

Crash Information - (One choice per field unless otherwise noted - Other * should be explained in narrative)

Total # Units: 3	Crash Date: 4	Crash Time (24 hr): 5	Crash Occurred in (City/Borough): 6	Temp: 7	Pstd Spd: 8	EMS Run #: 9
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Crash Day: <input type="radio"/> 01 Mon <input type="radio"/> 05 Fri <input type="radio"/> 02 Tue <input type="radio"/> 06 Sat <input type="radio"/> 03 Wed <input type="radio"/> 07 Sun <input type="radio"/> 04 Thu 10	N: 11 ° ' " W: ° ' " Photos Taken: <input type="radio"/> 01 Y <input type="radio"/> 02 N 12 Non-vehicular Property Damage: <input type="radio"/> 01 Y <input type="radio"/> 02 N <input type="radio"/> 03 Unk 13	Roadway Junction/Type: <input type="radio"/> 01 Crossover <input type="radio"/> 06 Railway crossing <input type="radio"/> 11 5-point or more <input type="radio"/> 02 Driveway <input type="radio"/> 07 Roundabout <input type="radio"/> 12 Other * <input type="radio"/> 03 Not a junction <input type="radio"/> 08 T - intersection <input type="radio"/> 13 Unk <input type="radio"/> 04 On ramp <input type="radio"/> 09 Y - intersection 14 <input type="radio"/> 05 Off ramp <input type="radio"/> 10 4-way intersection
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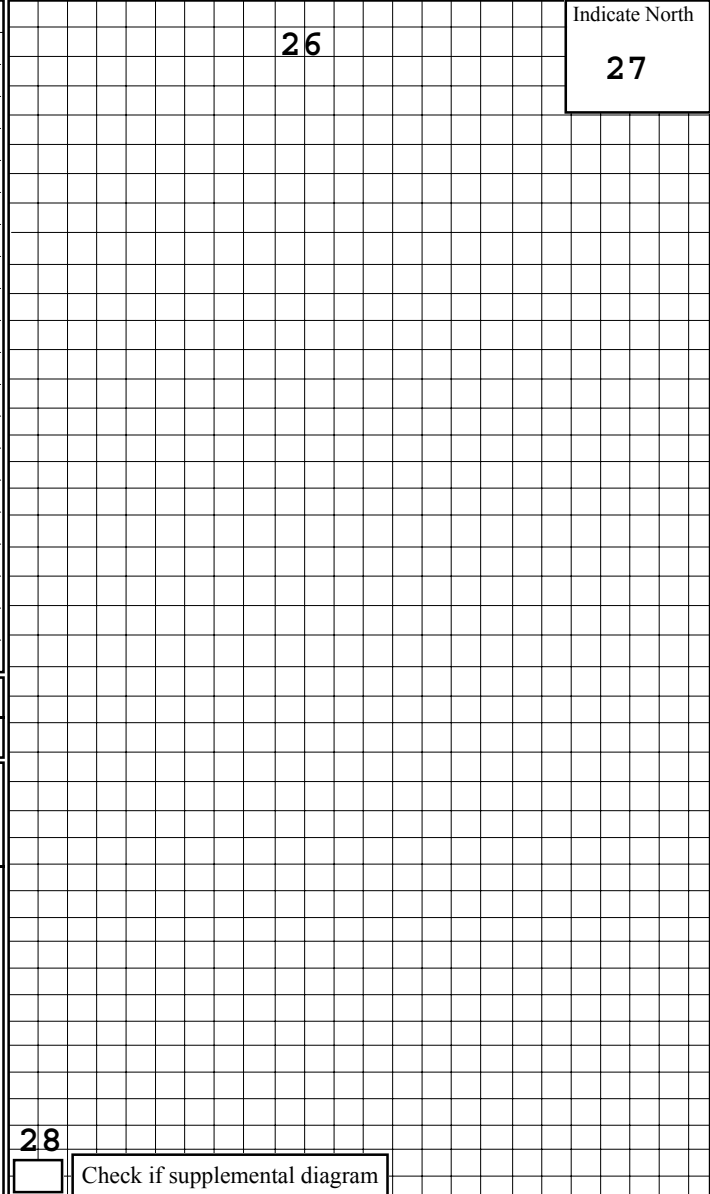
Weather: <input type="radio"/> 01 Blowing sand, soil, dirt, snow <input type="radio"/> 07 Sleet, hail (freezing rain) <input type="radio"/> 02 Clear <input type="radio"/> 08 Severe crosswinds <input type="radio"/> 03 Cloudy <input type="radio"/> 09 Snow <input type="radio"/> 04 Fog/smoke <input type="radio"/> 10 Other * 15 <input type="radio"/> 05 Ice Fog <input type="radio"/> 11 Not Reported <input type="radio"/> 06 Rain <input type="radio"/> 12 Unk	Roadway Character: <input type="radio"/> 01 Straight/Lvl <input type="radio"/> 06 Curve/Hlcrst <input type="radio"/> 02 Straight/Grd <input type="radio"/> 07 Unk <input type="radio"/> 03 Straight/Hlcrst 16 <input type="radio"/> 04 Curve/Lvl <input type="radio"/> 05 Curve/Grd	Road Surface: <input type="radio"/> 01 Dry <input type="radio"/> 05 Slush 17 <input type="radio"/> 02 Ice <input type="radio"/> 06 Snow <input type="radio"/> 03 Water <input type="radio"/> 07 Wet <input type="radio"/> 04 Sand, mud, dirt, oil, gravel <input type="radio"/> 08 Other *
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Lighting: <input type="radio"/> 01 Dark - lighted roadway <input type="radio"/> 05 Twilight <input type="radio"/> 02 Dark - roadway not lighted <input type="radio"/> 06 Other * <input type="radio"/> 03 Dark - unknown lighting <input type="radio"/> 07 Not Reported <input type="radio"/> 04 Daylight <input type="radio"/> 08 Unk 18	Location Control 19	Ref Pt 20	(Law Enforcement use only) Name of Street or Highway 22 <input type="checkbox"/> miles <input type="radio"/> N <input type="radio"/> E Cross Street, Bridge, etc. <input type="checkbox"/> feet <input type="radio"/> S <input type="radio"/> W <input type="checkbox"/> at int. w/
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Crash Description / Violation

