

**WITNESS**

|  |  |  |
|--|--|--|
| NAME:  | NAME:  | NAME:  |
| ADDRESS:   | ADDRESS:   | ADDRESS:   |
| PHONE:   | PHONE:   | PHONE:   |
| IN WHICH <input type="checkbox"/> YOUR CAR <input type="checkbox"/> OTHER CAR#1<br>CAR? <input type="checkbox"/> OTHER CAR #2 <input type="checkbox"/> OTHER | IN WHICH <input type="checkbox"/> YOUR CAR <input type="checkbox"/> OTHER CAR#1<br>CAR? <input type="checkbox"/> OTHER CAR #2 <input type="checkbox"/> OTHER | IN WHICH <input type="checkbox"/> YOUR CAR <input type="checkbox"/> OTHER CAR#1<br>CAR? <input type="checkbox"/> OTHER CAR #2 <input type="checkbox"/> OTHER |

**DESCRIPTION OF ACCIDENT**  
(Illustrate position of cars at time of collision. Show skid marks.)  
(If any street is more than two-lane or is one way only, please indicate.)

SHOW CARS THUS  
YOU                      OTHER

A

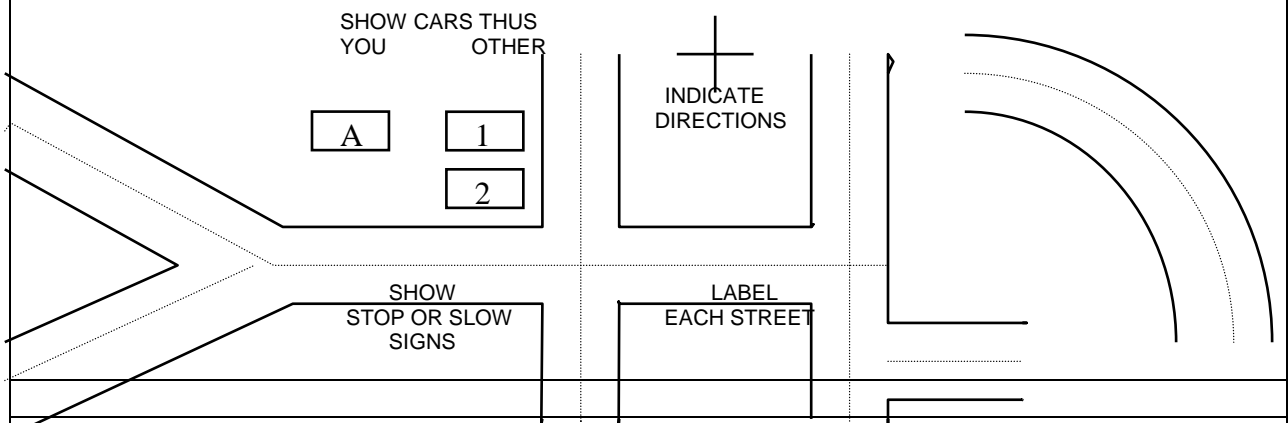
1

2

INDICATE DIRECTIONS

SHOW STOP OR SLOW SIGNS

LABEL EACH STREET



|       |                      |
|-------|----------------------|
| DATE: | SIGNATURE OF DRIVER: |
|-------|----------------------|

**TO BE COMPLETED BY POLICYHOLDER**

|   |                                       |
|---|---------------------------------------|
| WHO IS PRINCIPAL DRIVER OF YOUR VEHICLE?  | WHAT IS DRIVER'S RELATIONSHIP TO YOU? |
| WAS VEHICLE BEING USED WITH YOUR CONSENT? | LIEN OR MORTGAGE ON VEHICLE TO:       |

|       |                            |
|-------|----------------------------|
| DATE: | SIGNATURE OF POLICYHOLDER: |
|-------|----------------------------|