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 (Month) (Day) (Year) (Month) (Day) (Year) (Tractor Number) (Safety #) (Co-Driver ID)	ese entries are true and (Driver's Sign	Ille
MID-NIGHT 1 2 3 4 5 6 7 8 9 10 11 NOON1 2 3 4 5 6 7 1: Off Duty 2: Sleeper 3: Driving 4: On Duty (Not Driving) REMARKS:	8 9 10 1	TOTAL HOURS 1
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 IF NO DEFECTS ARE FOUND, PLACE AN (X) IN THE BOX MARKED "NO DEFECTS". □ 10. Parking Brake □ 13. Spe		RIATE BOX.
MILES AND FUEL BY STATE - SPECIALIZED TRANSPORTA Month Day Year Print Lead Driver's Name Tractor/Str. Truck & Digit # PLACE AN (X) IF RENTAL UNIT Agent Name Agent Name	Lead Hauler Code Agent Code MILES/KILOMETERS	1 1 5. 7
ENDING - ODOMETER 317540 ENDING CITY/STATE Billings	283	

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

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 Company Company
197 48668 K982 retries are true and gordet.
(Total Miles Driving Today) (Tractor Number) * (Safety #) (Driver's Signature in Full)
(Trailer Number)
Specialized Transportation Inc 5001 US Hwy. 30W - Fort Wayne, IN 46898 (Co-Driver ID) (Print Co-Driver Name)
MID- NIGHT 1 2 3 4 5 6 7 8 9 10 11 NOON1 2 3 4 5 6 7 8 9 10 11 TOTAL HOURS
1: Off Duty
2: Sleeper
3: Driving 4: On Duty 5
(Not Driving)
REMARKS: 1/4 = 0.25
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
is to the
56 3 3
B/L NO. A 2473 LOG USING STANDARD TIME OF HOME TERMINAL BILLINGS
(Home Tarminal 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". ☐ 10. Parking Brake ☐ 13. Speedometer ☐ 1, Air Hoses and Connectors ☐ 4. Tires ☐ 7. Triangles and Fuses ☐ 11. Steering Mechanism ☐ 14. Lights and Reflectors ☐ 15, NO DEFECTS
☐ 2. Coupling Devices ☐ 5. Glass and Mirrors ☐ 8. Horn (Air and/or Electric) ☐ 12. Service Brakes ☐ 3. Wheels and Rims ☐ 6. Fire Extinguisher ☐ 9. Windshield Wipers ☐ DRIVER'S SIGNATURE
MILES AND FUEL BY STATE - SPECIALIZED TRANSPORTATION, INC.
Month Day Year Print Lead Driver's Name Varn Miller Code Lead Hauler K982
Tractor/Str. Truck & Digit # 8 PLACE AN (X) IF RENTAL UNIT Agent Name Remarks Agent Code 7 6 4 5
ODOMETER READINGS REQUIRED BY "IFTA" STATE/PROVINCE ROUTES TRAVELED MILES/GILOVATERS GAL/LITERS FUEL PURCHASED
BEGINNING CITY/STATE Clembive MI 1932
BEGINNING - ODOMETER 3 / 6701 ND 3/6-324 T-94