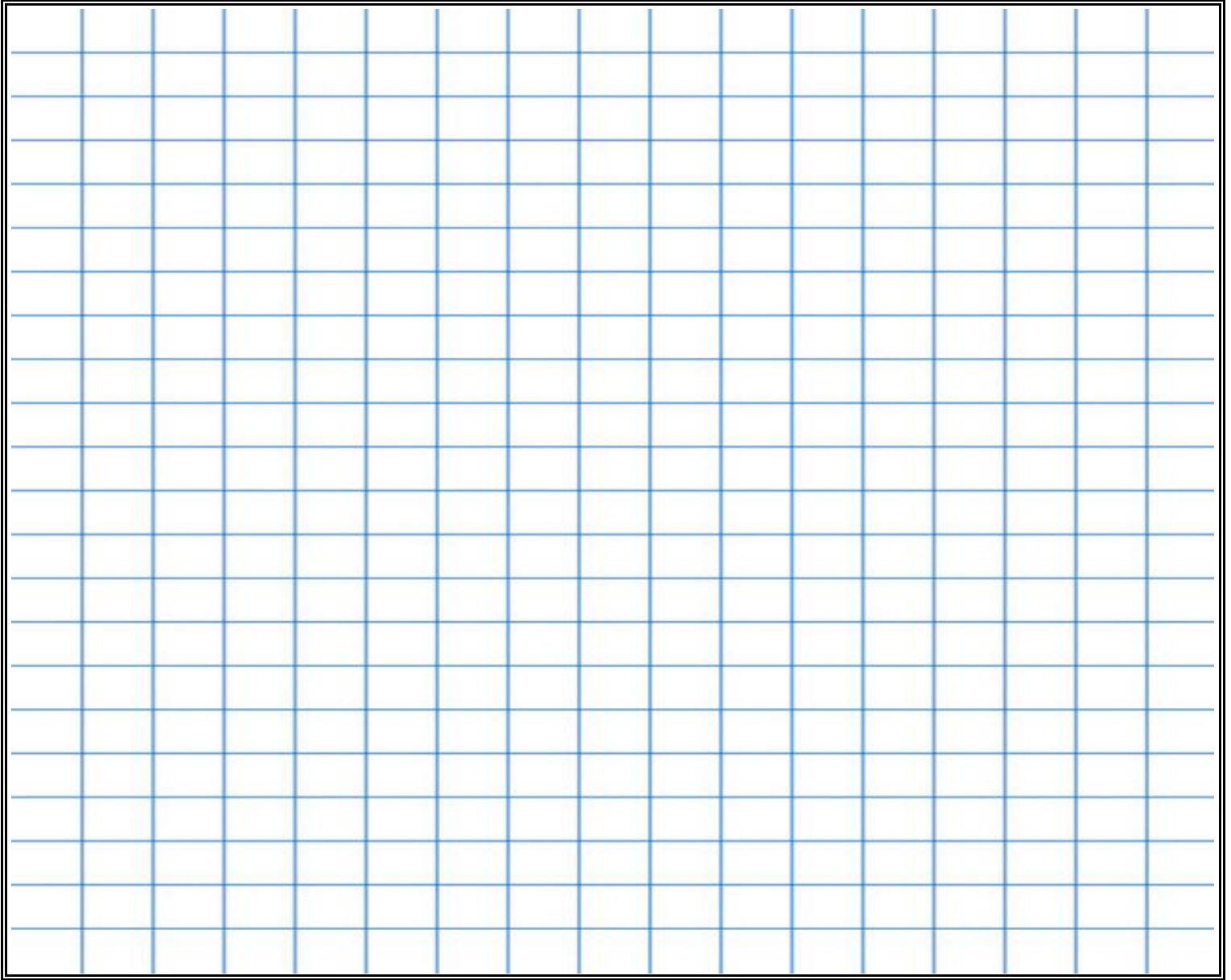
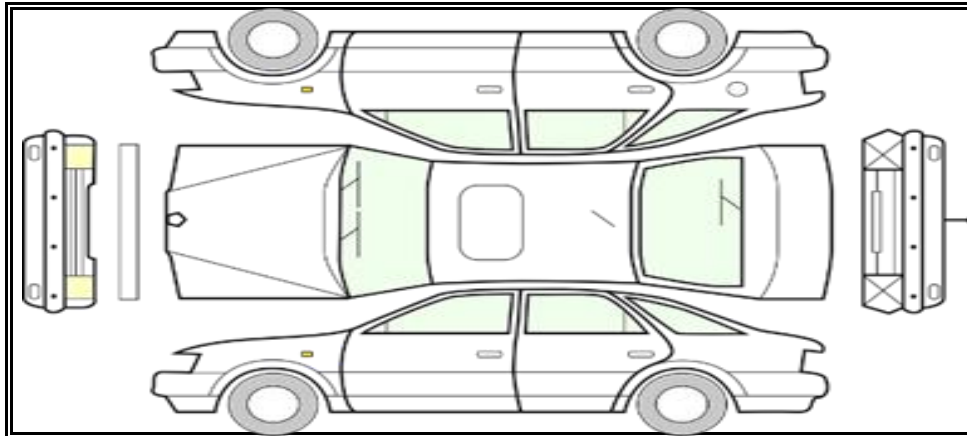


Collision Field Sketch



Areas of Damages to Vehicle



Name _____

Signature _____

Date _____