



Form 0801

DRIVER'S DAILY LOG

Will be Scanned
Please Print Clearly Within the Boxes

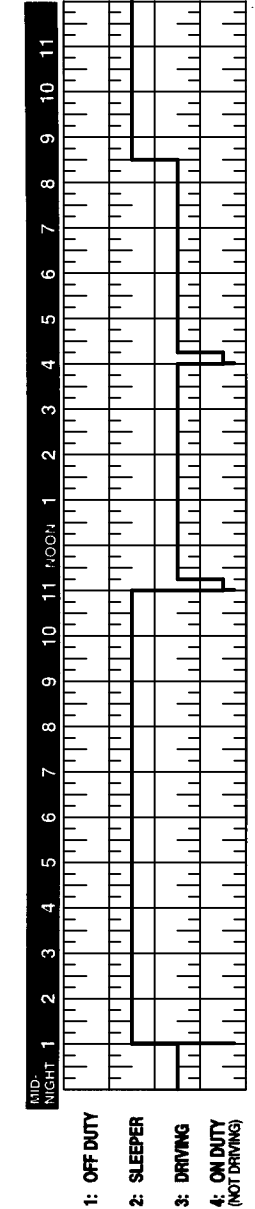
Month 12 - Day 20 - Year 07
Total Miles Driven Today 561

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

Tractor Number 67655
Trailer Number 26610
Driver's ID / Code 203596
Co-Driver's ID / Code _____

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



REMARKS:

1 2 3 4 5 6 7 8 9 10 11	MOON	1 2 3 4 5 6 7 8 9 10 11
1 2 3 4 5 6 7 8 9 10 11	NOON	1 2 3 4 5 6 7 8 9 10 11

Albuquerque NM - Post Trip Vehicle Inspection - Walk Around

Amarillo TX
Amarillo TX
Fuel: 126.097 Gal. Odometer: 110659.5 PETRO

Hazardous Load
Tire Check: Amarillo TX

Amarillo TX
Oklahoma City OK

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

Oklahoma City OK - Pre Trip Vehicle Inspection

Oklahoma City OK - Post Trip Vehicle Inspection - Walk Around

Hazardous Load
Tire Check: Oklahoma City OK

Oklahoma City OK - Pre Trip Vehicle Inspection - Walk Around

Personal Use: Maximum 46.6 Miles

Start ODO 110380.3 START ODOMETER
End ODO 110941.3 END ODOMETER
TRIP NUMBERS 4814624

HAZMAT ONLY UNNA # 3267, 1830
of Days Off For Full 24 Hr. Consecutive Periods Cycle 1

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

USE TIME STANDARD AT HOME TERMINAL (EASTERN STANDARD TIME)
© Copyright 2003 & Published by J. J. KELLER & ASSOCIATES, INC., Neenah, WI • (800) 327-6868 • Printed in USA

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 _____