

**ONE TRIP,
ONE ENVELOPE,
EVERY TIME™**



DRIVER'S DAILY LOG (ONE CALENDAR DAY - 24 HOURS)

Will be scanned - Please print clearly within the boxes

2-22-12
DATE (MONTH - DAY - YEAR)

431
(TOTAL MILES DRIVING TODAY)

Carrier Name & Address **Express-1, Inc.
429 Post Road Buchanan, MI 49107-0210**

I certify these entries are true and correct:

Bruce A. Luebke

DRIVER'S SIGNATURE IN FULL Bruce A. Luebke

1 2 3 4 5 6
TRACTOR NUMBER

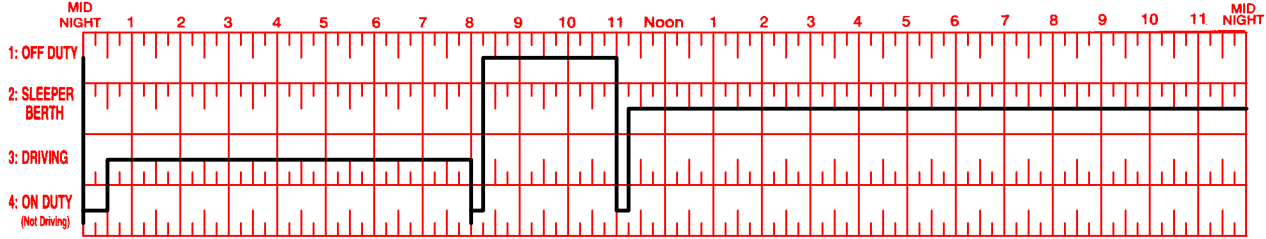
1 2 3 4 5
DRIVER ID

50900
TRACTOR NUMBER

CO-DRIVER ID

CO-DRIVER NAME

TOTALS HOURS



1	0.00
2	0.00
3	0.00
4	0.00
5	10.75
6	9.00
7	0.75
Yesterday	
Total Hours	20.50

REMARKS
 1: OFF DUTY
 2: SLEEPER BERTH
 3: DRIVING
 4: ON DUTY (Not Driving)
 CAN2007
 13h/14h
 70h/7d
 PM
 To Rule
 Pre-Trip
 Dallas TX
 Dallas TX
 Fuel: DEF 0.000 Gal
 West Memphis AR - Fueled
 West Memphis AR
 West Memphis AR
 Inspection Vehicle
 West Memphis AR - Post Trip
 West Memphis AR

24
Total MUST add up to 24 Hours
 .25 = 1/4 hr
 .5 = 1/2 hr
 .75 = 3/4 hr

Hours Worked Last 7 Days	0.00
1	0.00
2	0.00
3	0.00
4	0.00
5	10.75
6	9.00
7	0.75
Yesterday	
Total Hours	20.50
70 Hours Less Total Hours Equals Hours Available Today	49.50
Hours Worked Today	8.50
If Hours Worked Today Exceeds Hours Available, You Are In Violation. Your Reason Must Appear in "Remarks"	

NUMBER OF OFF DUTY DAYS INCLUDES TODAY

Pro Number: **343267**

Original file at home terminal
 Duplicate driver retains in his/her possession for eight days. **USE TIME STANDARD AT HOME TERMINAL**

DRIVER'S VEHICLE INSPECTION REPORT

As required by the D.O.T. Federal Motor Carrier safety regulations, I submit the following:

DATE: 02/22/12 TRACTOR/TRUCK NO.: 123456 TRAILER(S) NO.(S) 50900

- 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 that would be likely to affect the safety of its operation or result in its mechanical breakdown. Indicate whether defects are on Tractor or Trailer. Describe defect in detail, use back side if necessary.

Bruce A. Luebke
 DRIVER SIGNATURE

<input type="checkbox"/> Above defects corrected.	Date: _____	Driver's Signature: _____	Date: _____
<input type="checkbox"/> Above defects need not be corrected for safe operation of vehicle.			

Mechanic's Signature: _____