

Kidney Car Information Sheet

| | |
|--------------|-------|
| Date of Call | _____ |
| Towing Co. | _____ |
| Date Faxed | _____ |

| | |
|-----------|-------|
| Control # | _____ |
| VIN # | _____ |
| Odometer | _____ |

DONOR INFORMATION

| | | | |
|-----------------------|-------|------------|-------|
| County Car Located In | _____ | | |
| Contact Name | _____ | | |
| Name on Title | _____ | | |
| Address | _____ | | |
| Home Phone | _____ | Work Phone | _____ |
| Email Address | _____ | | |

VEHICLE INFORMATION

| | | | | | | | | |
|-------------------------|-------|-----------|-------|----------|---------|-------|-------|-------|
| Vehicle Make/Year/Model | _____ | | | | | | | |
| Color | _____ | Automatic | _____ | Standard | _____ | | | |
| Title Free & Clear? | Yes | _____ | No | _____ | Mileage | _____ | | |
| Is the Car Drivable? | Yes | _____ | No | _____ | | | | |
| Mechanical Problems? | _____ | | | | | | | |
| Body Condition? | Good | _____ | Fair | _____ | Poor | _____ | Other | _____ |
| Details | _____ | | | | | | | |

TOWING INFORMATION

| | | | | |
|---|-------|-------|----|-------|
| Is the vehicle at your address? | Yes | _____ | No | _____ |
| Where is the vehicle located? | _____ | | | |
| If at a repair shop or dealership, do you want to be called prior to pick-up? | Yes | _____ | No | _____ |

| | | | | |
|---|-----------------|---------------|--------------------|---------------------|
| How did you hear about the Kidney Car Program? | | | | |
| _____TV | _____Radio | _____Internet | _____Word of Mouth | _____Previous Donor |
| _____Newspaper | _____Other_____ | | | |