

# STATEMENT OF DRIVER

#10  
FN 10584

Date: SEPTEMBER 12, 2001  
Insured: PRICE TRUCKING INC & PREMIUM  
Claim No.: NR-CWP-3811880-050801-A  
Date of Loss: May 8, 2001  
Claim Rep: Julie M. Didier

Driver's Name: Tamara Schaff Phone No.: \_\_\_\_\_  
Driver's Address: none Date of Birth: 74 54  
Driver's License No.: 5410 4515424008 Employer: Price Trucking  
Who owns the vehicle you were driving? PRICE TRUCKING  
Describe vehicle you were driving: Year: 98 Make: Freightliner  
Model: Quadra Dump Plate No.: \_\_\_\_\_

What was the vehicle being used for at time of accident? HAULING  
Where can vehicle be seen? Price Shop Amount of damage: \$ \_\_\_\_\_  
What part of vehicle was damaged? RIGHT MIRROR & Mod FIAT  
Names and Addresses of passengers in your vehicle:  
Name of Passengers \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Location of Accident: 48 Hampton Date/Time: \_\_\_\_\_  
Any Traffic signs or lights? NO Posted speed limit? 30 or 35  
How fast, on what street and in what direction were you traveling? 35 EAST B  
HAMPTON

How fast, on what street and in what direction was the other vehicle traveling? 40 9  
SAME

Did weather or road conditions contribute to the accident? NO  
If yes, explain: \_\_\_\_\_

Did faulty condition of either vehicle cause the accident? NO SURE  
If yes, explain: \_\_\_\_\_

What did you do to avoid the accident? TURNED WHEEL LEFT

What did other driver do to avoid the accident? NOTHING

Point of contact of your vehicle with other vehicle: RIGHT FRONT LEG AREA

Point of contact of other vehicle with your vehicle: LEFT REAR

In your opinion, who was at fault for the accident? CITY TRUCK CROSSED  
Why? OVER CENTER LINE HIT ME

What authorities were notified of the accident? M P D

Address: \_\_\_\_\_

Were any citations issued? NO

What were the charges? \_\_\_\_\_ Against Whom? \_\_\_\_\_

Other driver's name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Other driver's address: \_\_\_\_\_ Age: \_\_\_\_\_

Other vehicle owner's name and address: CITY OF MIL

Describe other vehicle: Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Plate No.: \_\_\_\_\_

Insurance Company or Agent for other vehicle: \_\_\_\_\_

Amount of damage to other vehicle: \_\_\_\_\_ Was it driven or towed away  
from accident scene? \_\_\_\_\_ Where was it taken? \_\_\_\_\_

Was anyone injured? \_\_\_\_\_

Name of Injured Person \_\_\_\_\_ Address \_\_\_\_\_ Type of Injury \_\_\_\_\_

Were there any other witnesses to the accident? \_\_\_\_\_

Name of Witness \_\_\_\_\_ Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Were any other persons or property involved in the accident? NO  
If yes, Explain: \_\_\_\_\_

Describe the accident (Use other side for additional remarks and diagram):

My truck passed on right  
side of road into my lane that  
I was in. I saw a car  
up to him. He had on white  
radio with the head phones

Date 9-15-01 Signature of driver Jack Hill