**QUESTIONS TO HAND IN – EXPERIMENT 11**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LAB INSTRUCTOR\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_LAB DAY/TIME\_\_\_\_\_\_\_\_\_\_ \_ \_\_**

**1.** Complete the table below for the collision types specified.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Collision Type** | **m1**(kg) | **m1**(kg) | **v1**(m/s) | **v2**(m/s) | **vf1**(m/s) | **vf2**(m/s) |
| Completely Inelastic | 1 | 1 | 2 | 0 |  |  |
| Elastic | 1 | 1 | 2 | 0 |  |  |