

Con-way Truckload

(Name of Carrier or Carriers)

P.O. Box 2547 - Joplin, Missouri 64803

(Main Office Address)

U.S. DEPT. OF TRANSPORTATION
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION

DRIVER'S LOG

I certify these entries are true and correct:

Bruce A. Luebke

Bruce A. Luebke
Print Driver's Name

(Driver's Signature in Full)

Springfield, MO

(Home Terminal Address)

YOUR DRIVER NUMBER

0 2 0 3 5 9

TRACTOR

6 7 6 5 5

TRAILER NUMBER(s) (Record additional trailers in remarks section below graph)

2 7 7 7 9

START/TODAY'S DATE

6 8

END DATE - Multi Day Off-duty only

Month Month Day Day

(Year) 2 0 0 8

CO-DRIVER'S NAME (Print)

Load # or BOL # or (Shipper & Commodity) 5077928; 5108767

	Midnight 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		MINUTES TO BE		
												H	H	.25	.50	.75
1. OFF DUTY												6				
2. SLEEPER BERTH												1	0	7	5	
3. DRIVING												6		7	5	
4. ON DUTY (Not Driving)														5		
REMARKS:												2	4	0	0	

Los Lunas NM
175335.8 NM 5077928
67655 WMLL EMPTY
Los Lunas NM - Receiver Unloaded and Counted

Friena TX - Dropped Trailer
175335.8 TX 5077928
67655 XLFRI BOBTAIL

Friena TX
175335.8 TX 5077928
67655 XLFRI BOBTAIL

Roswell NM - Post Trip Vehicle Inspection - Walk Around
175335.8 TX 5108767
67655 XLFRI BOBTAIL

HOURS WORKED LAST 7 DAYS

0.00
8.75
9.75
11.00
11.25
4.75
YESTERDAY 10.00
TOTAL HOURS 55.50
70 HRS. LESS TOTAL HRS. EQUALS HRS. AVAILABLE TODAY
14.50

4 0 0 TOTAL MILES

OFF DUTY ALL DAY

CANADA ONLY

Cycle (✓) 70 Hr./7 Day

Mandatory Mileage Required:

Starting Odometer

Ending Odometer

Personal Use Mileage Only:

Starting Odometer

Ending Odometer

Tractor License Plate:

Trailer License Plate:

Trailer License Plate:

CHECK IF ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER DEFECTS - IF NO DEFECTS CHECK BOX AT RIGHT

DRIVER'S DAILY VEHICLE INSPECTION REPORT

POST TRIP	ITEM	POST TRIP	ITEM
	SERVICE BRAKE INCLUDING TRAILER BRAKE CONNECTION		HORN - WINDSHIELD WIPERS - SEAT BELT
	PARKING (HAND) BRAKE		REAR VISION MIRRORS - OTHER GLASS
	STEERING MECHANISM		COUPLING DEVICES
	LIGHTING DEVICES AND REFLECTORS		TRAILER AND LOAD
	TIRES - WHEELS AND RIMS		EMERGENCY EQUIPMENT

(COMPLETE AT END OF EACH WORK DAY)

I HAVE EXAMINED THE VEHICLES INDICATED ABOVE INCLUDING THE PARTS AND ACCESSORIES NOTED TO THE LEFT

Vehicle condition satisfactory

DEFECTS: _____

I CERTIFY I HAVE REVIEWED THE PREVIOUS D.V.I.R.

Driver making report: (At end of day)

Signature:

Bruce A. Luebke

Above defects corrected.

Above defects need not be corrected for safe operation of vehicle.

Mechanic's Signature:

Date:

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