



**TRAFFIC CHARGES INTERVIEW**

**PERSONAL:**

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**VITAL INFORMATION:**

DRIVERS LICENSE #/STATE: \_\_\_\_\_ SS#: \_\_\_\_\_

DOB: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ HT.: \_\_\_\_\_ WT.: \_\_\_\_\_ EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_

**VEHICLE INSURANCE:**

[ ] FAMILY POLICY [ ] INDIVIDUAL POLICY NEXT INSURANCE RENEWAL DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**EMPLOYMENT:**

EMPLOYER(S): \_\_\_\_\_

HOURS/DAYS OF EMPLOYMENT: \_\_\_\_\_

**EDUCATION:**

HIGH SCHOOL: \_\_\_\_\_ COLLEGE: \_\_\_\_\_

SPECIAL TRAINING: \_\_\_\_\_

**FAMILY CONTACTS:**

SPOUSE: \_\_\_\_\_

CHILDREN (NAME & AGE): \_\_\_\_\_

MOTHER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

FATHER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

**HEALTH:**

GENERAL HEALTH CONDITION: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

PHYSICAL DISABILITIES/INJURIES: \_\_\_\_\_

