



**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)

SIGNATURE OF VICTIM _____ DATE _____

SIGNATURE OF WITNESS/OFFICER _____ DATE _____