



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

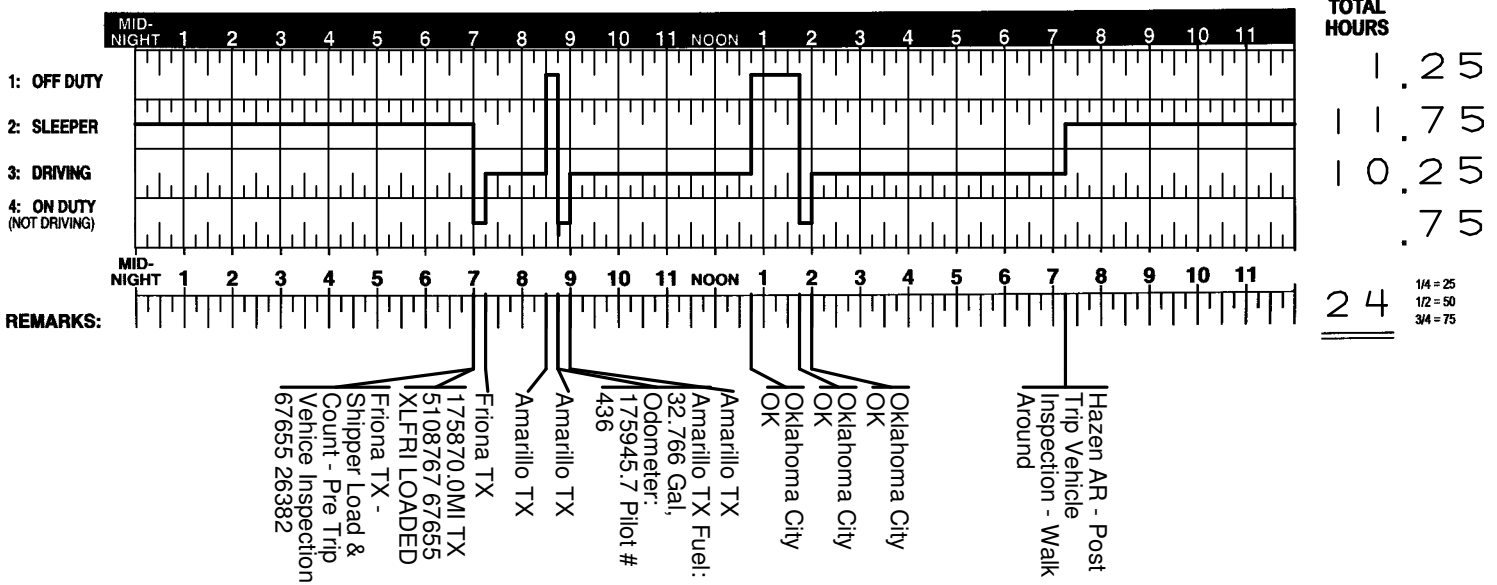
CARRIER NAME & ADDRESS **PRIME INC. (800) 321-4552**  
**BOX 4208, SPRINGFIELD, MO 65808**

**Springfield, MO**  
**Home Terminal**

Tractor Number 67655  
Trailer Number 26382

Driver's Code (Letters) 203596  
Co-Driver's Code (Letters)

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