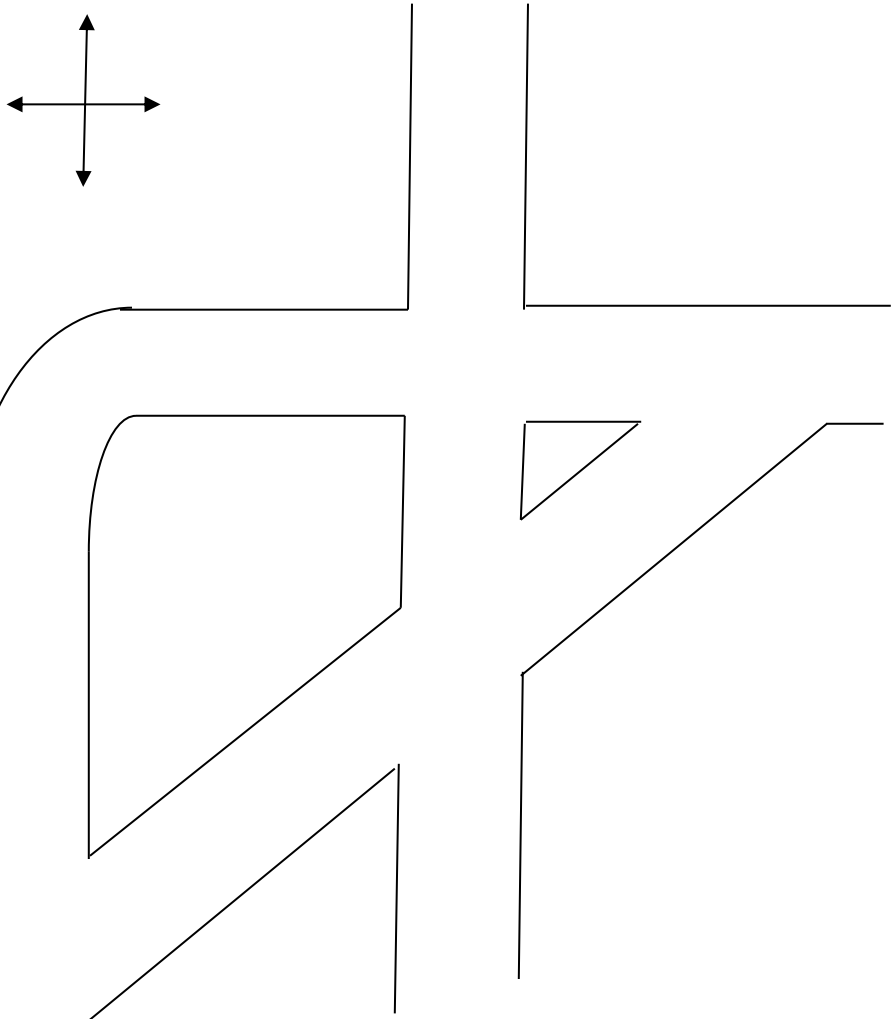


DESCRIPTION
GIVE BRIEF ACCOUNT OF ACCIDENT _____

YOU ARE VEHICLE NUMBER 1. SHOW VEHICLE POSITIONS ON DIAGRAM



PRELIMINARY ACCIDENT REPORT			
DATE _____	DAY: SU M T W TH F SA	TIME : _____	AM PM
LOCATION _____			
IF RURAL SHOW NUMBER OF MILES N - S - W OF NEAREST CITY			
FATALITIES	NUMBER OF INJURIES	TOWS	HAZMAT RELEASED? YES OR NO
OUR VEHICLE AND DRIVER			
DRIVERS NAME _____			
FLEET NO(S) _____			
WAS A DRUG OR ALCOHOL TEST ADMINISTERED BY THE INVESTIGATING FEDERAL, STATE OR LOCAL OFFICIALS? YES _____ NO _____			
IF YES, WAS THE TEST FOR DRUGS? _____ ALCOHOL? _____ BOTH? _____			
NAME OF AGENCY _____			
ADDRESS OF AGENCY _____			
PO BOX/STREET		CITY	STATE ZIP
PHONE NO OF AGENCY () _____			
IF INVESTIGATING OFFICIAL DID NOT PERFORM TEST, NAME & ADDRESS OF WHERE YOU SUBMITTED FOR A DRUG OR ALCOHOL TEST:			
NAME _____			
ADDRESS _____			
PO BOX/STREET		CITY	STATE ZIP
PHONE NO () _____			
AREA			
OTHER VEHICLE			
NO. OF PASSENGERS _____			
DRIVER'S NAME _____ AGE _____			
ADDRESS _____			
PO BOX/STREET		CITY	STATE ZIP
PHONE NO. () _____			
DRIVERS LIC. NO. _____ STATE _____ EXP / / _____			