Violation Section(s): 24 Ticket Description: 25 Location of First Sequence of Events: <input type="radio"/> 01 Bike Lane <input type="radio"/> 04 Outside trafficway <input type="radio"/> 07 Roadway <input type="radio"/> 10 Unk <input type="radio"/> 02 Gore <input type="radio"/> 05 Parking lot <input type="radio"/> 08 Shared use paths <input type="radio"/> 03 Median <input type="radio"/> 06 Roadside <input type="radio"/> 09 Shoulder 29 First Sequence of Events, Collision: <input type="radio"/> 01 Aircraft <input type="radio"/> 09 Ditch <input type="radio"/> 17 Median barrier <input type="radio"/> 25 Train <input type="radio"/> 02 Animal <input type="radio"/> 10 Embankment <input type="radio"/> 18 Moose <input type="radio"/> 26 Tree/shrub <input type="radio"/> 03 Bicyclist <input type="radio"/> 11 Fence <input type="radio"/> 19 Parked vehicle <input type="radio"/> 27 Utility pole <input type="radio"/> 04 Bridge/Overpass <input type="radio"/> 12 Guard rail face <input type="radio"/> 20 Pedestrian <input type="radio"/> 28 Veh in transit <input type="radio"/> 05 Bridge rail <input type="radio"/> 13 Guard rail end <input type="radio"/> 21 Sideswipe <input type="radio"/> 29 Veh - rear end <input type="radio"/> 06 Crash cushion <input type="radio"/> 14 Light support <input type="radio"/> 22 Sign <input type="radio"/> 30 Veh - head on <input type="radio"/> 07 Culvert <input type="radio"/> 15 Machinery <input type="radio"/> 23 Snowberm <input type="radio"/> 31 Veh - angle <input type="radio"/> 08 Curb/Wall <input type="radio"/> 16 Mail box <input type="radio"/> 24 Traffic signal pole <input type="radio"/> 32 Other fixed object First Sequence of Events, Non-collision: 30 <input type="radio"/> 33 Cargo loss/shift <input type="radio"/> 37 Explosion/fire <input type="radio"/> 41 Ran off road <input type="radio"/> 34 Crossed median/centerline <input type="radio"/> 38 Immersion <input type="radio"/> 42 Separation of units <input type="radio"/> 35 Downhill runaway <input type="radio"/> 39 Jackknife <input type="radio"/> 43 Other * <input type="radio"/> 36 Equipment failure <input type="radio"/> 40 Overturn <input type="radio"/> 44 Unk
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Crash Diagram



