

TIME L O C A T I O N	Date of Accident	Nov. 25, 1964		Day of Week	Wednes		Hour	A.M. 4:15		P.M.	DO NOT WRITE IN THIS SPACE C..... A.....	
	Accident CITY	Occurred in.....										
		City or town..... Parish.....										
	RURAL	4 miles North		OF		Clevelandia La		IN		Rapid		
		miles South				City or town (state whether limits of or center of)		Parish				
		miles East										
		miles West										
Indicate exact mileage or distance, using two mileages and two directions if necessary												

ACCIDENT INVOLVED: ☒ Other motor vehicle ☐ Animal-drawn vehicle ☐ R. R. train ☐ Street car ☐ Bicycle
☐ Other type of vehicle ☐ Fixed object ☐ Pedestrian ☐ Animal (ridden, herded, unattended)
☐ Non-collision (not the result of a collision—turned over, ran off roadway, fell from vehicle, etc.)

V E H I C L E S	YOUR VEHICLE—No. 1					OTHER VEHICLE—No. 2					Enter Additional Vehicles Under Remarks						
	1963		Ford		4 door		1962		Chev		4 door						
	Year		Make		Type (sedan, truck, taxi, bus, etc.)		Year		Make		Type (sedan, truck, taxi, bus, etc.)						
	Vehicle License Plate		1964 Jan 94-3				Vehicle License Plate		1964 La 27673								
	Year		State		Number		Year		State		Number						
	DRIVER		Raymond Coma				DRIVER		Thomas H. Burton								
	Print or type FULL name						Print or type FULL name										
	Driver's Address		212 Rosewood Jaylaxda La				Driver's Address		4409 S. Grand Avenue Monroe La								
Street or R.F.D.		City and State				Street or R.F.D.		City and State									
Driver's License		P94555				Driver's License		269701									
State		Number				State		Number									
		☐ Chauffeur						☐ Chauffeur									
		☒ Operator		Age 35 Sex M				☒ Operator		Age 55 Sex M							
		☐ Beginner		Race W				☐ Beginner		Race W							
OWNER		Same				OWNER		Sylvie Burton									
Print or type FULL name						Print or type FULL name											
Owner's Address						Owner's Address		4409 S. Grand		Monroe La							
Street or R.F.D.		City and State				Street or R.F.D.		City and State									
Parts of Vehicle Damaged		Front				Parts of Vehicle Damaged		Front									
Approximate cost to repair vehicle \$		400/00				Approximate cost to repair vehicle \$		400/00									
Owner's Occupation		Electrician				Owner's Occupation		House wife									
Was Vehicle Legally Parked?		No				Was Vehicle Legally Parked?		No									

DAMAGE TO PROPERTY OTHER THAN VEHICLES. None
 Name object, show ownership, address of owner, and state nature of damage
 Approximate cost to repair \$

I N J U R E D	Name.....		Address.....				☐ Driver } In vehicle	
	Age..... Sex.....		Did person die?		If not, was person carried away from the scene?		☐ Passenger } No.	
							☐ Pedestrian	
							☐ Specify Other	
O	Name.....		Address.....				☐ Driver } In vehicle	
	Age..... Sex.....		Did person die?		If not, was person carried away from the scene?		☐ Passenger } No.	
							☐ Pedestrian	
							☐ Specify Other	

If you fail to give full information below, we will assume that you did not have bodily injury and property damage automobile liability insurance

Is Form SR 23 (Notice of Policy for Fleets of 25 or More Automobiles) on file with the Commissioner of Public Safety for your vehicle? ? Has a certificate of self-insurance been issued by the Commissioner of Public Safety for your vehicle? ?
 If so, give No. ? I do not drive professionally.
 Was your vehicle operated under permit or certificate of Interstate Commerce Commission? No. If so, give No.
 Public Service Commission? No. If so, give No.

If the answer to any of the above questions is "Yes" the following items need NOT be completed.

Was a Policy providing you with AT LEAST \$5,000/10,000 bodily injury and \$1,000 property damage liability insurance in effect on the date of the accident? Yes (Complete the following items ONLY if answer to this question is "YES")
 Name of Insurance Company which issued Policy The Mullens Mutual Ins Co. of Texas
 Policy No. 1635864 Policy Period from Nov 10, 1964 to Nov 10, 1965
 Name of Policyholder Stuart William Gentling Address 5020 Bryce St. Ft. Worth 7, Texas
 S.R. 10

YOUR SIGNATURE Stuart W. Gentling

LOUISIANA Form SR 21

DO NOT DETACH

Date of Accident Nov. 25, 1964 Place of Accident Clevelandia La Case No. Rapides
 (City or Town) (Parish)

Description of Vehicle Involved in Accident (Must Correspond to Vehicle No. 1 on Accident Report)

Make Pontiac Year 1962 Type Tempest Engine No. 162 K2461
 Name of Operator Stuart W. Gentling Address 5020 Bryce St. Ft. Worth 7, Texas
 Name of Owner Peter A. Gentling Address 5020 Bryce St. Ft. Worth 7, Texas
 Name of Insurance Company which issued Policy The Mullens Mutual Insurance Co. of Texas
 Policy No. 1635864 Policy Period: from Nov 10, 1964 to Nov 10, 1965
 Name of Policyholder Stuart William Gentling Address 5020 Bryce St. Ft. Worth 7, Texas
 Name of Representative Robert Walter, Collett & Riggs Address PO Box 936 Ft. Worth 7, Texas
 Who Issued Policy

YOUR SIGNATURE Stuart W. Gentling

IMPORTANT! This accident should also be reported directly to your insurance representative. Failure to report may jeopardize your automobile liability insurance.

(DEPARTMENT TO RETURN THIS STUB TO
INSURANCE COMPANY FOR VERIFICATION)

☐ 1. No policy was in effect on the date of the accident.

☐ 2. Our policy for the named policyholder applies to him as the operator but it does not apply to the owner of the vehicle involved in the accident.

☐ 3. Our policy applies to the owner of the vehicle, but does not apply to the operator of the vehicle involved in the accident.

☐ 4. Our policy affords bodily injury coverage only. ☐ 5. Our policy affords property damage coverage only.

☐ 6. Our policy affords limits of liability less than \$5,000/10,000 bodily injury and \$5,000 property damage.
(Indicate actual minimum limits under "Remarks")

Name of Insurance Company

By
Authorized Representative