

WILL BE SCANNED  
PLEASE PRINT CLEARLY  
WITHIN THE BOXES



**DRIVER'S DAILY LOG**  
(One calendar day - 24 hours)

6-17-09  
MONTH - DAY - YEAR

578  
TOTAL MILES DRIVING TODAY

203596  
DRIVER ID / CODE

67655  
TRACTOR NUMBER

28005  
TRAILER NUMBER(S)

CO-DRIVER ID / CODE

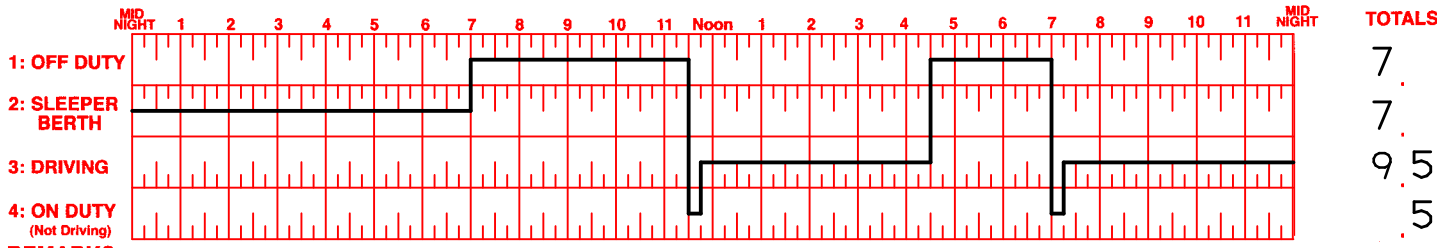
**NAVAJO EXPRESS, INC.**

NAME OF CARRIER  
**1400 WEST 64<sup>TH</sup> AVE., DENVER, CO 80221-2440**  
MAIN OFFICE ADDRESS

*Bruce A. Luebke*  
I certify these entries are true and correct.

**Bruce A. Luebke**  
DRIVER SIGNATURE IN FULL

NAME OF CO-DRIVER



Hours Worked Last 7 Days	5.50
1.	5.00
2.	11.50
3.	9.75
4.	5.75
5.	1.75
6.	5.75
7.	1.75
Yesterday	
Total Hours	45.00
70 Hours Less Total Hours Equals Hours Available Today	25.00
Hours Worked Today	10.00
If Hours Worked Today Exceeds Hours Available, You Are In Violation. Your Reason Must Appear in "Remarks"	

**Total Hours**  
Total MUST add up to 24 Hours.  
.25 = 1/4 hr  
.5 = 1/2 hr  
.75 = 3/4 hr

**NUMBER OF OFF DUTY DAYS STARTING TODAY**

**34 Hours Restart**

5640362 SHIPPER/COMMODITY B/L OR SHIPPER NUMBER 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: 06/17/09 TRACTOR/TRUCK NO.: 67655 TRAILER(S) NO.(S): 28005

- 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. Describe defect in detail, use back side if necessary.
- I detect the following defects or deficiencies in this motor vehicle that would be likely to affect the safety of its operation or result in its mechanical break down. (Indicate whether defects are on Tractor or Trailer.)

Above defects corrected.  
 Above defects need not be corrected for safe operation of vehicle.  
Mechanic's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver Reviewing repairs:  
Signature: *Bruce A. Luebke* Date: **06/17/09**