**A. WITNESSES**

- [ ] General (describe)
- [ ] Pedestrian
- [ ] Motorcycle
- [ ] Farm (Agricultural)
- [ ] Business/Shopping
- [ ] Private Community (apartment, etc.)
- [ ] Industrial
- [ ] Service Station
- [ ] Street Address
- [ ] Cross Street
- [ ] On (city or town) (county) (street)
- [ ] Time
- [ ] AM
- [ ] PM

**B. DATE, TIME, PLACE**

- [ ] Equipment
- [ ] Tractor
- [ ] Vehicle Owner/Home Terminal
- [ ] Phone
- [ ] License No.
- [ ] Driver's Name

---

**C. PROPERTY DAMAGE**

- [ ] Collar
- [ ] Front
- [ ] Headlight
- [ ] Window (Windshield, Windows)
- [ ] Engine
- [ ] Door
- [ ] Rear View Mirror
- [ ] License
- [ ] No Damage

---

**D. ROADWAY CONDITIONS AND CONTROLS**

- [ ] No Lane
- [ ] On Lane
- [ ] Right
- [ ] Left
- [ ] Turn
- [ ] Stop
- [ ] Fire Truck
- [ ] Curved
- [ ] Other (describe)

---

**E. VEHICLE CONDITION**

- [ ] Collared
- [ ] Front
- [ ] Headlight
- [ ] Window (Windshield, Windows)
- [ ] Engine
- [ ] Door
- [ ] Rear View Mirror
- [ ] License
- [ ] No Damage

---

**F. MECHANICAL CONDITION**

- [ ] Collared
- [ ] Front
- [ ] Headlight
- [ ] Window (Windshield, Windows)
- [ ] Engine
- [ ] Door
- [ ] Rear View Mirror
- [ ] License
- [ ] No Damage

---

**G. MISCELLANEOUS INFORMATION**

- [ ] Other Property Damage
- [ ] Casualty Damage
- [ ] Casual (describe)
- [ ] Other
- [ ] Roof
- [ ] Left Side
- [ ] Right Side
- [ ] Door
- [ ] Hood
- [ ] Lamp
- [ ] Signal
- [ ] Rear View Mirror
- [ ] Headlight
- [ ] Windshield
- [ ] License
- [ ] No Damage

---

**H. PROPERTY DAMAGE**

- [ ] Other (describe)
- [ ] Door
- [ ] Front
- [ ] Signal
- [ ] Rear View Mirror
- [ ] Headlight
- [ ] Windshield
- [ ] License
- [ ] No Damage

---

**I. THE PROPERTY OWNERS NAME/OF COMPANY**

- [ ] Malcom

---

**J. A. D. E. M.**

- [ ] Addendum #2
ACCIDENT SCENE

Traffic sign

Pedestrian

Numbered sequentially:
1
2

What happened?

Accident date:

Property:

Car:

Other vehicles:

Your vehicle:

Describe damage:

In your own words the circumstances of the accident:

How fast were you going?

What was your speed at impact?

How fast were you going?

At what distance did you first see danger?

1. What happened?

Reason or explanation:

Yes ☐ No ☐

Injured or affected:

If yes, by whom:

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