

DRIVER'S DAILY LOG

Use blue or black ink only.

Carrier in your possession for 5 days

Date/Off Duty Begin Date: 12-16-14 (Month) (Day) (Year)

If multiple off-duty days, enter end date here: 12-16-14 (Month) (Day) (Year)

(Print Last Name, First Initial - Ex. Smith, R) V99F

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

675 (Total Miles Driving Today)

234448 (Tractor Number)

P739 (Safety #)

113003 (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>2.00</u>
2: Sleeper																									<u>1.00</u>
3: Driving																									<u>1.00</u>
4: On Duty (Not Driving)																									<u>2.00</u>

REMARKS:

PT. TWIN FALLS ID
BAKER CITY SHARFIELD OR
TACOMA WA
SLC. UT

B/L NO. AA 2664 LOG USING STANDARD TIME OF HOME TERMINAL SLC. 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 Viabina

MILES AND FUEL BY STATE - SPECIALIZED TRANSPORTATION, INC.

Month <u>12</u> Day <u>16</u> Year <u>14</u>	Print Lead Driver's Name <u>Viabina V99</u>	Lead Hauler Code <u> </u>
Tractor/Str. Truck 6 Digit # <u>234448</u>	Agent Name <u>Redman van. Storage.</u>	Agent Code <u>7445</u>
PLACE AN (X) IF RENTAL UNIT ☐	STATE/PROVINCE <u> </u>	ROUTES TRAVELED <u> </u>
ODOMETER READINGS REQUIRED BY "IFTA"	MILES/KILOMETERS	GAL/LITERS FUEL PURCHASED
BEGINNING CITY/STATE <u>Twin Falls ID</u>		
BEGINNING - ODOMETER <u>959080</u>		
ENDING - ODOMETER <u>959755</u>		
ENDING CITY/STATE <u>TACOMA. WA.</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