

Motor Accident Sketch Form

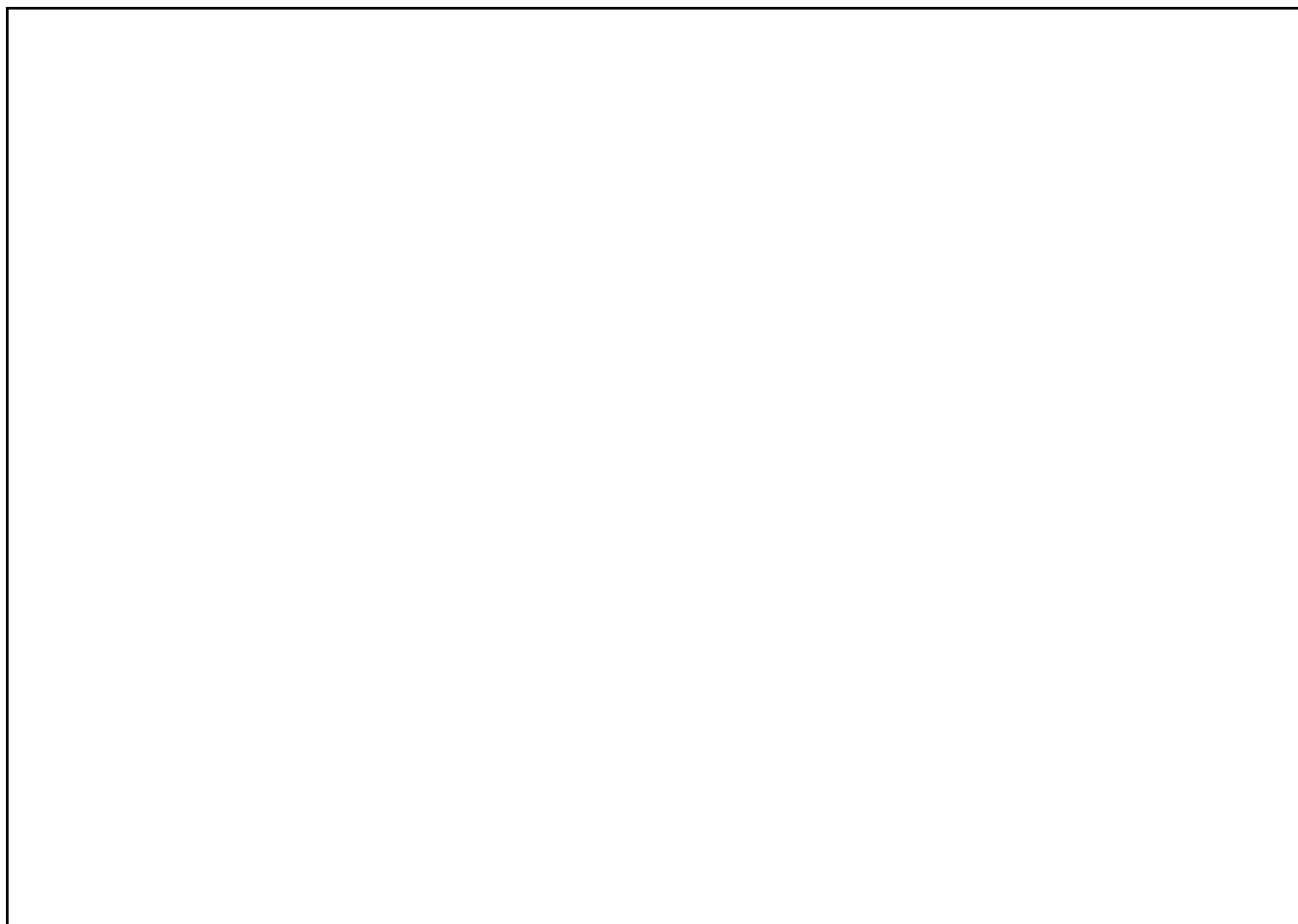
Policy Number: _____

Insured Name: _____

Date of Accident: _____

Location of Accident: _____

Instructions: Please draw a sketch of the accident scene below.



Signature: _____ Date: _____