Officer name: 31	Officer PermID: 32	Agency: 33	Reviewing Officer Perm ID: 34	Review Date: 35
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ALASKA MOTOR VEHICLE COLLISION REPORT

DMV #:

1

Incident/Case #

2
Driver Information (One choice per field unless otherwise noted - Other * should be explained in narrative)

Unit #:	Driver Name (Last, First, MI):	38	Sex:	39	DOB:	40	Contact Phone:	41
37			<input type="radio"/> 01 M <input type="radio"/> 02 F					

OL / ID #:	42	State:	43	License Class:	<input type="radio"/> 01 CDL - A <input type="radio"/> 03 CDL - C <input type="radio"/> 05 D <input type="radio"/> 07 M2 <input type="radio"/> 09 IP <input type="radio"/> 02 CDL - B <input type="radio"/> 04 CDL - IC <input type="radio"/> 06 M1 <input type="radio"/> 08 IM	44	Ejected:	<input type="radio"/> 01 Y <input type="radio"/> 02 N <input type="radio"/> 03 P <input type="radio"/> 04 Unk <input type="radio"/> 01 Y <input type="radio"/> 02 N <input type="radio"/> 03 Unk	45	46
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Mailing Address:	47	City:	48	State:	49	Zip:	50	NFR:	55	Ins Coverage:	56
								<input type="radio"/> 01 Y <input type="radio"/> 02 N		<input type="radio"/> 01 Y <input type="radio"/> 02 N	

Physical Address:	51	City:	52	State:	53	Zip:	54	Ins Company:	57
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Environment Circumstances:	Injury Status:	Driver Restraint / Airbag (4 choice max):
<input type="checkbox"/> 01 Glare <input type="checkbox"/> 04 None <input type="checkbox"/> 02 Obstruction <input type="checkbox"/> 05 Other * <input type="checkbox"/> 03 Weather <input type="checkbox"/> 06 Unk	<input type="radio"/> 01 Fatal <input type="radio"/> 05 None <input type="radio"/> 02 Incapacitating * <input type="radio"/> 06 Not Reported <input type="radio"/> 03 Non-incapacitating * <input type="radio"/> 07 Unk <input type="radio"/> 04 Possible	<input type="checkbox"/> 01 Not used <input type="checkbox"/> 05 Lap only <input type="checkbox"/> 09 A/bag Dplyd <input type="checkbox"/> 13 Not Reported <input type="checkbox"/> 02 None instld <input type="checkbox"/> 06 Shldr only <input type="checkbox"/> 10 A/bag not Dplyd <input type="checkbox"/> 14 Unk <input type="checkbox"/> 03 Helmet <input type="checkbox"/> 07 Prp Chld Rst <input type="checkbox"/> 11 A/bag switch off <input type="checkbox"/> 04 Lap/Shldr <input type="checkbox"/> 08 Imp Chld Rst <input type="checkbox"/> 12 Side bag Dplyd
58	59	60

Alcohol/Drugs Suspected:	61	Test Given:	62	BAC Level:	63	Transported:	64
<input type="radio"/> 01 None <input type="radio"/> 02 Alcohol <input type="radio"/> 03 Drugs <input type="radio"/> 04 Both		<input type="radio"/> 01 Blood <input type="radio"/> 02 Breath <input type="radio"/> 03 Not given <input type="radio"/> 04 Refused				<input type="radio"/> 01 Y <input type="radio"/> 02 N <input type="radio"/> 03 Unk	

