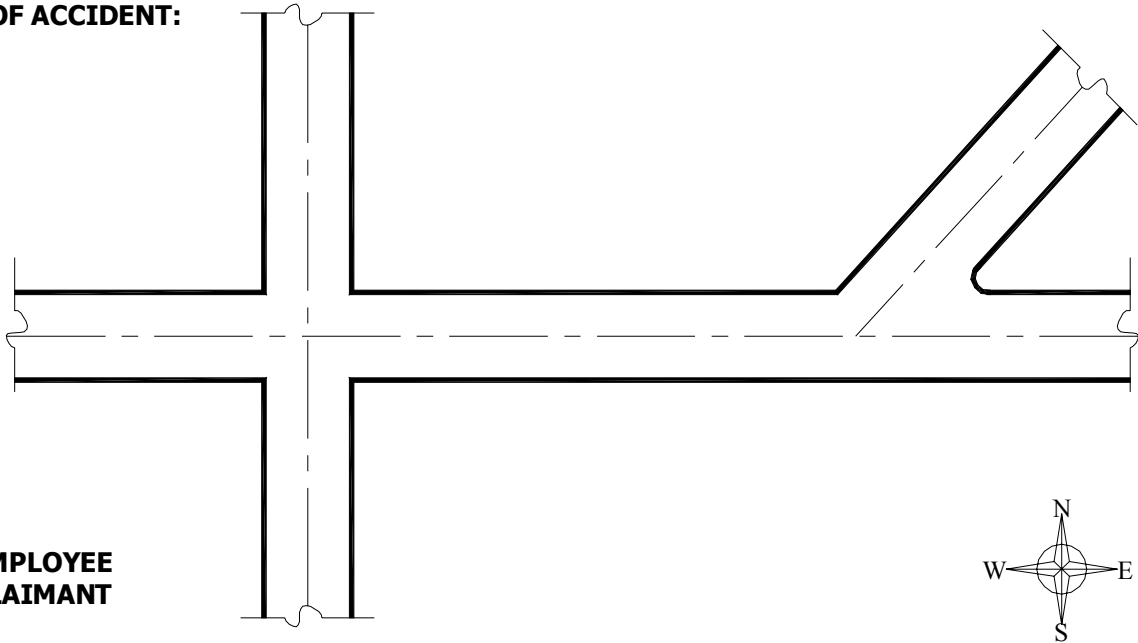


REMARKS:

DIAGRAM OF ACCIDENT:



CAR #1- EMPLOYEE
CAR #2- CLAIMANT

WITNESSES:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

AUTHORITIES REPORTED TO: _____ **NAME:** _____

WERE THERE ANY CITATIONS? Yes ___ No ___
Who _____ What _____

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

REPORTED BY: _____ **DATE:** _____ **PHONE:** _____