



Month Day Year Total Miles Driving Today
6 - 28 - 08 677

CARRIER NAME & ADDRESS
**PRIME INC. (800) 321-4552
BOX 4208, SPRINGFIELD, MO 65808**

Tractor Number
67655
Trailer Number
26382

Driver's ID / Code
203596
Co-Driver's ID / Code

I certify these entries are true and correct

Driver's Signature in Full
Bruce A. Luebke
Co-Driver's Name

	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																									1.25
2: SLEEPER																									11.75
3: DRIVING																									10.25
4: ON DUTY (NOT DRIVING)																									.75
REMARKS:																									24
																									1/4 = 25 1/2 = 50 3/4 = 75
																									Returned to normal work location at end of day
																									# of Days Off Duty Includes Today
																									Pre-Trip Inspection Signed
																									Post-Trip Inspection Signed

Shipper / Commodity **5108767**

USE TIME STANDARD AT HOME TERMINAL

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: **06/28/08**

TRACTOR/TRUCK NO.: **67655**

TRAILER(S) NO.(S): **26382**

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 - DESCRIBE DEFECT IN DETAIL, USE BACK SIDE IF NECESSARY.

DRIVER'S SIGNATURE: *Bruce A. Luebke*

- ABOVE DEFECTS CORRECTED
- ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

MECHANIC'S SIGNATURE:

DRIVER'S SIGNATURE:

DATE: