



COURTESY OF

Amalgamated Specialty Group

8401 Connecticut Avenue, Suite 105, Chevy Chase, MD 20815

DRIVER'S DAILY MANIFEST

SAFE DRIVING IS DEFENSIVE DRIVING
 ALL ACCIDENTS MUST BE REPORTED, NO MATTER HOW SLIGHT
 PERSONAL INJURIES MUST BE REPORTED IMMEDIATELY

NAME OF OPERATOR				OPTIONAL ENTRIES EXPENDITURES TODAY		TOTAL COST
ADDRESS				GAS	PER GAL.	
VEHICLE NO.		TAG NO.		OIL QTS.	PER QT.	
DATE		MAKE OF VEHICLE	YEAR	LUBE		
I.D. OR LICENSE		<input type="checkbox"/> RADIO <input type="checkbox"/> NON RADIO	<input type="checkbox"/> OWNER <input type="checkbox"/> RENTER	WASH		
MILES		TIME - AM.PM.		TIRE REPAIR		
AT FINISH _____		ON _____		OTHER REPAIR		
AT START _____		OFF _____		RENT OR OTHER		
TOTAL ON DUTY _____		TOTAL ON DUTY _____		MISC. COSTS		
INCOME				TOTAL COST		
GROSS		\$		EMERGENCY TELEPHONE NOS.		
COST		\$		FIRE & RESCUE/POLICE..... 911		
NET TOTAL		\$		U.S. PARK POLICE..... (202) 619-7105		
NO. OF CALL TRIPS		NO. OF PICK-UP TRIPS	TOTAL NO. OF TRIPS	PASSENGERS HAULED TODAY	TOTAL MILES TODAY	
				HACK INSPECTOR..... (202) 645-6018		

TRIP NO.	CALL OR PICK UP	NO. OF PASS	STARTING POINT	RATE #	TIME	AM PM	ODOMETER READING START	DESTINATION	TIME	AM PM	ODOMETER READING AT FINISH	FARES	
												METER READING	TIPS
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													

* DRIVER WILL MARK HOURLY TRIPS WITH LETTER "H"

TRIP NO.	CALL OR PICK UP	NO. OF PASS	STARTING POINT	RATE #	TIME	AM PM	ODOMETER READING START	DESTINATION	TIME	AM PM	ODOMETER READING AT FINISH	FARES	
												METER READING	TIPS
13													
14													
15													
16													
17													
18													
19													
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21													
22													
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31													
32													

Details of Accident: Time _____ Date _____, 20____ Location _____ Intersection _____
 Name of other Driver _____ Permit No. _____ Tag No. _____
 Address _____ Telephone No. (owner of other Car) _____
 Address _____ Telephone No. (Insurance Company) _____ Witnesses Name _____
 _____ Address _____ Witnesses Name _____
 _____ Address _____ Police Officer's Name _____
 _____ Precinct _____ Badge _____
 Name of Person Injured _____ Address _____
 Hospital _____ Doctor _____

ALL ACCIDENTS AND INJURIES, NO MATTER HOW SLIGHT, MUST BE REPORTED IMMEDIATELY TO YOUR INSURANCE COMPANY.