Human Circumstances (2 choice max):	Transported By:	Transported To:
<input type="checkbox"/> 01 No improper driving <input type="checkbox"/> 02 Backing unsafely <input type="checkbox"/> 03 Cell phone use <input type="checkbox"/> 04 Disregard traffic control device other than signal <input type="checkbox"/> 05 Driver inattention <input type="checkbox"/> 06 Driver inexperience <input type="checkbox"/> 07 Drove off road <input type="checkbox"/> 08 Emotional	<input type="checkbox"/> 01 Air Ambulance <input type="checkbox"/> 02 Airplane <input type="checkbox"/> 03 EMS <input type="checkbox"/> 04 Helicopter <input type="checkbox"/> 05 Police <input type="checkbox"/> 06 Private vehicle <input type="checkbox"/> 07 Unk <input type="checkbox"/> 08 N/A	<input type="checkbox"/> 01 Clinic <input type="checkbox"/> 02 Hospital <input type="checkbox"/> 03 Mortuary <input type="checkbox"/> 04 Residence <input type="checkbox"/> 05 Unk <input type="checkbox"/> 06 N/A
67	65	66

Vehicle Information

Vehicle Damage:	No. of Occupants:	Vehicle Owner Name (Last, First, MI):	70	Contact Phone:	71
<input type="checkbox"/> 01 None/Minor <input type="checkbox"/> 03 Disabling <input type="checkbox"/> 05 Unk <input type="checkbox"/> 02 Functional <input type="checkbox"/> 04 Totaled	69				

Mailing Address:	72	City:	73	State:	74	Zip:	75
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Damage Estimate:	VIN:	76	77	License Plate #:	78	State:	79
<input type="radio"/> Over \$501							

Undercarriage Damage:	Veh Year:	Make:	80	81	82	Model:	83	Color:	84
<input type="radio"/> 01 Y <input type="radio"/> 02 N									

Direction of Travel:	Veh Towed:	85	86
<input type="radio"/> 01 North <input type="radio"/> 03 East <input type="radio"/> 05 Unk <input type="radio"/> 02 South <input type="radio"/> 04 West	<input type="radio"/> 01 Y <input type="radio"/> 02 N <input type="radio"/> 03 Unk		
	Towed By:	87	

Vehicle Configuration (non-commercial only):	Vehicle Configuration, (commercial only):	Body Type (2 choice max, commercial only):
<input type="radio"/> 01 Dog sled <input type="radio"/> 07 Pedalcycle <input type="radio"/> 02 Light truck (only 4 tires) <input type="radio"/> 08 Pedestrian <input type="radio"/> 03 Motorhome <input type="radio"/> 09 Other * <input type="radio"/> 04 Motorcycle <input type="radio"/> 10 Unk <input type="radio"/> 05 Off highway vehicle <input type="radio"/> 06 Passenger car	<input type="radio"/> 01 Single-unit (2-axes) <input type="radio"/> 07 Tractor/triples <input type="radio"/> 02 Single-unit (3+ axes) <input type="radio"/> 08 Van/enclosed box <input type="radio"/> 03 Truck/trailer <input type="radio"/> 09 Unk heavy truck <input type="radio"/> 04 Tractor (bobtail) <input type="radio"/> 10 Other * <input type="radio"/> 05 Tractor/semi-trailer <input type="radio"/> 11 Unk <input type="radio"/> 06 Tractor/doubles	<input type="checkbox"/> 01 Auto transporter <input type="checkbox"/> 07 Dump <input type="checkbox"/> 13 Unk <input type="checkbox"/> 02 Bus (15 or more seats) <input type="checkbox"/> 08 Flatbed <input type="checkbox"/> 03 Bus (7-15 seats) <input type="checkbox"/> 09 Garbage/refuse <input type="checkbox"/> 04 School bus <input type="checkbox"/> 10 Grain/chips/gravel <input type="checkbox"/> 05 Cargo tank <input type="checkbox"/> 11 Pole <input type="checkbox"/> 06 Concrete mixer <input type="checkbox"/> 12 Other *
88	89	90

