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)  (Month) (Day) (Year) (Month) (Day) (Year)  (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   2 3 4 5 6 7 8 9 10 11 NOON1 2 3 4 5 6 7 8 9 10 11   TOTAL HOURS
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   11. Steering Mechanism   12. Service Brakes   14. Lights and Reflectors   14. Lights and Reflectors   15. No DEFECTS   16. Fire Extinguisher   9. Windshield Wipers   DRIVER'S SIGNATURE
MILES AND FUEL BY STATE - SPECIALIZED TRANSPORTATION, INC.
11-25-14 Print Lead Driver's Name 1211 / Code Lead Hauler K98 a

## **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)
(Month) (Day) (Year) (Month) (Day) (Year)	I certify these intries are true and correct.
(Total Miles Driving Today)  (Tractor Number)  (Tractor Number)  (Trailer Number)	(Safety #) (Driver's Signature in Full)
Specialized Transportation Inc 5001 US Hwy. 30W - Fort Wayne, IN 46898	(Co-Driver ID) (Print Co-Driver Name)
MID-NIGHT   2   3   4   5   6   7   8   9   10   11   NO	ON1 2 3 4 5 6 7 8 9 10 11 TOTAL HOURS
REMARKS:	7 3 3400
TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	1/4 = 0.25 1/2 = 0.50 3/4 = 0.75
B/L NO. A 1508 LOG USING STANDARD TIME OF HOM	IE TERMINAL BY NESS MT
	(Home Firminal Address)
THIS IS AN END OF THE DAY INSPECTION (FMCSR 396.11). IF ANY COMPONENTS 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 2. Coupling Devices 5. Glass and Mirrors 8. Horn (Air and/or Elect 3. Wheels and Rims 6. Fire Extinguisher 9. Windshield Wipers	☐ 10. Parking Brake ☐ 13. Speedometer ☐ 11. Steering Mechanism ☐ 14. Lights and Reflectors
MILES AND FUEL BY STATE - SE	PECIALIZED TRANSPORTATION, INC.
11-26-14 Print Lead Driver's Name Vern A	Lead Hauler K982
Tractor/Str. Truck 6 Digit # PLACE AN (X) IF RENTAL UNIT Agent Name	Agent Code 7645
ODOMETER READINGS REQUIRED BY "IFTA" STATE/PROVINCE BEGINNING CITY/STATE	ROUTES TRAVELED MILES/KILOMETERS PUEL PURCHASED
BEGINNING - ODOMETER STANDARD 8	3 I94 49 569 804
752559 ND 752	928 369 623
ENDING CITY/STATE STATE	
Glendive MIMI (I.	38
	OP!
The second secon	
Attach Fuel Receipts to Miles and Fuel Section.  FUEL RECEIPTS WILL NOT BE ACCEPTED IF THE DATES HAVE BEEN (	CHANGED 4 TOTAL MILES/KILOMETERS DRIVEN TODAY

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

Attach Fuel Receipts to Miles and Fuel Section.

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