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: 01-27-15 (Month-Day-Year)

If multiple off-duty days, enter end date here: 01-29-15 (Month-Day-Year)

(Print Last Name, First Initial - Ex. Smith, R): Pence, Kurt

(Total Miles Driving Today): none

(Tractor Number): none

(Trailer Number): none

(Safety #): 678J

I certify these entries are true and correct.

(Driver's Signature in Full): KPR

(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: 24

1: Off Duty
2: Sleeper
3: Driving
4: On Duty (Not Driving)

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

DO NOT SIGN VEHICLE CONDITION WITH NO DEFECTS WITH OFF DUTY DAYS DRIVING

**REMARKS:** Off Duty 01-27-15 to 01-29-15

Washington UT

**B/L NO.** none **LOG USING STANDARD TIME OF HOME TERMINAL** Washington 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: KPR

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

Month Day Year: 01-27-15

Print Lead Driver's Name: Kurt Pence

Lead Hauler Code: 678J

Tractor/Str. Truck 6 Digit #: none

PLACE AN (X) IF RENTAL UNIT: ☐

Agent Name: Redman

Agent Code: 2020

| ODOMETER READINGS REQUIRED BY "IFTA" | STATE/PROVINCE | ROUTES TRAVELED | MILES/KILOMETERS | GAL/LITERS FUEL PURCHASED |
|---|---|---|---|---|
| BEGINNING CITY/STATE: none | | | | |
| BEGINNING - ODOMETER: none | | Off Duty 01-27-15 to 01-29-15 | none | none |
| ENDING - ODOMETER: none | | | | |
| ENDING CITY/STATE: none | | | | |
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| | | | | |

LEAD DRIVER ONLY

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

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