



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

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						/				/			
20						/				/			
21						/				/			
22						/				/			
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24						/				/			
25						/				/			
26						/				/			
27						/				/			
28						/				/			
29						/				/			
30						/				/			
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.