

VEHICLE ACCESS AND OPERATION BY OTHERS

DEFENDANT'S LAST NAME _____ FIRST NAME _____ MI _____

DRIVER'S LICENSE NUMBER _____ DATE OF BIRTH _____

HOME STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS IF DIFFERENT _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

DESCRIBE LIVING ARRANGEMENTS _____

LENGTH OF TIME IN CURRENT ARRANGEMENT _____

OTHER PEOPLE LIVING IN HOUSEHOLD WHO MAY OPERATE VEHICLES

	<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>		<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>
1)	_____	_____	_____	5)	_____	_____	_____
2)	_____	_____	_____	6)	_____	_____	_____
3)	_____	_____	_____	7)	_____	_____	_____
4)	_____	_____	_____	8)	_____	_____	_____

PLEASE LIST VEHICLES OWNED AND/OR OPERATED BY DEFENDANT

	<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>VIN</u>	<u>OTHER OPERATORS</u> (LIST BY NUMBER FROM TABLE ABOVE)
VEHICLE ONE	_____	_____	_____	_____	_____
VEHICLE TWO	_____	_____	_____	_____	_____
VEHICLE THREE	_____	_____	_____	_____	_____
VEHICLE FOUR	_____	_____	_____	_____	_____

**IF MORE THAN 4 VEHICLES PLEASE ATTACH ADDITIONAL SHEET WITH REQUIRED INFORMATION*

DATE COMPLETED _____

COMPLETED BY _____