



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				OPTIONAL ENTRIES EXPENDITURES TODAY		TOTAL COST	
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	
MILES		TIME - AM.PM.		MISC. COSTS			
AT FINISH _____		ON _____		INSURANCE			
AT START _____		OFF _____		TOTAL COST			
TOTAL ON DUTY _____		TOTAL ON DUTY _____					
INCOME				EMERGENCY TELEPHONE NOS.			
GROSS		\$		FIRE & RESCUE/POLICE 911			
COST		\$		U.S. PARK POLICE (202) 619-7105			
NET TOTAL		\$		HACK INSPECTOR..... (202) 645-6018			
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						/				/			
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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.