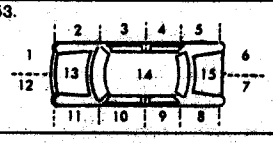
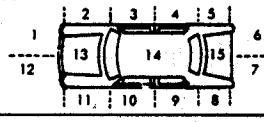
24. NAME LAST FIRST M.I. NO. 3	24. NAME LAST FIRST M. NO. 4
25. STREET ADDRESS	25. STREET ADDRESS
26. CITY / 27. STATE / 28. ZIP / 29. PHONE	26. CITY / 27. STATE / 28. ZIP / 29. PHONE
30. DRIVERS LICENSE NO. / 31. STATE / 32. DOB / 33. AGE / 34. SEX M F	30. DRIVERS LICENSE NO. / 31. STATE / 32. DOB / 33. AGE / 34. SEX M
35. SOBRIETY ☐ / 36. TESTED ☐ / 37. TYPE ☐ / RESULT 0. ____ % / TEST NUMBER	35. SOBRIETY ☐ / 36. TESTED ☐ / 37. TYPE ☐ / RESULT 0. ____ % / TEST NUMBER
38. VEHICLE YR. / 39. VEHICLE MAKE / 40. MODEL / 41. BODY STYLE ☐	38. VEHICLE YR. / 39. VEHICLE MAKE / 40. MODEL / 41. BODY STYLE ☐
42. REGISTRATION NO. / 43. STATE / 44. COLOR / 45. DAMAGE $ / 46. TRAILERS 0 1 2 3	42. REGISTRATION NO. / 43. STATE / 44. COLOR / 45. DAMAGE $ / 46. TRAILERS 0 1 2 3
47. VEHICLE/TRACTOR OWNER: LAST FIRST M.I.	47. VEHICLE/TRACTOR OWNER: LAST FIRST M.I.
48. STREET CITY STATE	48. STREET CITY STATE
49. INSURANCE COMPANY NUMBER	49. INSURANCE COMPANY NUMBER
50. CHARGE/SECTION NUMBER / 51. ARREST NO.	50. CHARGE/SECTION NO. / 51. ARREST NO.
52. NO. 3 TOWED BY:	52. NO. 4 TOWED BY:
TO:	TO:
53. 	53. 

USE THIS SPACE FOR SKETCHING DAMAGE TO TRAILERS, MOTORCYCLES, ETC.

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DIAGRAM OF COLLISION

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