



**Motor Carrier Attachment 21**

**Accident Drivers False RODS**

**Chattanooga, Tennessee 06/26/2015**

**HWY15MH009**

**( 8 pages)**



# DRIVER'S DAILY LOG

(24 HOURS)

(Month)

(Day)

(Year)

Original - File at home terminal  
Duplicate - Driver retains in his/her possession for eight days

**RECAP**  
Complete at  
end of workday

0

Total Miles Driving Today

0

Total Mileage Today

6-15-15  
Cecil R. R. R.  
Lowdown Ky

Name of Carrier or Carriers

Main Office Address

Home Terminal Address

Truck/Tractor and Trailer Numbers or  
License Plate(s) / State (show each unit)

I certify

Driver's Full Signature

Co-Driver's Name

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 TOTAL HOURS

1. OFF DUTY

2. SLEEPER  
BERTH

3. DRIVING

4. ON DUTY  
(NOT DRIVING)

REMARKS

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

SHIPPING  
DOCUMENTS:

B/L or Manifest No.  
or

Shipper & Commodity

From:

Enter name of place you reported and where released from work and when and where each change of duty occurred.

To:

USE TIME STANDARD AT HOME TERMINAL

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On-duty hours  
today (Total  
lines 3 & 4)

**70 Hour/  
8 Day  
Drivers**

A. Total hours on  
duty last 7 days,  
including today

B. Total hours  
available  
tomorrow  
70 hr. minus A.

C. Total hours on  
duty last 8 days,  
including today

**60 Hour/  
7 Day  
Drivers**

A. Total hours on  
duty last 6 days,  
including today

B. Total hours  
available  
tomorrow  
60 hr. minus A.

C. Total hours on  
duty last 7 days,  
including today

\*If you meet the  
34-hour restart  
requirements in  
§395.3, you have  
60/70 hours  
available again.



# DRIVER'S DAILY LOG

(24 HOURS)

Total Miles Driving Today 200

Total Mileage Today 200

Truck/Tractor and Trailer Numbers or License Plate(s) / State (show each unit)

Truck/Tractor and Trailer Numbers or License Plate(s) / State (show each unit)

6-25-15  
(Month) (Day) (Year)

Original - File at home terminal  
Duplicate - Driver retains in his/her possession for eight days

Name of Carrier or Carriers

London KY

Main Office Address

Home Terminal Address

I certify these entries are true and correct.

Driver's Full Signature

Co-Driver's Name

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 TOTAL HOURS

1. OFF DUTY

2. SLEEPER BERTH

3. DRIVING

4. ON DUTY (NOT DRIVING)

REMARKS

SHIPPING DOCUMENTS:

B/L or Manifest No. or

Shipper & Commodity

From:

Enter name of place you reported and where released from work and when and where each change of duty occurred

To:

USE TIME STANDARD AT HOME TERMINAL

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RECAP  
Complete at  
end of workday.

On-duty hours  
today: (Total  
lines 1 & 4)

70 Hour/  
8 Day  
Drivers

A.  
Total hours on  
duty last 7 days,  
including today

B.  
Total hours  
available  
tomorrow:  
70 hr. minus A.

C.  
Total hours on  
duty last 8 days,  
including today

60 Hour/  
7 Day  
Drivers

A.  
Total hours on  
duty last 6 days,  
including today

B.  
Total hours  
available  
tomorrow:  
60 hr. minus A.

C.  
Total hours on  
duty last 7 days,  
including today

If you meet the  
34-hour restart  
requirements in  
§395.3, you have  
60/70 hours  
available again.

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THP

6/25/15 msf



## DRIVER'S VEHICLE INSPECTION REPORT

AS REQUIRED BY THE D.O.T. FEDERAL MOTOR CARRIER SAFETY REGULATIONS, I SUBMIT THE FOLLOWING:

DATE: \_\_\_\_\_ TRACTOR/TRUCK NO.: \_\_\_\_\_ TRAILER(S) NO.(S): \_\_\_\_\_

A  
P  
P  
R  
O  
B  
E  
C  
H  
E  
C  
K  
E  
R  
S  
I  
T  
E

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

Indicate whether defects are on **TRACTOR/TRUCK** or **TRAILER** - Use sufficient detail to locate for mechanic.

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DRIVER'S SIGNATURE: \_\_\_\_\_

☐ Above defects corrected

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

MECHANIC'S SIGNATURE: \_\_\_\_\_

DRIVER'S SIGNATURE: \_\_\_\_\_

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1. Log  
Driver's name MSP



# DRIVER'S DAILY LOG

(24 HOURS)

4 / 25 / 13  
(Month) (Day) (Year)

Original - File at home terminal  
Duplicate - Driver retains in his/her possession for eight days

Total Miles Driving Today 5553  
Total Mileage Today 5553

Name of Carrier or Carriers Cool Running

Main Office Address London Ky

Home Terminal Address

I certify these entries are true and correct:

Truck/Tractor and Trailer Numbers or License Plate(s) / State (show each unit) 7 5553

Driver's Full Signature [Signature]

Co-Driver's Name

1. OFF DUTY

2. SLEEPER BERTH

3. DRIVING

4. ON DUTY (NOT DRIVING)

REMARKS

SHIPPING DOCUMENTS:

B/L or Manifest No. or

Shipper & Commodity

From: London Ky

Enter name of place you reported and where released from work and when and where each change of duty occurred.

