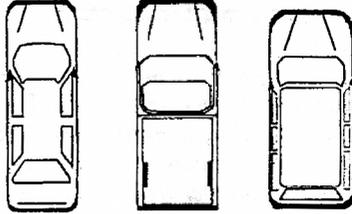




Driver's Report of Traffic Crash Side B

Using the diagram that most fits the vehicle involved, place an "X" on areas damaged. (Tip: Take photos of all damage to vehicles, if possible.)

Unit #1 (Your Vehicle)

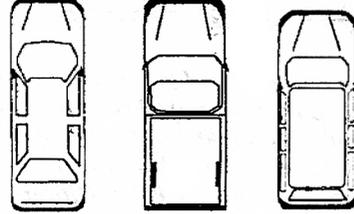


Passenger Car

Pickup Truck

Van

Unit #2 (Other Vehicle)



Passenger Car

Pickup Truck

Van

Please list below any property other than vehicles that was damaged in this crash. (Example: Light pole, shopping cart, sign, etc.)

List object, owner's name (if known), and state nature of damage

List object, owner's name (if known), and state nature of damage

Describe in detail what happened.

List below any witnesses to the crash.

Last Name First Name

Telephone Number

Last Name First Name

Telephone Number

Last Name First Name

Telephone Number

Use this area for a sketch, notes, or any other information you may want to record about your crash.