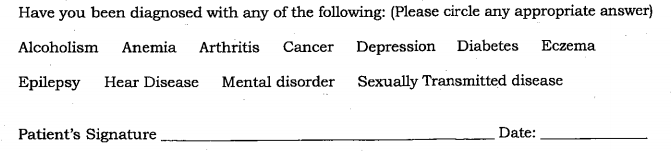


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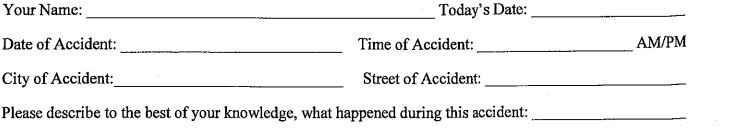
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**AUTOMOBILE ACCIDENTAL INJURY FORM**

**PLEASE ANSWER *ALL* OF QUESTIONS**

*PLEASE PRINT CLEARLY ALL ANSWERS and SIGN EACH FORM AT THE BOTTOM*

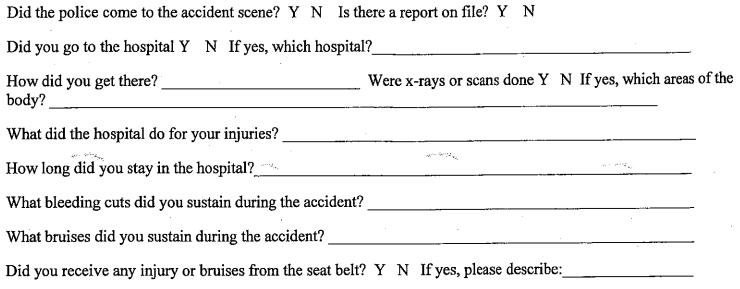


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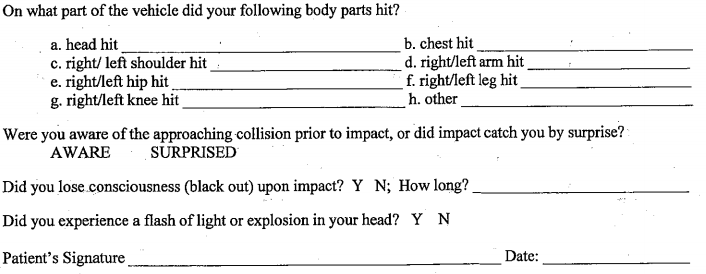
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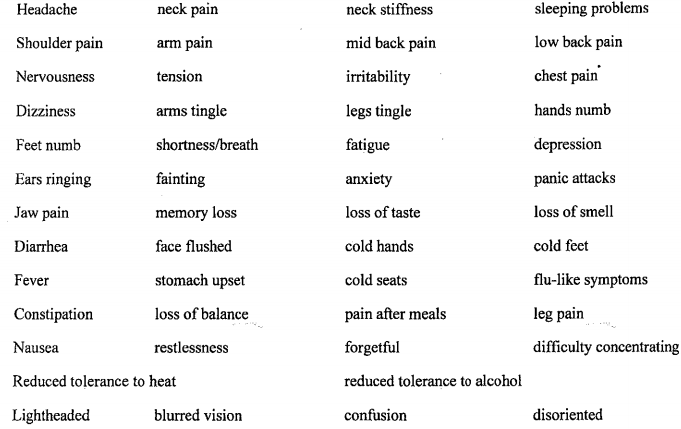


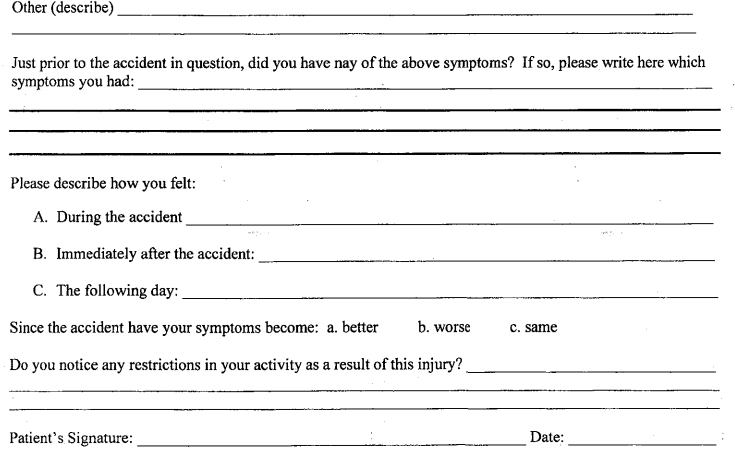
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**AUTOMOBILE ACCIDENTAL INJURY FORM**

