



Form 0815

DRIVER'S DAILY LOG

(24 HOURS)

Will be Scanned
Please Print Clearly Within the Boxes

Month 6 Day 28 Year 08 Total Miles Driving Today 677

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

Springfield, MO
Home Terminal

Tractor Number
67655

Driver's Code (Letters)
203596

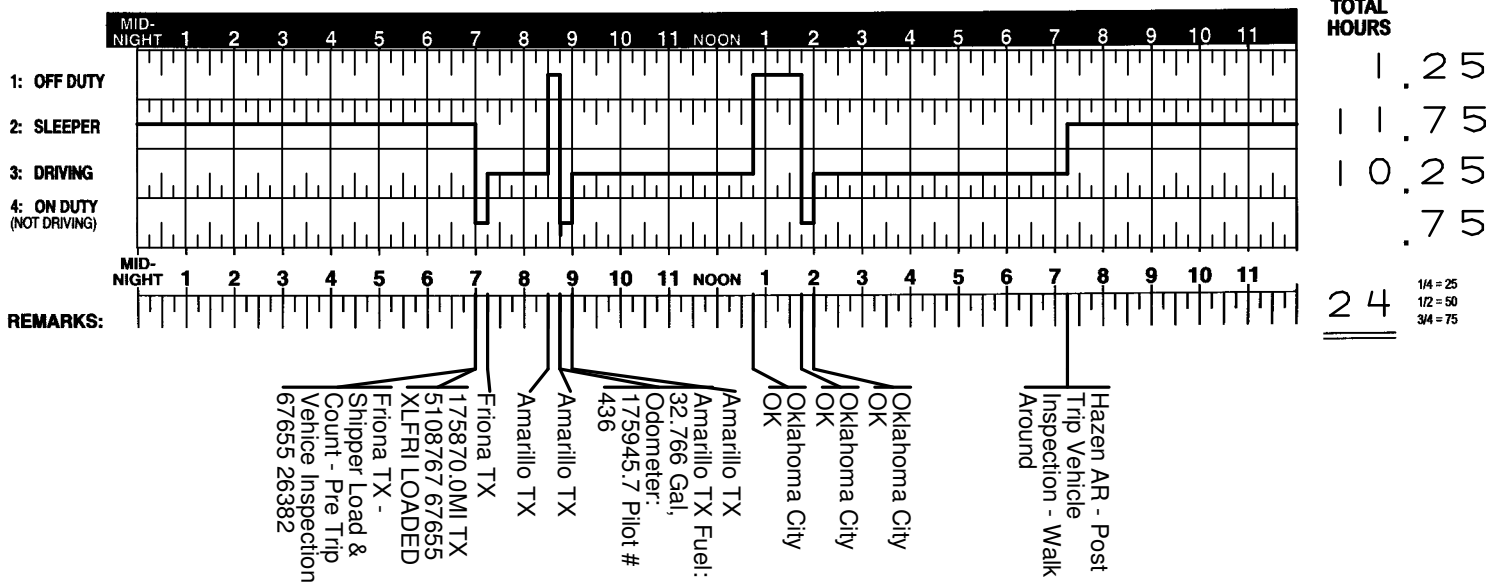
I certify these entries are true and correct

Driver's Signature in Full
Bruce A. Luebke **Bruce A. Luebke**

Trailer Number
26382

Co-Driver's Code (Letters)

Co-Driver's Name



Trip Number 5108767

of Days Off Duty Includes Today

Post-Trip Inspection Signed

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: 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:

(1)			(3)			(5)			(7)		
(2)			(4)			(6)			(8)		
#	STATE	MILES	#	STATE	MILES	#	STATE	MILES	#	STATE	MILES

Routes Traveled	
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