

01 02 2008
 (Month) (Day) (Year)

Carrier Trucking, Inc
 Anytown, USA 10012

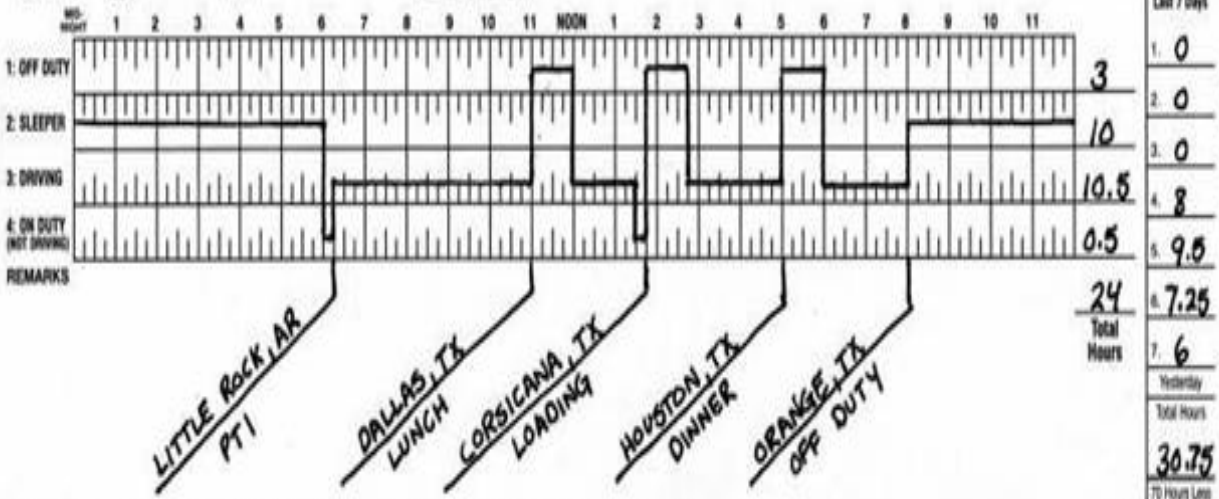
DOE JOHN
 (Driver's LAST name - Printed) (Driver's FIRST name - Printed)

If multiple off-duty days, enter the end date here:

20
 (Month) (Day) (Year)

123456789
 (Employee Number)

(Co-Driver's LAST name - Printed) (Co-Driver's FIRST name - Printed)



123456789
 (Pro or Shipping Number)

(Pro or Shipping Number)

651
 (Total Miles Driven Today)

JOHN DOE
 (Driver's Signature in Full)

6788
 (Tractor Number)

54321
 (Trailer Number 1)

(Trailer Number 2)

● Driver's Daily Vehicle Inspection Report ●

DATE 1-2-08

(Tractor Number) 6788

(Trailer Number 1) 54321

(Trailer Number 2)

- 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 and list defects or deficiencies in this motor vehicle as would be likely to affect the safety of its operation or result in its mechanical breakdown.

Remarks _____

Driver Making Report _____

- Defects corrected.
- Defects need not be corrected for safe operation of vehicle.



MECHANIC'S SIGNATURE _____

DRIVER'S SIGNATURE _____