

Today's Date/Off Duty Begin Date  
 10-23-15  
 (Month) (Day) (Year)

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

(Print Last Name, First Initial - Ex. Smith, R)  
 WILCOX RODNEY A

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

02143  
 (Total Miles Driving Today)

23002XXXX  
 (Tractor Number)

7675XX  
 (Safety #)

118633XX  
 (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              |           |   |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |   |    |    | [ ] [ ] [ ] [ ] |
| 2: Sleeper               |           |   |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |   |    |    | [ ] 13 [ ]      |
| 3: Driving               |           |   |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |   |    |    | [ ] 09 [ ]      |
| 4: On Duty (Not Driving) |           |   |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |   |    |    | [ ] 05 [ ]      |
|                          |           |   |   |   |   |   |   |   |   |   |    |    |      |   |   |   |   |   |   |   |   |   |    |    | [ ] 04 [ ]      |

REMARKS:

Butte MT VSI  
 Bonne MT lunch  
 Missoula MT VSI shut down

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

B/L NO. 7675615710 LOG USING STANDARD TIME OF HOME TERMINAL Rodney A Wilcox  
 (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 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 [Signature]

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

|                                                         |                                                      |                                     |
|---------------------------------------------------------|------------------------------------------------------|-------------------------------------|
| Month Day Year<br>10-23-15                              | Print Lead Driver's Name<br>Rodney Wilcox            | Lead Hauler Code<br>[ ] [ ] [ ] [ ] |
| Tractor/Str. Truck 6 Digit #<br>[ ] [ ] [ ] [ ] [ ] [ ] | PLACE AN (X) IF RENTAL UNIT <input type="checkbox"/> | Agent Name<br>St. Reiman            |
| Agent Code<br>2445                                      |                                                      |                                     |

| ODOMETER READINGS REQUIRED BY "IFTA"   | STATE/PROVINCE | ROUTES TRAVELED | MILES/KILOMETERS | GAL/LITERS FUEL PURCHASED |
|----------------------------------------|----------------|-----------------|------------------|---------------------------|
| BEGINNING CITY/STATE<br>Butte MT 97515 | MT             | I90 W           | 143              |                           |
| BEGINNING - ODOMETER<br>97658          |                |                 |                  |                           |
| ENDING - ODOMETER<br>97545             |                |                 |                  |                           |
| ENDING CITY/STATE<br>Missoula, MT      |                |                 |                  |                           |
|                                        |                |                 |                  |                           |
|                                        |                |                 |                  |                           |
|                                        |                |                 |                  |                           |
|                                        |                |                 |                  |                           |
|                                        |                |                 |                  |                           |
|                                        |                |                 |                  |                           |
|                                        |                |                 |                  |                           |
|                                        |                |                 |                  |                           |

97658  
 97545  
 143

Attach Fuel Receipts to Miles and Fuel Section.  
 FUEL RECEIPTS WILL NOT BE ACCEPTED IF THE DATES HAVE BEEN CHANGED

143 TOTAL MILES/KILOMETERS DRIVEN TODAY