

CAR PRACTICE WORKSHEET

Name _____

Section _____

Course Number _____

Age _____

Address _____

City _____

State _____

Zip _____

Phone Number _____

Sex _____

Occupation _____

1. How many years of driving experience do you have?

Years _____

Months _____

2. How many times have you been involved in an accident?

Years _____

Months _____

3. How many times have you been involved in a traffic violation?

Years _____

Months _____

Personal Information

1. How many times have you been involved in an accident?

Years _____

Months _____

2. How many times have you been involved in a traffic violation?

Years _____

Months _____

Driving Record

1. How many times?

Driving Record

1. How many times?

Years _____

Months _____

Days _____

2. How many times?

Years _____

Months _____

Days _____