Vehicle Circumstances:	Vehicle Action:
<input type="radio"/> 01 Accelerator defective <input type="radio"/> 06 Steering failure <input type="radio"/> 11 Other * <input type="radio"/> 02 Brakes defective <input type="radio"/> 07 Tire failure/inadequate <input type="radio"/> 12 Unk <input type="radio"/> 03 Headlights defective <input type="radio"/> 08 Tow hitch defective <input type="radio"/> 04 Other lighting defective <input type="radio"/> 09 Windshield damaged <input type="radio"/> 05 Oversized vehicle <input type="radio"/> 10 None	<input type="radio"/> 01 Avoiding objects in road <input type="radio"/> 06 Making U-turn <input type="radio"/> 11 Skidding <input type="radio"/> 16 Turning right <input type="radio"/> 02 Backing <input type="radio"/> 07 Merging <input type="radio"/> 12 Slowing <input type="radio"/> 17 Turning left <input type="radio"/> 03 Changing lanes <input type="radio"/> 08 Out of control <input type="radio"/> 13 Starting in traffic <input type="radio"/> 18 Other * <input type="radio"/> 04 Entering traffic lane <input type="radio"/> 09 Passing <input type="radio"/> 14 Stopped <input type="radio"/> 19 Unk <input type="radio"/> 05 Leaving traffic lane <input type="radio"/> 10 Parked <input type="radio"/> 15 Straight ahead
91	92

Roadway Circumstances:	Traffic Control:
<input type="radio"/> 01 Debris <input type="radio"/> 05 Obstruction in roadway <input type="radio"/> 09 School zone <input type="radio"/> 13 Other * <input type="radio"/> 02 Inoperative traffic device <input type="radio"/> 06 Shoulder <input type="radio"/> 10 Work zone <input type="radio"/> 14 Unk <input type="radio"/> 03 Missing traffic device <input type="radio"/> 07 Road surface condition <input type="radio"/> 11 Worn, polished <input type="radio"/> 04 Obscured traffic device <input type="radio"/> 08 Ruts, holes, bumps <input type="radio"/> 12 None	<input type="radio"/> 01 Flashing signal <input type="radio"/> 05 School zone signs <input type="radio"/> 09 Yield sign <input type="radio"/> 02 No controls <input type="radio"/> 06 Stop sign <input type="radio"/> 10 Officer/flagman/guard <input type="radio"/> 03 Road const signs <input type="radio"/> 07 Traffic control signal <input type="radio"/> 11 Other * <input type="radio"/> 04 RR crossing device <input type="radio"/> 08 Warning signs <input type="radio"/> 12 Unk
93	94

Commercial Vehicle Information (If crash involves a commercial vehicle, complete this section and forward a copy of report to CVE Unit, 12050 Industry Way - Bldg O - Suite #6, Anch, Ak 99515)	Second Sequence of Events, Collision:
96	<input type="radio"/> 01 Aircraft <input type="radio"/> 12 Guard rail face <input type="radio"/> 23 Snow/berm <input type="radio"/> 02 Animal <input type="radio"/> 13 Guard rail end <input type="radio"/> 24 Traffic signal pole <input type="radio"/> 03 Bicyclist <input type="radio"/> 14 Light support <input type="radio"/> 25 Train <input type="radio"/> 04 Bridge/Overpass <input type="radio"/> 15 Machinery <input type="radio"/> 26 Tree/shrub <input type="radio"/> 05 Bridge rail <input type="radio"/> 16 Mail box <input type="radio"/> 27 Utility pole <input type="radio"/> 06 Crash cushion <input type="radio"/> 17 Median barrier <input type="radio"/> 28 Veh in transit <input type="radio"/> 07 Culvert <input type="radio"/> 18 Moose <input type="radio"/> 29 Veh - rear end <input type="radio"/> 08 Curb/Wall <input type="radio"/> 19 Parked vehicle <input type="radio"/> 30 Veh - head on <input type="radio"/> 09 Ditch <input type="radio"/> 20 Pedestrian <input type="radio"/> 31 Veh - angle <input type="radio"/> 10 Embankment <input type="radio"/> 21 Sideswipe <input type="radio"/> 32 Other fixed object <input type="radio"/> 11 Fence <input type="radio"/> 22 Sign
	95

