

PLEASE DRAW DIAGRAM OF ACCIDENT

Show point of impact



Pedestrian



Your vehicle



Other (Third Party)



Any other vehicle



Witness



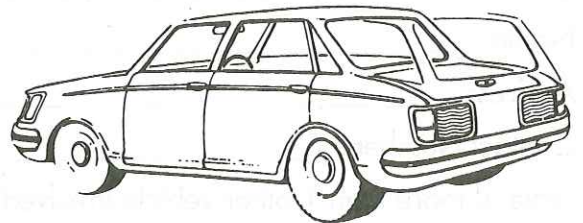
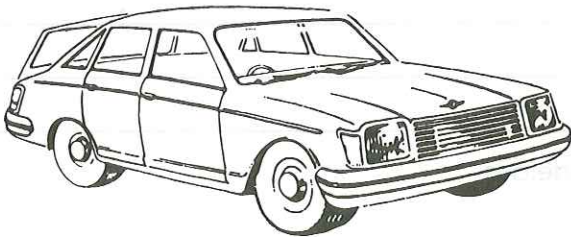
Choose diagram provided or blank space to show how accident occurred.

Please include lane markings where applicable.

Please provide street names.

If plan not suitable, attach separate diagram. Please state street names & signs.

IN THE DIAGRAM PROVIDED MARK DAMAGED SECTIONS OF THE OTHER DRIVERS VEHICLE (Third Party)



I _____ hereby confirm the information supplied by me in this statement is accurate and correct.

Signature: _____ Date: ____/____/____