



**NEVADA TAXICAB AUTHORITY  
COMPLIANCE ENFORCEMENT DIVISION**

**VOLUNTARY STATEMENT**

EVENT NUMBER \_\_\_\_\_ DATE OF EVENT \_\_\_\_\_

SUBJECT TAXICAB COMPANY/NUMBER \_\_\_\_\_

DATE/TIME OF TAXICAB RIDE \_\_\_\_\_

RIDE ORIGIN \_\_\_\_\_

RIDE DESTINATION \_\_\_\_\_

FARE AMOUNT (if applicable) \_\_\_\_\_

NAME OF VICTIM (last, first) \_\_\_\_\_

TELEPHONE # (REQUIRED) \_\_\_\_\_

CITY/STATE \_\_\_\_\_

**VICTIM QUESTIONS (please check appropriate response)**

Did you specifically request the route that was taken to get to your destination? YES \_\_\_\_\_ NO \_\_\_\_\_

Did the driver inform you the route being taken was longer than the most direct route? YES \_\_\_\_\_ NO \_\_\_\_\_

Did the driver convey or attempt to convey different route options to your destination? YES \_\_\_\_\_ NO \_\_\_\_\_

Did the taxicab driver utilize or attempt to utilize the highway? YES \_\_\_\_\_ NO \_\_\_\_\_

Is there anything else that you wish to add? YES \_\_\_\_\_ NO \_\_\_\_\_ (if yes, please explain)

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\_\_\_\_\_  
SIGNATURE OF VICTIM \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF WITNESS/OFFICER \_\_\_\_\_ DATE \_\_\_\_\_