAL MILES/KILOMETERS DRIVEN TODAY