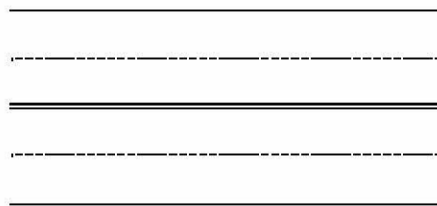
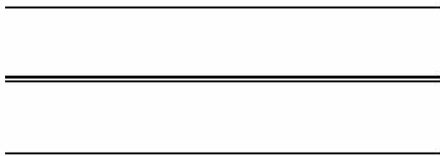
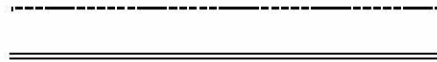
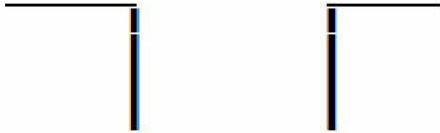
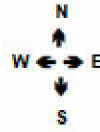


Completed by: _____ Date: _____

On the diagrams below, please draw the collision.
(Be sure to include any stop signs or traffic signals.)

Legend:

- V 1 ▶ Your Vehicle
- V 2 ▶ Other Vehicle
- V 3 ▶ Other Vehicle (if any)



On the overhead diagrams below, please indicate the location of damage to *your* vehicle, if any.

