



Form 0801

**DRIVER'S DAILY LOG**  
(24 HOURS)

Will be Scanned  
Please Print Clearly Within the Boxes

Month Day Year Total Miles Driving Today

12-20-07 561

**CARRIER NAME & ADDRESS**  
CELADON TRUCKING SERVICES, INC.  
9503 E. 33RD ST. - INDIANAPOLIS, IN 46235-4207

Tractor Number  
**67655**

Driver's ID / Code  
**203596**

Driver's Signature in Full  
*Bruce A. Luebke*  
I certify these entries are true and correct.

Trailer Number  
**26610**

Co-Driver's Name

Hours Worked Last 7 Days

1. 6.50

2. 3.50

3. 4.00

4. 11.00

5. 9.75

6. 9.50

7. 9.25  
Yesterday

1. 53.50

Add Lines 1-7 Answer in Box 1

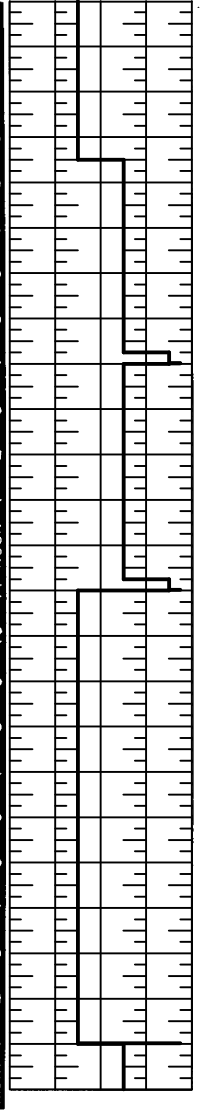
2. 16.50

Box 1 Minus 70 Answer in Box 2

3. 10.50

Hours Worked Today

MID-NIGHT 1 2 3 4 5 6 7 8 9 10 11



TOTAL HOURS

1 3.5  
2 10.5

24  
1/4 = 25  
1/2 = 50  
3/4 = 75

- 1: OFF DUTY
- 2: SLEEPER
- 3: DRIVING
- 4: ON DUTY (NOT DRIVING)

REMARKS:

Hazardous Load  
Tire Check:  
Oklahoma City  
OK  
Oklahoma City  
OK - Post Trip  
Vehicle  
Inspection -  
Walk Around

Oklahoma City  
OK - Pre Trip  
Vehicle  
Inspection  
Oklahoma City  
OK  
Hazardous Load  
Tire Check:  
Oklahoma City  
OK - Pre Trip  
Vehicle

Amarillo TX  
Oklahoma City  
OK  
Hazardous Load  
Tire Check:  
Amarillo TX

Amarillo TX  
Fuel: 126.097  
Gal. Odometer:  
110659.5  
PETRO  
Hazardous Load  
Tire Check:  
Amarillo TX

Albuquerque  
NM - Post Trip  
Vehicle  
Inspection -  
Walk Around

Personal Use: Maximum 46.6 Miles

Start ODO 110380.3

END ODOMETER

110941.3

END ODOMETER

TRIP NUMBERS 4814624

HAZMAT ONLY UNNA # 3267, 1830

# of Days Off For Full 24 Hr. Consecutive Periods

Cycle 1

BILL OF LADING #

1. 027901

2.

Original File at home terminal  
Duplicate Driver retains in his/her possession for eight days

USE TIME STANDARD AT HOME TERMINAL (EASTERN STANDARD TIME)  
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**CELADON TRUCKING SERVICES, INC. - Driver's Daily Vehicle Condition POST TRIP REPORT**

DATE: 12/20/07 TIME: \_\_\_\_\_ TRACTOR NO. 67655 TRAILER NO. 26610

- SERVICE BRAKES \_\_\_\_\_ TIRES \_\_\_\_\_ COUPLING DEVICES \_\_\_\_\_
- PARKING BRAKE \_\_\_\_\_ HORN \_\_\_\_\_ WHEELS/RIMS \_\_\_\_\_
- STEERING \_\_\_\_\_ WIPERS \_\_\_\_\_ EMERGENCY EQUIPMENT \_\_\_\_\_
- LIGHT/REFLECTORS \_\_\_\_\_ MIRRORS \_\_\_\_\_ OTHER \_\_\_\_\_

REMARKS  **VEHICLE CONDITION SATISFACTORY** Driver's Signature Bruce A. Luebke

I CERTIFY THAT ABOVE DEFECTS WERE REPAIRED OR CORRECTED AS NECESSARY.

REPAIRMAN (OR DRIVER) \_\_\_\_\_ REVIEWING DRIVER \_\_\_\_\_

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