

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: 617-258-6357

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