ORIGINAL - Submit to carrier
DUPLICATE - Retain in your possession for 8 days

# 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: 03-03-15 (Month-Day-Year)

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

(Print Last Name, First Initial - Ex. Smith, R): STOOKEY C

I certify these entries are true and correct. Cary B Stookey

(Driver's Signature in Full)

(Total Miles Driving Today): 519

(Tractor Number): 230205

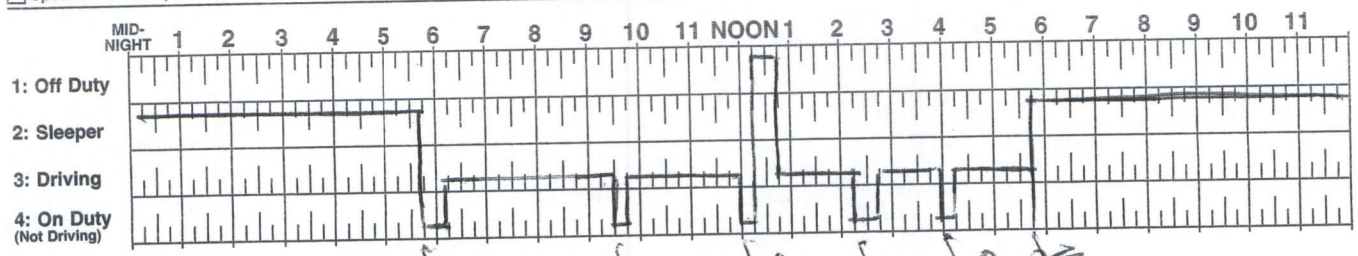
(Safety #): 874F

(Trailer Number): 117549

(Co-Driver ID)

(Print Co-Driver Name): NONE

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




| TOTAL HOURS |
|---|
| 5.0 |
| 12.00 |
| 9.75 |
| 1.75 |
| 24.00 |

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

REMARKS: Billings, MT Pre Trip; Glendive, MT; Bowman, ND; Beach, ND; Dickinson, ND; Post Trip; Mandan, ND

B/L NO. C3000 AY3018

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

DRIVER'S SIGNATURE Cary B Stookey

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

Month 03 Day 03 Year 15 | Print Lead Driver's Name: CARY B STOOKEY | Lead Hauler Code: C3000

Tractor/Str. Truck 6 Digit # ___ | PLACE AN (X) IF RENTAL UNIT ☐ | Agent Name: REDMAN | Agent Code: 7445

| ODOMETER READINGS REQUIRED BY "IFTA" | STATE/PROVINCE | ROUTES TRAVELED | MILES/KILOMETERS | GAL/LITERS FUEL PURCHASED |
|---|---|---|---|---|
| BEGINNING CITY/STATE: BILLINGS, MT | MT | I-90, I-94, MT 7 | SF | |
| BEGINNING - ODOMETER: 296127 | | US12, | | |
| ENDING - ODOMETER: 296718 | | | | |
| ENDING CITY/STATE: MANDAN, ND | ND | US12, US85, I-94 | SF | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | SF | |

LEAD DRIVER ONLY

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

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