



Form 0803

DRIVER'S DAILY LOG (24 HOURS)

Will be Scanned
Please Print Clearly Within the Boxes

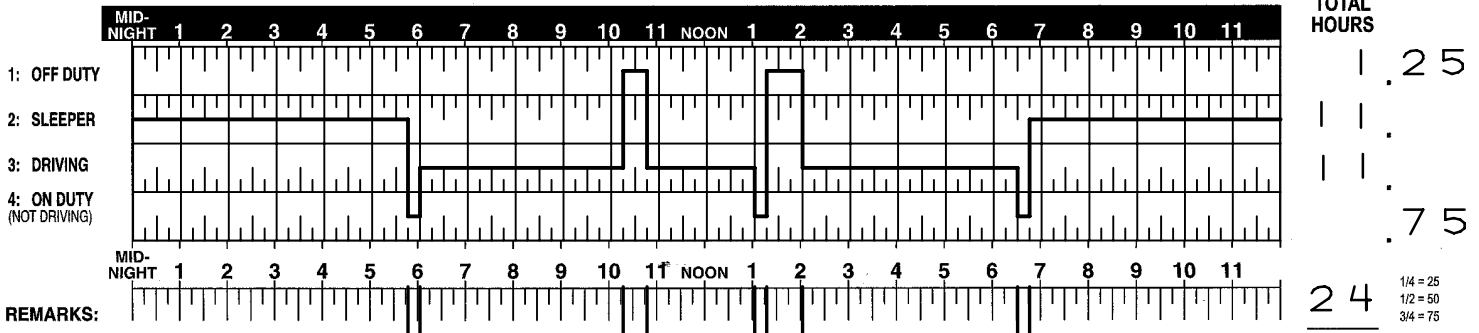
Month 5 - Day 19 - Year 05 Total Miles Driving Today 687

CARRIER NAME & ADDRESS **Sample Bros. Trucking**
1234 Small St. Middleton, PA 10980

Tractor Number
43432
Trailer Number
20232

Driver's ID / Code
12345
Co-Driver's ID / Code
54321

I certify these entries are true and correct
Driver's Signature in Full J.M. Sample Driver
I, M. Sample Driver
Co-Driver's Name
Cousin Sample Driver



Shipper / Commodity **3667405; 3669472**

Bensalem, PA - Shipper Load & Count - Pre Trip Vehicle Inspection

New Stanton, PA

Zanesville, OH

Zanesville, OH

Louisville, KY - Receiver Unloaded & Count - Pre Trip Vehicle Inspection

Louisville, KY - Post Trip Vehicle Inspection - Walk Around

1/4 = 25
1/2 = 50
3/4 = 75

Returned to normal work location at end of day
Pre-Trip Inspection Signed
Post-Trip Inspection Signed

USE TIME STANDARD AT HOME TERMINAL
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Original File at home terminal
Duplicate Driver retains in his/her possession for eight days

DRIVER'S VEHICLE INSPECTION REPORT

AS REQUIRED BY THE D.O.T. FEDERAL MOTOR CARRIER SAFETY REGULATIONS, I SUBMIT THE FOLLOWING:

DATE: 05/19/05 TRACTOR/TRUCK NO.: 43432 TRAILER(S) NO.(S): 20232

APPROPRIATE

- I detect no defect or deficiency in this motor vehicle as would be likely to affect the safety of its operation or result in its mechanical breakdown.
- I detect the following defects or deficiencies in this motor vehicle as would be likely to affect the safety of its operation or result in its mechanical breakdown.

Indicate whether defects are on **TRACTOR/TRUCK** or **TRAILER** - Use sufficient detail to locate for mechanic.

DRIVER'S SIGNATURE: J.M. Sample Driver

- Above defects corrected
- Above defects need not be corrected for safe operation of vehicle

MECHANIC'S SIGNATURE: _____

DRIVER'S SIGNATURE: _____