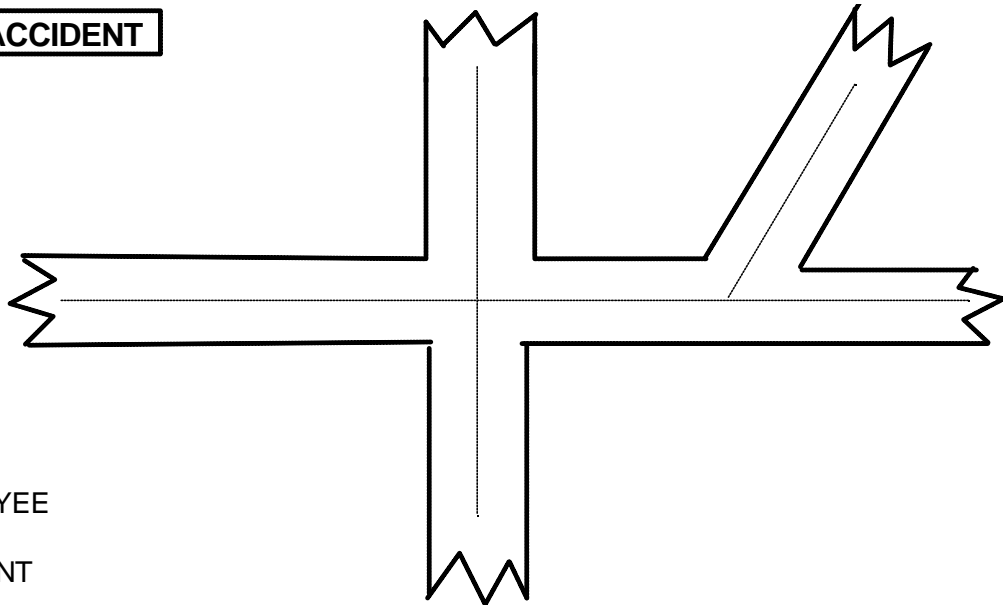
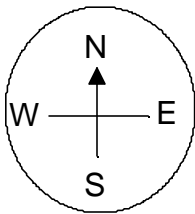


REMARKS:

DIAGRAM OF ACCIDENT



CAR #1 EMPLOYEE

CAR #2 CLAIMANT

WITNESSES

NAME

ADDRESS

TELEPHONE

AUTHORITIES REPORTED TO: _____ NAME _____

WERE THERE ANY CITATIONS? YES _____ NO _____ WHO _____

WHAT _____

DRIVER'S SIGNATURE _____ DRIVER'S LICENSE NO. _____

REPORTED BY _____ DATE _____ PHONE _____