

# CHARLES RIVER TRANSPORTATION MANAGEMENT ASSOCIATION



## Emergency Ride Home

### Confirmation Report

Name: \_\_\_\_\_ Date of ride: \_\_\_\_\_

Employer: \_\_\_\_\_ Time of ride: \_\_\_\_\_

Cost of ride: \_\_\_\_\_

Reason for the ride:  Personal Illness  Family Illness  Unscheduled Overtime  
 Other (specify) \_\_\_\_\_

How long did you wait to be picked up?  1-10 minutes  11-20 minutes  21-30 minutes  
 31-40 minutes  More than 40 minutes

Which mode did you use to get to work the day you used the Emergency Ride Home?

Carpool/Vanpool  Commuter Rail  Bus  Subway  EZRide Shuttle

Bike  Walk  Other (specify) \_\_\_\_\_

How important is the Emergency Ride Home in selecting your commute mode?

Very Important  Somewhat Important  Not Important

How was your experience using the service?

Excellent  Very Good  Good  Fair  Poor

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Please sign this report and return it to Charles River TMA within one week of using the ERH.**

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

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

Charles River TMA - P.O. Box 425255 - Cambridge, MA 02142  
Ph: 617-324-6118 Fax: 617-253-9402

**PLEASE ENSURE THAT YOU (NOT THE CAB DRIVER) COMPLETELY FILL OUT THE CAB VOUCHER.**