To: Jasper FL

USE TIME STANDARD AT HOME TERMINAL

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RECAP  
Complete at end of workday.

On-duty hours today (Total lines 5 & 6)

70 Hour / 8 Day Drivers

A. Total hours on duty last 7 days including today

B. Total hours available tomorrow - 70 hr. minus A.

C. Total hours on duty last 8 days including today

60 Hour / 7 Day Drivers

A. Total hours on duty last 6 days including today

B. Total hours available tomorrow - 60 hr. minus A.

C. Total hours on duty last 7 days including today

If you meet the 34-hour restart requirements in §395.3, you have 60/70 hours available again.

# DRIVER'S VEHICLE INSPECTION REPORT

AS REQUIRED BY THE D.O.T. FEDERAL MOTOR CARRIER SAFETY REGULATIONS, I SUBMIT THE FOLLOWING:

DATE: 1-25-15

TRACTOR/TRUCK NO.: 7

TRAILER(S) NO.(S): 5555

A  
P  
P  
R  
O  
P  
R  
I  
A  
T  
E  
B  
O  
X

- ☒ I detect no defect or deficiency in this motor vehicle as would be likely to affect the safety of its operation mechanical breakdown.
- ☐ I detect the following defects or deficiencies in this motor vehicle as would be likely to affect the safety of result in its mechanical breakdown.

Indicate whether defects are on **TRACTOR/TRUCK** or **TRAILER** - Use sufficient detail to locate for mechanic.

DRIVER'S SIGNATURE: \_\_\_\_\_

☐ Above defects corrected

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

MECHANIC'S SIGNATURE: \_\_\_\_\_

DRIVER'S SIGNATURE: \_\_\_\_\_

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Berth, off duty, or any combination of the two.  
The 8-hour sleeper-berth period (and up to 2  
hours riding in the passenger seat immediately  
before or after the 8-hour sleeper-berth period)  
will not be counted as part of the 14 hours, but

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# DRIVER'S DAILY LOG

(24 HOURS)

6 / 26 / 15  
(Month) (Day) (Year)

Original - File at home terminal  
Duplicate - Driver retains in his/her possession for right day

**RECAP**  
Complete at  
end of workday

Total Miles Driving Today Total Mileage Today

Name of Carrier or Carriers

Main Office Address

Home Terminal Address

I certify these entries are true and correct:

Driver's Full Signature

Co-Driver's Name

Truck/Tractor and Trailer Numbers or  
License Plate(s) / State (show each unit)

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 TOTAL HOURS

1. OFF DUTY

2. SLEEPER  
BERTH

3. DRIVING

4. ON DUTY  
(NOT DRIVING)

REMARKS

SHIPPING  
DOCUMENTS:

B/L or Manifest No.  
or

Shipper & Commodity

From

To

USE TIME STANDARD AT HOME TERMINAL

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On-duty hours  
today (Total  
lines 2 & 4)

70 Hour/  
8 Day  
Drivers

A.  
Total hours on  
duty last 7 days  
including today

B.  
Total hours  
available  
tomorrow  
80 hr minus A

C.  
Total hours on  
duty last 8 days  
including today

60 Hour/  
7 Day  
Drivers

A.  
Total hours on  
duty last 6 days  
including today

B.  
Total hours  
available  
tomorrow  
80 hr minus A

C.  
Total hours on  
duty last 7 days  
including today

If you meet the  
44-hour rest-hour  
requirements in  
§395.3, you have  
80/70 hours  
available again

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## DRIVER'S VEHICLE INSPECTION REPORT

AS REQUIRED BY THE D.O.T. FEDERAL MOTOR CARRIER SAFETY REGULATIONS, I SUBMIT THE FOLLOWING:

DATE: \_\_\_\_\_ TRACTOR/TRUCK NO.: \_\_\_\_\_ TRAILER(S) NO.(S): \_\_\_\_\_

APPROPRIATE  
CHECK  
BOX

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

Indicate whether defects are on **TRACTOR/TRUCK** or **TRAILER** - Use sufficient detail to locate for mechanic.

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DRIVER'S SIGNATURE: \_\_\_\_\_

☐ Above defects corrected

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

MECHANIC'S SIGNATURE: \_\_\_\_\_

DRIVER'S SIGNATURE: \_\_\_\_\_

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perm. on duty, or any combination of the two.  
The 8-hour sleeper-berth period (and up to 2  
hours riding in the passenger seat immediately  
hours riding in the passenger-berth period)

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