

**Driver's Daily Log**  
(one calendar day - 24 hours)

ORIGINAL - Submit to carrier  
DUPLICATE - Retain in your possession for 8 days in U.S. and 14 days in Canada

Today's Date: 6 17 2009  
(Month) (Day) (Year)

If multiple off-duty days, enter end date here:  
20  
(Month) (Day) (Year)

453  
(Total Miles Driving Today)

Relief from Regulations 390.23

203596  
(Driver Number)

(Co-Driver Number)

**PRIME INC. (800) 321-4552**  
(Name of Carrier or Carriers)  
**BOX 4208, SPRINGFIELD, MO 65808**  
(Main Office Address)

I certify these entries are true and correct

*Bruce A. Luebke*  
(DRIVER'S SIGNATURE IN FULL)

67655  
(TRACTOR NUMBER)

28005  
(TRAILER NUMBER 1)

Bruce A. Luebke  
(DRIVER NAME - PRINTED)

(TRAILER NUMBER 2)

(TRAILER NUMBER 3)

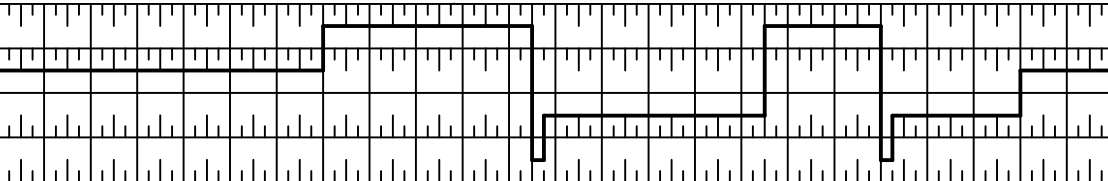
Bruce A. Luebke  
(CO-DRIVER NAME - PRINTED)

Starting Point Indicate border crossing(s) between U.S. and Canada.

US  CD

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

1: OFF DUTY  
2: SLEEPER BERTH  
3: DRIVING  
4: ON DUTY (NOT DRIVING)



Remarks

Grannis AR  
Grannis AR - Shipper Load & Court  
West Memphis AR  
West Memphis AR  
West Memphis AR  
Baltcom IL - Post Trip Vehicle Inspection - Walk Around

Intrastate Regulations - State Abbreviation

TOTAL HOURS  
7 9 7.5 5  
24.00

1/4 = 0.25  
1/2 = 0.50  
3/4 = 0.75

RECAP	
Copy Yesterday's Rows 2 to 7 To Today in Rows 1 to 6	
1.	5.50
2.	5.00
3.	11.50
4.	9.75
5.	5.75
6.	1.75
7.	5.75
Hours Worked Yesterday	7
Total Hours Before Today Add Rows 1-7	9
	7.5
	5
	45.00
Available Hours Today: Subtract Row 8 Above From 70	25.00

Note Trip # or "Empty" when applicable. 5640362  
Shipping document, manifest number, or name of a shipper and commodity: 0038709

For Canadian Travel: Cycle (check one):  70 Hour / 7 Day  120 Hour / 14 Day If Off Duty Deferral (check one):  Day 1  Day 2  
Beginning Odometer 294130.3 Ending Odometer 294583.7  
Home Terminal Name and Address (must match time zone) Springfield, MO

TIME ZONE USED (check one):  Eastern  Central  Mountain  Pacific  Atlantic Daylight Savings (check one):  Y  N

**Driver's Daily Vehicle Inspection**

I HAVE EXAMINED THE VEHICLES INDICATED ABOVE INCLUDING THE PARTS AND ACCESSORIES NOTED BELOW.

Vehicle condition satisfactory

*Bruce A. Luebke*  
SIGNATURE OF INSPECTING DRIVER

DEFECTS:

SIGNATURE OF MECHANIC OR PERSON MAKING REPAIRS

Tractor(s) (License # and Make - for Canadian travel only)

Only check those items which are defective

875789-MO

Trailer(s) (License # - for Canadian travel only)

- |  |   |  |   |   |
|--|---|--|---|---|
| <input type="checkbox"/> Air System          | <input type="checkbox"/> Exhaust System                   | <input type="checkbox"/> Oil Pressure              | <input type="checkbox"/> Axles                  | <input type="checkbox"/> Springs                |
| <input type="checkbox"/> Air Lines           | <input type="checkbox"/> Fifth Wheel/Towing/Coupling      | <input type="checkbox"/> Radiator                  | <input type="checkbox"/> Brakes/Connections     | <input type="checkbox"/> Tires/Wheels/Fasteners |
| <input type="checkbox"/> Axles               | <input type="checkbox"/> Fuel System/Tanks                | <input type="checkbox"/> Seatbelt                  | <input type="checkbox"/> Doors                  | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> Battery             | <input type="checkbox"/> Frame/Cross Members              | <input type="checkbox"/> Steering/Steering Wheel   | <input type="checkbox"/> Frame/Cross Member     |   |
| <input type="checkbox"/> Brakes/Accessories  | <input type="checkbox"/> Hydraulic Brakes (if applicable) | <input type="checkbox"/> Suspension/Springs        | <input type="checkbox"/> Kingpin/Couplings      |   |
| <input type="checkbox"/> Brakes-Parking      | <input type="checkbox"/> Horn                             | <input type="checkbox"/> Tires/Wheels & Fasteners  | <input type="checkbox"/> Landing Gear           |   |
| <input type="checkbox"/> Defroster/Heater    | <input type="checkbox"/> Lights/Reflectors                | <input type="checkbox"/> Windshield/Washers/Wipers | <input type="checkbox"/> Lights/Reflectors      |   |
| <input type="checkbox"/> Engine              | <input type="checkbox"/> Load/Security/Covering           | <input type="checkbox"/> Other                     | <input type="checkbox"/> Load/Security/Covering |   |
| <input type="checkbox"/> Emergency Equipment | <input type="checkbox"/> Mirrors                          |  |   |   |

**REMINDER - ALL ACCIDENTS, DOT ROADSIDE INSPECTIONS, MOVING VIOLATIONS, FUELING, AND DRUG/ALCOHOL TESTS MUST BE LOGGED (ON LINE 4) ON-DUTY NOT DRIVING.**

