

DRIVER'S DAILY LOG

Use blue or black ink only.

Today's Date/Off Duty Begin Date: 03-11-15 (Month) (Day) (Year)

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

(Print Last Name, First Initial - Ex. Smith, R) AUBREY T

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

2/A (Print Co-Driver Name)

(Total Miles Driving Today)

(Tractor Number)

(Trailer Number)

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

MID-

1: Off Duty

2: Sleeper

3: Driving

4: On Duty (Not Driving)

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

2400

REMARKS:

OFF DUTY

SL, UT

3.11.15

1/4 = 0.25

1/2 = 0.50

3/4 = 0.75

B/L NO. LOG USING STANDARD TIME OF HOME TERMINAL SH, 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.

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

DRIVER'S SIGNATURE

MILES AND FUEL BY STATE - SPECIALIZED TRANSPORTATION, INC.

[illegible]

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
 (Month) (Day) (Year) 3-12-15

If multiple off-duty days, enter end date here:
 (Month) (Day) (Year) 3-12-15

(Print Last Name, First Initial - Ex. Smith, R)
AUBREY T

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

(Total Miles Driving Today) 533

(Tractor Number) 23002

(Safety #) 5236

(Trailer Number) 119345

(Co-Driver ID) NA

(Print Co-Driver Name) NA

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

	MID-NIGHT											NOON											TOTAL HOURS
	1	2	3	4	5	6	7	8	9	10	11	1	2	3	4	5	6	7	8	9	10	11	
1: Off Duty																							<u>1200</u> <u>900</u> <u>300</u> <u>400</u>
2: Sleeper																							
3: Driving																							
4: On Duty (Not Driving)																							

REMARKS:

VSI SLEPT

JENSEN, UT

ROOSEVELT, UT

VERNAL, UT

MONTICELLO, UT

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

B/L NO. SF LOG USING STANDARD TIME OF HOME TERMINAL SALT LAKE CITY, 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.

☐ 1. Air Hoses and Connectors	☐ 4. Tires	☐ 7. Triangles and Fuses	☐ 10. Parking Brake	☐ 13. Speedometer
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☐ 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 <u>3</u> Day <u>12</u> Year <u>15</u>	Print Lead Driver's Name <u>THAYNE AUBREY</u>	Lead Hauler Code <u>C2600</u>																																																												
Tractor/Str. Truck 6 Digit # <u>23002</u>	Agent Name <u>REHMAN</u>	Agent Code <u>1445</u>																																																												
PLACE AN (X) IF RENTAL UNIT ☐																																																														
<table border="1"> <thead> <tr> <th>BEGINNING CITY/STATE</th> <th>STATE/PROVINCE</th> <th>ROUTES TRAVELED</th> <th>MILES/KILOMETERS</th> <th>GAL/LITERS FUEL PURCHASED</th> </tr> </thead> <tbody> <tr> <td>SALT LAKE CITY, UT</td> <td>UT</td> <td>1-15-180-6, 89</td> <td>533</td> <td></td> </tr> <tr> <td>BEGINNING - ODOMETER <u>55939</u></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ENDING - ODOMETER <u>56472</u></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ENDING CITY/STATE <u>MONTICELLO, UT</u></td> <td>UT</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			BEGINNING CITY/STATE	STATE/PROVINCE	ROUTES TRAVELED	MILES/KILOMETERS	GAL/LITERS FUEL PURCHASED	SALT LAKE CITY, UT	UT	1-15-180-6, 89	533		BEGINNING - ODOMETER <u>55939</u>					ENDING - ODOMETER <u>56472</u>					ENDING CITY/STATE <u>MONTICELLO, UT</u>	UT																																						
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TOTAL MILES/KILOMETERS DRIVEN TODAY <u>533</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

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
 (Month) (Day) (Year) 3-13-15

If multiple off-duty days, enter end date here:
 (Month) (Day) (Year) 3-13-15

(Print Last Name, First Initial - Ex. Smith, R) A JUREY

(Total Miles Driving Today) 307

(Tractor Number) 23002

(Safety #) 5236

(Trailer Number) 119345

(Co-Driver ID) N/A

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

(Print Co-Driver Name) N/A

☐ 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																									15.00
2: Sleeper																									7.00
3: Driving																									2.00
4: On Duty (Not Driving)																									24.00

REMARKS:

VSI
MONTICELLO, UT

BLUFF, UT

MOAB, UT

PRIDE, UT

SALT, UT

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

B/L NO. SF LOG USING STANDARD TIME OF HOME TERMINAL SALT LAKE CITY, 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.

☐ 1. Air Hoses and Connectors	☐ 4. Tires	☐ 7. Triangles and Fuses	☐ 10. Parking Brake	☐ 13. Speedometer
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DRIVER'S SIGNATURE [Signature]

MILES AND FUEL BY STATE - SPECIALIZED TRANSPORTATION, INC.

Month <u>2</u> Day <u>13</u> Year <u>15</u>	Print Lead Driver's Name <u>THAYNE JUREY</u>	Lead Hauler Code <u>C2600</u>		
Tractor/Str. Truck 6 Digit # <u>23002</u>	Agent Name <u>REDMAN</u>	Agent Code <u>1445</u>		
PLACE AN (X) IF RENTAL UNIT ☐				
ODOMETER READINGS REQUIRED BY "IFTA"	STATE/PROVINCE	ROUTES TRAVELED	MILES/KILOMETERS	GAL/LITERS FUEL PURCHASED
BEGINNING CITY/STATE <u>MONTICELLO, UT</u>	<u>UT</u>	<u>1-70-6.89, 1-15(N)</u>	<u>307</u>	
BEGINNING - ODOMETER <u>56472</u>				
ENDING - ODOMETER <u>56859</u>				
ENDING CITY/STATE <u>SALT LAKE CITY, UT</u>				

Attach Fuel Receipts to Miles and Fuel Section.
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387 TOTAL MILES/KILOMETERS DRIVEN TODAY

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

REMARKS:

OFF JURY
SEC. 4T
3.14.15-3.25.15

(Home Terminal Address)

☐ 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

MILES AND FUEL BY STATE - SPECIALIZED TRANSPORTATION, INC.			
Month _____ Day _____ Year _____ _____-____-____	Print Lead Driver's Name THANE JORDY		Lead Hauler Code _____
Tractor/Str. Truck 6 Digit # _____ _____-____-____	PLACE AN (X) IF RENTAL UNIT ☐	Agent Name Roman	Agent Code _____
ODOMETER READINGS REQUIRED BY "IFTA"	STATE/PROVINCE	ROUTES TRAVELED	MILES/KILOMETERS GAL/LITERS FUEL PURCHASED
BEGINNING CITY/STATE	_____	OFF DUTY	_____ . ____
BEGINNING - ODOMETER	_____	SLC, UT	_____ . ____
ENDING - ODOMETER	_____	3-14-15	_____ . ____
ENDING CITY/STATE	_____	TO	_____ . ____
	_____	3-25-15	_____ . ____
	_____		_____ . ____
	_____		_____ . ____
	_____		_____ . ____
	_____		_____ . ____
	_____		_____ . ____
	_____		_____ . ____
	_____		_____ . ____

LEAD DRIVER ONLY

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

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

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