

NOTE: All entries must be neatly printed in blocks.
Use blue or black ink only.

Today's Date/Off Duty Begin Date - / (Month) (Day) (Year) Total Miles Driving Today <input checked="" type="text"/>	If multiple off-duty days, enter end date here: - / (Month) (Day) (Year) Tractor Number Trailer Number	Last Name, First Initial - Ex. Smith, R Harmon D I certify these entries are true and correct. (Driver's Signature in Full) (Print Co-Driver Name)
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☐ Specialized Transportation Inc. - 5001 US Hwy. 30W - Fort Wayne, IN 46898

REMARKS:

1: Off Duty

2: Sleeper

3: Driving

4: On Duty (Not Driving)

TOTAL HOURS

1	6	0	0
4	0	0	
4	0	0	
2	4	0	0

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

B/L NO. SF LOG USING STANDARD TIME OF HOME TERMINAL Sgt H. L. L...
(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 ☒ 15. NO DEFECTS
☐ 3. Wheels and Rims ☐ 6. Fire Extinguisher ☐ 9. Windshield Wipers ☐ 12. Service Brakes
- DRIVER'S SIGNATURE _____

DRIVER'S SIGNATURE

MILES AND FUEL BY STATE - SPECIALIZED TRANSPORTATION, INC.	
Year	

MILES AND FUEL BY STATE - SPECIALIZED TRANSPORTATION, INC.					
Month <u>3</u>	Day <u>26</u>	Year <u>15</u>	Print Lead Driver's Name <u>Thurman D</u>		
Tractor/Str. Truck 6 Digit # <u>231783</u>		PLACE AN (X) IF RENTAL UNIT ☐	Agent Name <u>Rebman Van & Storage</u>		
LEAD HAULER CODE <u>1499</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>Bi Idaho Falls</u>	BEGINNING - ODOMETER <u>973771</u>	<u>FD</u>	<u>Lat I-15 (39) I-15 W</u>	<u>135</u>	<u> . </u>
ENDING - ODOMETER <u>973906</u>	ENDING CITY/STATE <u>Paafello</u>				<u> . </u>
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Attach Fuel Receipts to Miles and Fuel Section

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

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