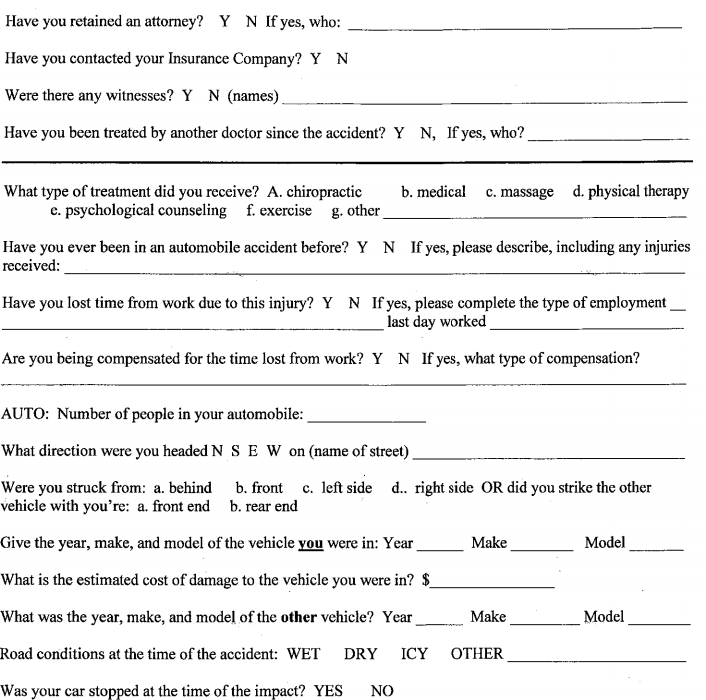
**Please circle all symptoms you have noticed since the accident:**







**AUTOMOBILE ACCIDENTAL INJURY FORM**





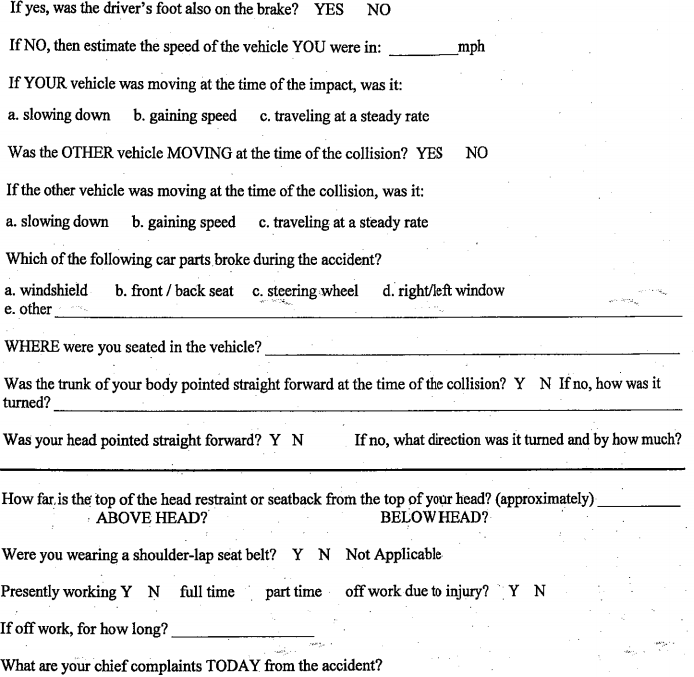


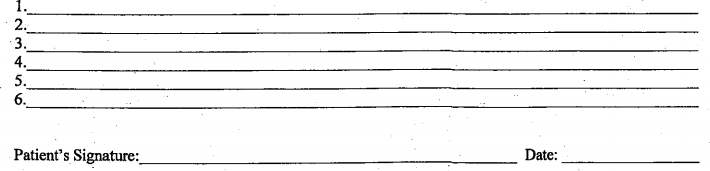
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