Carrier Name:	99	Gross Weight (lbs):	97

Address:	100	Carrier ID#:	98

City:	101	State:	102	Zip:	103	Contact Phone:	104

Carrier ID Source:	Issuing Authority:	Placard:	Haz Mat Released:	Second Sequence of Events, Non-collision:
<input type="radio"/> 01 Driver/Vehicle <input type="radio"/> 02 Log Book <input type="radio"/> 03 Shipping Papers <input type="radio"/> 04 Trip Manifest	<input type="radio"/> 01 US DOT <input type="radio"/> 02 ICC <input type="radio"/> 03 AKS	<input type="radio"/> 01 Y <input type="radio"/> 02 N <input type="radio"/> 03 Unk	<input type="radio"/> 01 Y <input type="radio"/> 02 N <input type="radio"/> 03 Unk	<input type="radio"/> 33 Cargo loss/shift <input type="radio"/> 37 Explosion/fire <input type="radio"/> 41 Ran off road <input type="radio"/> 34 Crossed median/centerline <input type="radio"/> 38 Immersion <input type="radio"/> 42 Separation of units <input type="radio"/> 35 Downhill runaway <input type="radio"/> 39 Jackknife <input type="radio"/> 43 Other * <input type="radio"/> 36 Equipment failure <input type="radio"/> 40 Overturn <input type="radio"/> 44 Unk
105	106	107	108	95

ALASKA MOTOR VEHICLE COLLISION REPORT	DMV #: 1	Incident/Case # 2
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Passenger / Witness Information (One choice per field unless otherwise noted - Other * should be explained in narrative)

Unit #: 109	Name (Last, First, MI): 110	Sex: <input type="radio"/> 01 M <input checked="" type="radio"/> 02 F	OL / ID #: 111	State: 114	
		DOB: 112			
PersonType: 115 <input type="radio"/> 01 Passenger <input type="radio"/> 02 Witness	Physical Address: 116	City: 117	State: 118	Zip: 119	Contact Phone: 120
Restraint / Airbag Information (4 choice max):	Ejected:	Injury Status:	Transported: <input type="radio"/> 01 Y <input type="radio"/> 02 N <input checked="" type="radio"/> 03 Unk 126		
Seat Location: <input type="radio"/> 01 Center front <input type="radio"/> 02 Right front <input type="radio"/> 03 Left rear <input type="radio"/> 04 Center rear <input type="radio"/> 05 Right rear <input type="radio"/> 06 Other * <input type="radio"/> 07 N/A <input type="radio"/> 08 Unk 121	<input type="checkbox"/> 01 Not used <input type="checkbox"/> 02 None instld <input type="checkbox"/> 03 Helmet <input type="checkbox"/> 04 Lap/Shldr <input type="checkbox"/> 05 Lap only <input type="checkbox"/> 06 Shldr only <input type="checkbox"/> 07 Prp Chld Rst <input type="checkbox"/> 08 Imp Chld Rst <input type="checkbox"/> 09 A/bag Dplyd <input type="checkbox"/> 10 A/bag not Dplyd <input type="checkbox"/> 11 A/bag switch off <input type="checkbox"/> 12 Side bag Dplyd <input type="checkbox"/> 13 Not Reported <input type="checkbox"/> 14 Unk 122	<input type="radio"/> 01 Y <input type="radio"/> 02 N <input checked="" type="radio"/> 03 P 123 <input type="radio"/> 04 Unk <input type="radio"/> 01 Fatal <input type="radio"/> 02 Incapacitating * <input type="radio"/> 03 Non-incapacitating * <input type="radio"/> 04 Possible <input type="radio"/> 05 None <input type="radio"/> 06 Not Reported <input type="radio"/> 07 Unk 125	Transported By: <input type="radio"/> 01 Air Ambulance <input type="radio"/> 02 Airplane <input type="radio"/> 03 EMS <input type="radio"/> 04 Helicopter <input type="radio"/> 05 Police <input type="radio"/> 06 Private vehicle <input type="radio"/> 07 Unk <input type="radio"/> 08 N/A 127	Transported To: <input type="radio"/> 01 Clinic <input type="radio"/> 02 Hospital <input type="radio"/> 03 Mortuary <input type="radio"/> 04 Residence <input type="radio"/> 05 Unk <input type="radio"/> 06 N/A 128	

