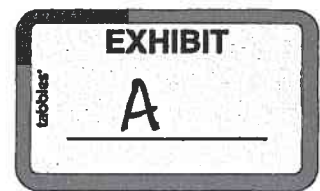


CONFIDENTIAL JUROR QUESTIONNAIRE

<p>1. GENERAL INFORMATION</p> <p>Name: _____</p> <p>Age: _____</p> <p>Gender: _____</p> <p>Race/Ethnicity: _____</p> <p>Place of Birth: _____</p> <p>What is your marital status?</p> <p><input type="checkbox"/> Married (____ years)</p> <p><input type="checkbox"/> Single, never married</p> <p><input type="checkbox"/> Divorced and single</p> <p><input type="checkbox"/> Divorced and remarried (____ years)</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Living with significant other</p>	<p>2. CHILDREN</p> <p>How many children and/or stepchildren do you have? _____</p> <p>Please list their ages and occupations.</p> <p>Age _____ Occupation: _____</p> <p>Age _____ Occupation: _____</p> <p>Age _____ Occupation: _____</p> <p>Age _____ Occupation: _____</p> <p>Age _____ Occupation: _____</p>	
<p>3. EDUCATION</p> <p>What is your level of education? <i>(Please provide type of degree, if any)</i></p> <p><input type="checkbox"/> Less than high school</p> <p><input type="checkbox"/> GED</p> <p><input type="checkbox"/> High School Diploma</p> <p><input type="checkbox"/> Technical or business school</p> <p><input type="checkbox"/> Some College (____ semesters)</p> <p><input type="checkbox"/> College Degree (_____)</p> <p><input type="checkbox"/> Post-graduate Degree (_____)</p> <p>What special training, certifications or licenses have you received, if any?</p> <p>Do you belong to any professional or business organizations? If yes, which ones?</p> <p>What is your spouse or significant other's level of education? <i>(Please provide type of degree, if any)</i></p> <p><input type="checkbox"/> Less than high school</p> <p><input type="checkbox"/> GED</p> <p><input type="checkbox"/> High School Diploma</p> <p><input type="checkbox"/> Technical or business school</p> <p><input type="checkbox"/> Some College (____ semesters)</p> <p><input type="checkbox"/> College Degree (_____)</p> <p><input type="checkbox"/> Post-graduate Degree (_____)</p>	<p>4. LAWSUIT EXPERIENCE</p> <p>Have you, a family member or close personal friend ever been involved in a lawsuit?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Who was involved?</p> <p><input type="checkbox"/> Me</p> <p><input type="checkbox"/> Family member</p> <p><input type="checkbox"/> Someone else</p> <p>In what capacity?</p> <p><input type="checkbox"/> Plaintiff (filed the lawsuit)</p> <p><input type="checkbox"/> Defendant (accused of wrongdoing)</p> <p><input type="checkbox"/> Witness (not a party, but gave testimony)</p> <p>Please briefly describe the general nature of the case and its outcome:</p> <p>Have you ever wanted to file a lawsuit, but chose not to?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>5. LAWSUIT OPINIONS</p> <p>Do you think a lawsuit is generally an appropriate way of settling a dispute? Why or why not?</p> <p>In general, how do you feel about damages awarded in lawsuits today?</p> <p><input type="checkbox"/> They are too high</p> <p><input type="checkbox"/> They seem about right</p> <p><input type="checkbox"/> They seem a little low</p> <p><input type="checkbox"/> I don't have any opinion</p> <p><input type="checkbox"/> Each case is different</p> <p>Comments:</p>



JUROR NUMBER _____

CONFIDENTIAL JUROR QUESTIONNAIRE

<p>6. DRIVING EXPERIENCE</p> <p>Have you, a close personal friend or family member ever held a Commercial Drivers License (CDL)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, who held the CDL?</p> <p>Have you or a family member ever been involved in a traffic accident?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe.</p> <p>Who do you believe was at fault?</p> <p><input type="checkbox"/> Me <input type="checkbox"/> The other driver <input type="checkbox"/> Both of us</p>	<p>7. DRIVING SITUATIONS</p> <p>Have you ever experienced extreme fatigue or sleepiness while driving?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Which statement best describes <i>your</i> driving habits?</p> <p><input type="checkbox"/> The rules of the road and posted signs dictate how I drive. <input type="checkbox"/> The conditions of the road and the speed of traffic dictate how I drive.</p> <p>What does the phrase "defensive driving" mean to you?</p>	<p>8. INDUSTRY PERCEPTIONS</p> <p>In general, how do you feel about the commercial trucking industry?</p> <p>In general, how do you feel about 18-wheelers on the roadways?</p> <p>Have you ever had a negative experience with a truck while driving on the road?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe.</p>																																												
<p>9. INJURIES</p> <p>Have you, a family member or close personal friend ever been involved in an accident of <i>any kind</i> that resulted in severe injuries or death?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, was it a car accident?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please describe the nature of the incident and injuries:</p>	<p>10. PERSONAL EXPERIENCE / KNOWLEDGE</p> <p>Do you or a close family member have any special experience or knowledge in any of the following areas?</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">None</th> <th style="text-align: center;">Me</th> <th style="text-align: center;">Family Member</th> <th style="text-align: left;">Area of experience/knowledge</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Accounting, banking or finance</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Psychology, teaching or social work</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Texas Department of Transportation or DPS</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Accident reconstruction or analysis</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Management</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Permits, regulations or codes</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Engineering</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Legal industry</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Trucking or commercial transportation</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Unions</td> </tr> </tbody> </table> <p>Comments:</p>		None	Me	Family Member	Area of experience/knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accounting, banking or finance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychology, teaching or social work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Texas Department of Transportation or DPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accident reconstruction or analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Permits, regulations or codes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Engineering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal industry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trucking or commercial transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unions
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unions																																											

I affirm under oath that the information contained within this questionnaire is true and accurate to the best of my knowledge.

Signature _____

Date _____