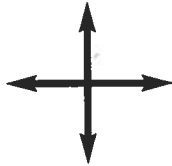




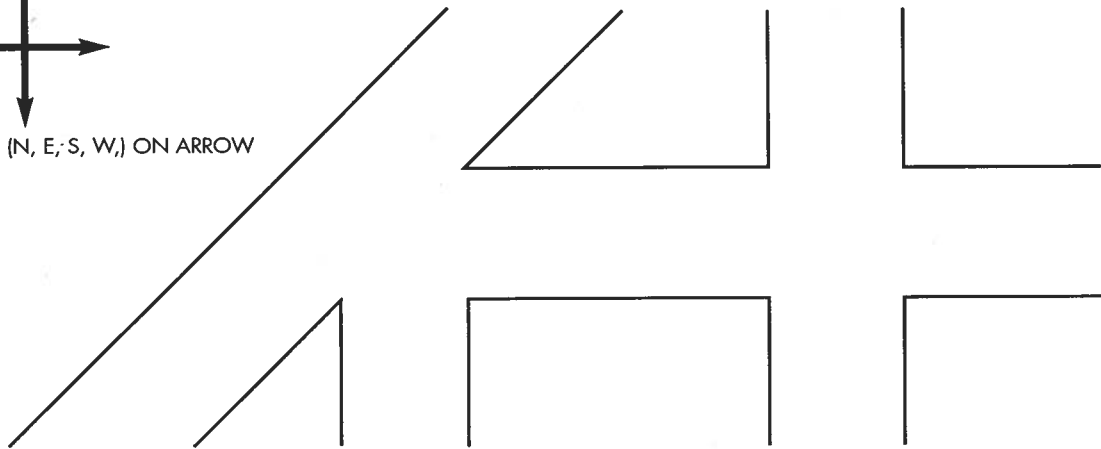
WERE ANY REMARKS MADE BY PARTIES CONCERNED IN THE ACCIDENT AS TO WHO WAS TO BLAME?	
WAS ANYONE INJURED?	IF SO WHICH CAR?
NAME (S) OF INSURED	

OTHER WITNESSES	
NAME	ADDRESS

PLEASE SHOW ON DIAGRAM LOCATION OF VEHICLES OR PERSONS CONCERNED IN THE ACCIDENT; GIVE STREET NAMES, DIRECTIONS, AND LOCATIONS OF OBJECTS CONCERNED AND HOW ACCIDENT HAPPENED.



INDICATE DIRECTIONS (N, E, S, W,) ON ARROW



DATE	ADDRESS
SIGNATURE	
ADD ANY FURTHER REMARKS YOU MAY WISH TO MAKE IN CONNECTION WITH ACCIDENT	
THANK YOU!	

••••• For your protection, California law requires the following to appear on this form •••••

False or fraudulent representations made on this form subjects the insured, who is also the person who has completed this form, to a penalty of perjury. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.