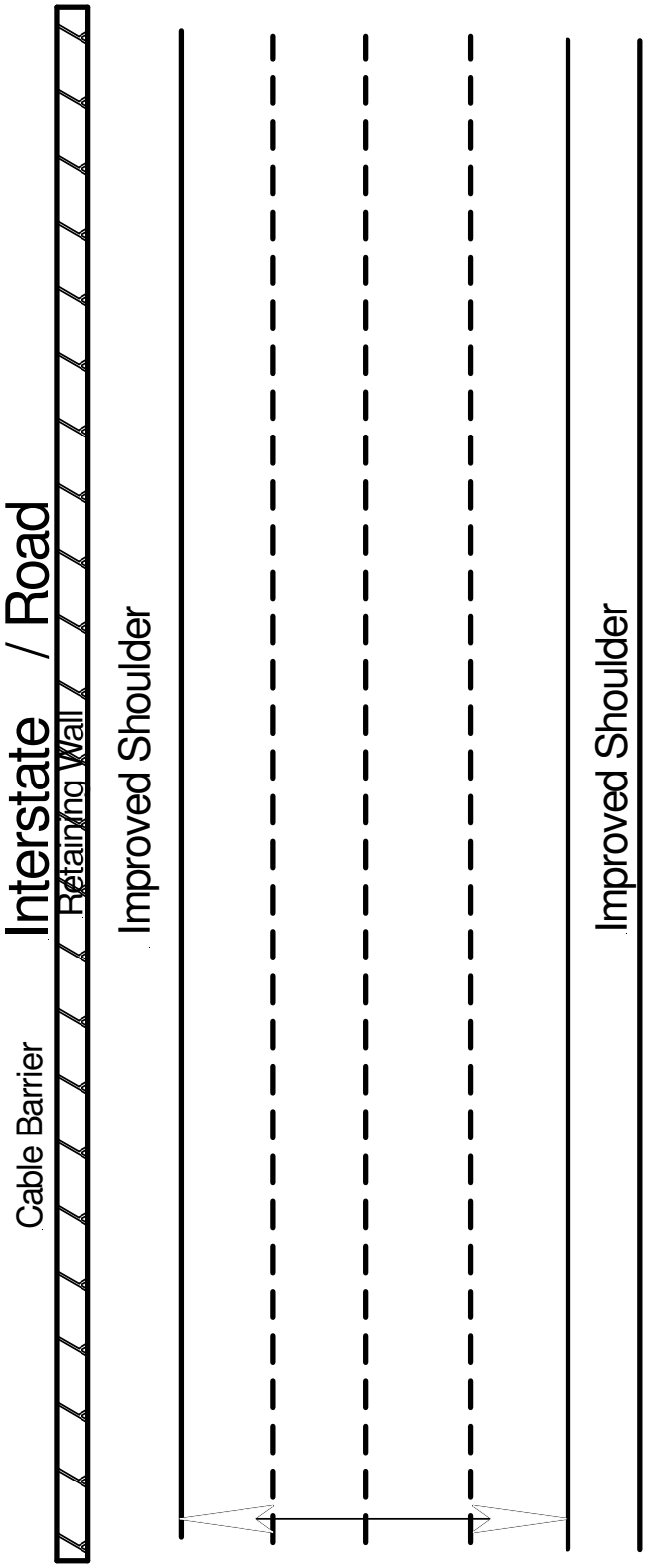
Crash Worksheet

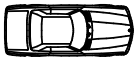


Lanes: 1 2 3 4 5

Retaining Wall: Yes No

Cable Barrier: Yes No

Vehicle 1



Year_____

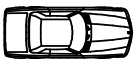
Make_____

Model_____

Tag # _____ ST_____

VIN #_____

Vehicle 2



Year_____

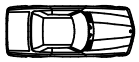
Make_____

Model_____

Tag # _____ ST_____

VIN #_____

Vehicle 3



Year_____

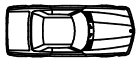
Make_____

Model_____

Tag # _____ ST_____

VIN #_____

Vehicle 4



Year_____

Make_____

Model_____

Tag # _____ ST_____

VIN #_____

<u>Weather Conditions:</u> (Circle)

Clear Clouds Rain Snow Fog

Day Dark Lighted Dawn Dusk

<u>Road Conditions:</u>

Asphalt Concrete Gravel Dirt

Dry Wet Ice Snow Muddy

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