Unit #: 109	Name (Last, First, MI): 110	Sex: <input type="radio"/> 01 M <input checked="" type="radio"/> 02 F	OL / ID #: 111	State: 114	
		DOB: 112			
PersonType: 115 <input type="radio"/> 01 Passenger <input type="radio"/> 02 Witness	Physical Address: 116	City: 117	State: 118	Zip: 119	Contact Phone: 120
Restraint / Airbag Information (4 choice max):	Ejected:	Injury Status:	Transported: <input type="radio"/> 01 Y <input type="radio"/> 02 N <input checked="" type="radio"/> 03 Unk 126		
Seat Location: <input type="radio"/> 01 Center front <input type="radio"/> 02 Right front <input type="radio"/> 03 Left rear <input type="radio"/> 04 Center rear <input type="radio"/> 05 Right rear <input type="radio"/> 06 Other * <input type="radio"/> 07 N/A <input type="radio"/> 08 Unk 121	<input type="checkbox"/> 01 Not used <input type="checkbox"/> 02 None instld <input type="checkbox"/> 03 Helmet <input type="checkbox"/> 04 Lap/Shldr <input type="checkbox"/> 05 Lap only <input type="checkbox"/> 06 Shldr only <input type="checkbox"/> 07 Prp Chld Rst <input type="checkbox"/> 08 Imp Chld Rst <input type="checkbox"/> 09 A/bag Dplyd <input type="checkbox"/> 10 A/bag not Dplyd <input type="checkbox"/> 11 A/bag switch off <input type="checkbox"/> 12 Side bag Dplyd <input type="checkbox"/> 13 Not Reported <input type="checkbox"/> 14 Unk 122	<input type="radio"/> 01 Y <input type="radio"/> 02 N <input checked="" type="radio"/> 03 P 123 <input type="radio"/> 04 Unk <input type="radio"/> 01 Fatal <input type="radio"/> 02 Incapacitating * <input type="radio"/> 03 Non-incapacitating * <input type="radio"/> 04 Possible <input type="radio"/> 05 None <input type="radio"/> 06 Not Reported <input type="radio"/> 07 Unk 125	Transported By: <input type="radio"/> 01 Air Ambulance <input type="radio"/> 02 Airplane <input type="radio"/> 03 EMS <input type="radio"/> 04 Helicopter <input type="radio"/> 05 Police <input type="radio"/> 06 Private vehicle <input type="radio"/> 07 Unk <input type="radio"/> 08 N/A 127	Transported To: <input type="radio"/> 01 Clinic <input type="radio"/> 02 Hospital <input type="radio"/> 03 Mortuary <input type="radio"/> 04 Residence <input type="radio"/> 05 Unk <input type="radio"/> 06 N/A 128	

