

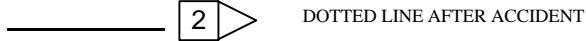
FILL IN THE FOLLOWING SPACE SHOWING DIRECTION & POSITIONS OF AUTOMOBILES INVOLVED, DESIGNATING CLEARLY POINT OF CONTACT.

INDICATE BY ARROW
 DIRECTION OF NORTH

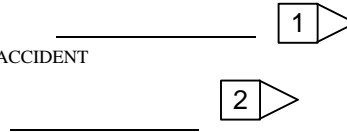


INSTRUCTIONS

(1) USE SOLID LINE TO SHOW PATH OF VEHICLE BEFORE ACCIDENT



(2) NUMBER EACH VEHICLE & SHOW DIRECTION OF TRAVEL



Witnesses and remarks (provide witnesses names & addresses)

Travelers Insurance Company notified (if applicable): Date: _____ How _____ Time _____ AM/PM

Traffic citations (X if applicable): Driver of Veh. No. 1 Driver of Veh. No. 2 Driver of Veh. No. _____

Violations charged _____ Name and address of investigating officer _____

When did claimant advise operator of alleged accident? At scene _____ Other Location _____

Distance from scene _____ Was operator aware his equipment caused the damage? _____

Was load or mower inspected by supervisor following the accident? _____ If so, when? _____

Truck: Was truck properly loaded to avoid spillage? _____

Was object reported to have thrown by wheel? _____

Was there evidence of stone or dirt on body or chassis rails? _____

Mower: Condition of area being mowed – Rocky Rough & Uneven High Grass Normal Intersection

Other _____ Were safety shields in place? _____ At what height was mower set to cut? _____

Was mower traveling with flow of traffic? _____ Against flow of traffic? _____

Distance of mower from claimant's vehicle _____ Comments _____

**Thrown
 Objects by
 Trucks/Mowers**