

# 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: 12-08-15  
(Month) (Day) (Year)

If multiple off-duty days, enter end date here: ~~12-08-15~~  
(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): 214  
(Tractor Number): 230205  
(Safety #): 8741  
(Trailer Number): 11X304  
(Co-Driver ID): ~~11X304~~  
(Print Co-Driver Name): NONE

☐ 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              |           |   |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |   |    |    | 18.50       |
| 2: Sleeper               |           |   |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |   |    |    | 2.00        |
| 3: Driving               |           |   |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |   |    |    | 3.25        |
| 4: On Duty (Not Driving) |           |   |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |   |    |    | .25         |
|                          |           |   |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |   |    |    | 24.00       |

REMARKS: RICHARDSON, TX SHREVEPORT, LA

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

B/L NO. C26103 GP38120 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".

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

DRIVER'S SIGNATURE Cary B Stookey

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

|                                      |                                                       |                          |
|--------------------------------------|-------------------------------------------------------|--------------------------|
| Month: 12, Day: 08, Year: 15         | Print Lead Driver's Name: Cary B Stookey              | Lead Hauler Code: C26103 |
| Tractor/Str. Truck 6 Digit #: 230205 | PLACE AN (X) IF RENTAL UNIT: <input type="checkbox"/> | Agent Code: 7445         |
| Agent Name: REDMAN                   |                                                       |                          |

| ODOMETER READINGS REQUIRED BY "IFTA"                                 | STATE/PROVINCE | ROUTES TRAVELED | MILES/KILOMETERS | GAL/LITERS FUEL PURCHASED |
|----------------------------------------------------------------------|----------------|-----------------|------------------|---------------------------|
| BEGINNING CITY/STATE: RICHARDSON, TX<br>BEGINNING - ODOMETER: 382653 | Tx             | SF              | 190              |                           |
| ENDING - ODOMETER: 382867                                            |                |                 |                  |                           |
| ENDING CITY/STATE: SHREVEPORT, LA                                    | La             | SF              | 24               |                           |
|                                                                      |                |                 |                  |                           |
|                                                                      |                |                 |                  |                           |
|                                                                      |                |                 |                  |                           |
|                                                                      |                |                 |                  |                           |

Attach Fuel Receipts to Miles and Fuel Section.

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

214 TOTAL MILES/KILOMETERS DRIVEN TODAY

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

REMARKS:

B/L NO. C26103  
GV227900 LOG USING STANDARD TIME OF HOME TERMINAL S.L.C. DE DE  
(Home Terminal Address)

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".
- |                                                      |                                                          |                                                        |                                                 |                                                               |
|------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> 1. Air Hoses and Connectors | <input type="checkbox"/> 4. Tires                        | <input type="checkbox"/> 7. Triangles and Fuses        | <input type="checkbox"/> 10. Parking Brake      | <input type="checkbox"/> 13. Speedometer                      |
| <input type="checkbox"/> 2. Coupling Devices         | <input checked="" type="checkbox"/> 5. Glass and Mirrors | <input type="checkbox"/> 8. Horn (Air and/or Electric) | <input type="checkbox"/> 11. Steering Mechanism | <input checked="" type="checkbox"/> 14. Lights and Reflectors |
| <input type="checkbox"/> 3. Wheels and Rims          | <input type="checkbox"/> 6. Fire Extinguisher            | <input type="checkbox"/> 9. Windshield Wipers          | <input type="checkbox"/> 12. Service Brakes     | <input type="checkbox"/> 15. NO DEFECTS                       |
- DRIVER'S SIGNATURE \_\_\_\_\_

**DRIVER'S SIGNATURE**

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

| Month<br>12                                                                                                          | Day<br>16 | Year<br>15 | Print Lead Driver's Name<br><i>CARY B STECKEY</i>    | Lead Hauler Code<br><i>C26103</i> |                  |                                     |
|----------------------------------------------------------------------------------------------------------------------|-----------|------------|------------------------------------------------------|-----------------------------------|------------------|-------------------------------------|
| Tractor/Str. Truck 6 Digit #<br><i>230205</i>                                                                        |           |            | PLACE AN (X) IF RENTAL UNIT <input type="checkbox"/> | Agent Name<br><i>REDMAN</i>       |                  |                                     |
|                                                                                                                      |           |            | Agent Code<br><i>7445</i>                            |                                   |                  |                                     |
| ODOMETER READINGS REQUIRED BY "IFTA"                                                                                 |           |            | STATE/PROVINCE                                       | ROUTES TRAVELED                   | MILES/KILOMETERS | GAL/LITERS FUEL PURCHASED           |
| BEGINNING CITY/STATE<br><i>WEST WATER, VT.</i>                                                                       |           |            | <i>VT</i>                                            | <i>I-70</i>                       | <i>74</i>        |                                     |
| BEGINNING - ODOMETER<br><i>386033</i>                                                                                |           |            | <i>CO</i>                                            | <i>I-70</i>                       | <i>59</i>        | <i>179.0</i>                        |
| ENDING - ODOMETER<br><i>386164</i>                                                                                   |           |            |                                                      |                                   |                  |                                     |
| ENDING CITY/STATE<br><i>GREEN RIVER, VT.</i>                                                                         |           |            |                                                      |                                   |                  |                                     |
|                                                                                                                      |           |            |                                                      |                                   |                  |                                     |
|                                                                                                                      |           |            |                                                      |                                   |                  |                                     |
|                                                                                                                      |           |            |                                                      |                                   |                  |                                     |
|                                                                                                                      |           |            |                                                      |                                   |                  |                                     |
|                                                                                                                      |           |            |                                                      |                                   |                  |                                     |
|                                                                                                                      |           |            |                                                      |                                   |                  |                                     |
|                                                                                                                      |           |            |                                                      |                                   |                  |                                     |
|                                                                                                                      |           |            |                                                      |                                   |                  |                                     |
|                                                                                                                      |           |            |                                                      |                                   |                  |                                     |
| Attach Fuel Receipts to Miles and Fuel Section.<br>FUEL RECEIPTS WILL NOT BE ACCEPTED IF THE DATES HAVE BEEN CHANGED |           |            |                                                      |                                   | <i>133</i>       | 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