Unit #: 109	Name (Last, First, MI): 110	Sex: <input type="radio"/> 01 M <input checked="" type="radio"/> 02 F	OL / ID #: 111	State: 114	
		DOB: 112			
PersonType: 115 <input type="radio"/> 01 Passenger <input type="radio"/> 02 Witness	Physical Address: 116	City: 117	State: 118	Zip: 119	Contact Phone: 120
Restraint / Airbag Information (4 choice max):	Ejected:	Injury Status:	Transported: <input type="radio"/> 01 Y <input type="radio"/> 02 N <input checked="" type="radio"/> 03 Unk 126		
Seat Location: <input type="radio"/> 01 Center front <input type="radio"/> 02 Right front <input type="radio"/> 03 Left rear <input type="radio"/> 04 Center rear <input type="radio"/> 05 Right rear <input type="radio"/> 06 Other * <input type="radio"/> 07 N/A <input type="radio"/> 08 Unk 121	<input type="checkbox"/> 01 Not used <input type="checkbox"/> 02 None instld <input type="checkbox"/> 03 Helmet <input type="checkbox"/> 04 Lap/Shldr <input type="checkbox"/> 05 Lap only <input type="checkbox"/> 06 Shldr only <input type="checkbox"/> 07 Prp Chld Rst <input type="checkbox"/> 08 Imp Chld Rst <input type="checkbox"/> 09 A/bag Dplyd <input type="checkbox"/> 10 A/bag not Dplyd <input type="checkbox"/> 11 A/bag switch off <input type="checkbox"/> 12 Side bag Dplyd <input type="checkbox"/> 13 Not Reported <input type="checkbox"/> 14 Unk 122	<input type="radio"/> 01 Y <input type="radio"/> 02 N <input checked="" type="radio"/> 03 P 123 <input type="radio"/> 04 Unk <input type="radio"/> 01 Fatal <input type="radio"/> 02 Incapacitating * <input type="radio"/> 03 Non-incapacitating * <input type="radio"/> 04 Possible <input type="radio"/> 05 None <input type="radio"/> 06 Not Reported <input type="radio"/> 07 Unk 125	Transported By: <input type="radio"/> 01 Air Ambulance <input type="radio"/> 02 Airplane <input type="radio"/> 03 EMS <input type="radio"/> 04 Helicopter <input type="radio"/> 05 Police <input type="radio"/> 06 Private vehicle <input type="radio"/> 07 Unk <input type="radio"/> 08 N/A 127	Transported To: <input type="radio"/> 01 Clinic <input type="radio"/> 02 Hospital <input type="radio"/> 03 Mortuary <input type="radio"/> 04 Residence <input type="radio"/> 05 Unk <input type="radio"/> 06 N/A 128	

Unit #: 109	Name (Last, First, MI): 110	Sex: <input type="radio"/> 01 M <input checked="" type="radio"/> 02 F	OL / ID #: 111	State: 114	
		DOB: 112			
PersonType: 115 <input type="radio"/> 01 Passenger <input type="radio"/> 02 Witness	Physical Address: 116	City: 117	State: 118	Zip: 119	Contact Phone: 120
Restraint / Airbag Information (4 choice max):	Ejected:	Injury Status:	Transported: <input type="radio"/> 01 Y <input type="radio"/> 02 N <input checked="" type="radio"/> 03 Unk 126		
Seat Location: <input type="radio"/> 01 Center front <input type="radio"/> 02 Right front <input type="radio"/> 03 Left rear <input type="radio"/> 04 Center rear <input type="radio"/> 05 Right rear <input type="radio"/> 06 Other * <input type="radio"/> 07 N/A <input type="radio"/> 08 Unk 121	<input type="checkbox"/> 01 Not used <input type="checkbox"/> 02 None instld <input type="checkbox"/> 03 Helmet <input type="checkbox"/> 04 Lap/Shldr <input type="checkbox"/> 05 Lap only <input type="checkbox"/> 06 Shldr only <input type="checkbox"/> 07 Prp Chld Rst <input type="checkbox"/> 08 Imp Chld Rst <input type="checkbox"/> 09 A/bag Dplyd <input type="checkbox"/> 10 A/bag not Dplyd <input type="checkbox"/> 11 A/bag switch off <input type="checkbox"/> 12 Side bag Dplyd <input type="checkbox"/> 13 Not Reported <input type="checkbox"/> 14 Unk 122	<input type="radio"/> 01 Y <input type="radio"/> 02 N <input checked="" type="radio"/> 03 P 123 <input type="radio"/> 04 Unk <input type="radio"/> 01 Fatal <input type="radio"/> 02 Incapacitating * <input type="radio"/> 03 Non-incapacitating * <input type="radio"/> 04 Possible <input type="radio"/> 05 None <input type="radio"/> 06 Not Reported <input type="radio"/> 07 Unk 125	Transported By: <input type="radio"/> 01 Air Ambulance <input type="radio"/> 02 Airplane <input type="radio"/> 03 EMS <input type="radio"/> 04 Helicopter <input type="radio"/> 05 Police <input type="radio"/> 06 Private vehicle <input type="radio"/> 07 Unk <input type="radio"/> 08 N/A 127	Transported To: <input type="radio"/> 01 Clinic <input type="radio"/> 02 Hospital <input type="radio"/> 03 Mortuary <input type="radio"/> 04 Residence <input type="radio"/> 05 Unk <input type="radio"/> 06 N/A 128	