

**TAXI OPERATING STATISTICS  
FY19 (2ND QUARTER)**

		OCTOBER	NOVEMBER	DECEMBER
1	<b>Number of Calls Received</b> <i>How many calls did you receive from dispatch and private customers? Provide the total on line 1 for the reporting month.</i>			
2	<b>Number of Accessible Calls Received</b> <i>How many accessible calls did you receive from dispatch? Provide the total on line 2 for the reporting month.</i>			
3	<b>Number of Taxis in Service Daily</b> <i>Did you operate your taxi at least one (1) day out of the month? If the answer is yes, enter a one (1) on line 3 for the reporting month.</i>			
4	<b>Number of Accessible Taxis in Service Daily</b> <i>Do you have an accessible taxi that is equipped with a wheelchair lift? If the answer is yes, enter a one (1) on line 4 for the reporting month.</i>			
5	<b>Number of Trips</b> <i>How many complete trips did you provide? Add your trips from calls and regular pickups (metro stations, etc.) and provide the total on line 5 for the reporting month.</i>			
6	<b>Number of Accessible Trips</b> <i>How many accessible trips (trips utilizing a wheelchair lift) did you provide? If you provide a trip where you had to use a wheelchair lift, enter the total number on line 6 for the reporting month.</i>			
7	<b>Number of Disability Trips</b> <i>Did you provide transportation to someone with a physical disability? Did you provide transportation to someone through the medical program? If so, enter the total for these trips on line 7 for the reporting month.</i>			
8	<b>Number of Accident Reports</b> <i>Did you have any traffic accidents with the taxi vehicle during the month for which you are reporting? If the answer is yes, provide the total number of accidents on line 8 for the reporting month.</i>			
9	<b>Number of Arrest Reports</b> <i>Were you taken in custody by the police during the month for which you are reporting? If the answer is yes, provide the number of arrests on line 9 for the reporting month.</i>			
10	<b>Number of Taxis Inactive</b> <i>Did you operate your taxi vehicle at least one (1) time during the month in which you are reporting? If the answer is no, enter a one (1) on line 10 for the reporting month. If the answer is yes, enter a zero (0) on line 10 for the reporting month.</i>			

Name of PG Owner (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_