

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

Carrier Trucking, Inc  
Anytown, USA 10012

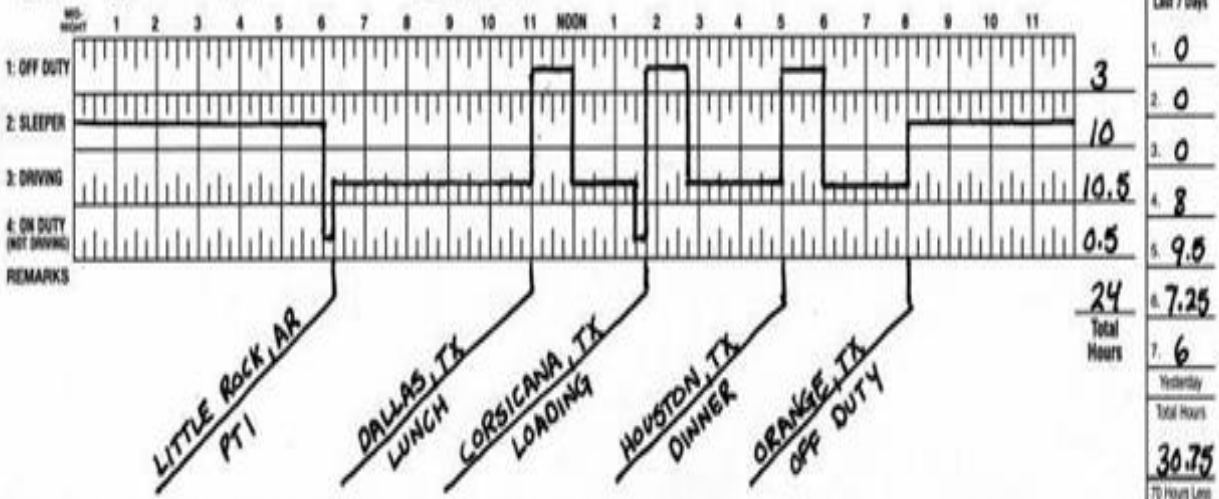
DOE JOHN  
(Driver's LAST name - Printed) (Driver's FIRST name - Printed)

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)

I certify these entries are true and correct.

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