

# ALASKA MOTOR VEHICLE COLLISION REPORT

DMV #:

Incident/Case #

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

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

**Crash Description/Violation****Crash Diagram**

<p>Violation Section(s):</p> <p>Ticket Description:</p> <p>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         </p> <p>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 Snowbern        <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         </p> <p>First Sequence of Events, Non-collision:  <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         </p>	<p style="text-align: right;">Indicate North</p> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <p style="text-align: center; border: 1px solid black; padding: 5px;">Check if supplemental diagram</p>
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**Officer/Agency Information**

Officer name:	Officer PermID:	Agency:	Reviewing Officer Perm ID:	Review Date:
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# ALASKA MOTOR VEHICLE COLLISION REPORT

DMV #:

Incident/Case #

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

Unit #:	Driver Name (Last, First, MI):	Sex: <input type="radio"/> 01 M <input type="radio"/> 02 F	DOB:	Contact Phone:
OL / ID #:	State:	License Class: <input type="radio"/> 01 CDL - A <input type="radio"/> 02 CDL - B <input type="radio"/> 03 CDL - C <input type="radio"/> 04 CDL - IC <input type="radio"/> 05 D <input type="radio"/> 06 M1 <input type="radio"/> 07 M2 <input type="radio"/> 08 IM <input type="radio"/> 09 IP	Ejected: <input type="radio"/> 01 Y <input type="radio"/> 02 N <input type="radio"/> 03 P <input type="radio"/> 04 Unk	Extricated: <input type="radio"/> 01 Y <input type="radio"/> 02 N <input type="radio"/> 03 Unk
Mailing Address:		City:	State:	Zip:
Physical Address:		City:	State:	Zip:
Environment Circumstances: <input type="checkbox"/> 01 Glare <input type="checkbox"/> 02 Obstruction <input type="checkbox"/> 03 Weather <input type="checkbox"/> 04 None <input type="checkbox"/> 05 Other * <input type="checkbox"/> 06 Unk		Injury Status: <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Incapacitating * <input type="checkbox"/> 03 Non-incapacitating * <input type="checkbox"/> 04 Possible <input type="checkbox"/> 05 None <input type="checkbox"/> 06 Not Reported <input type="checkbox"/> 07 Unk		Driver Restraint / Airbag (4 choice max): <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
Alcohol/Drugs Suspected: <input type="radio"/> 01 None <input type="radio"/> 02 Alcohol <input type="radio"/> 03 Drugs <input type="radio"/> 04 Both		Test Given: <input type="radio"/> 01 Blood <input type="radio"/> 02 Breath <input type="radio"/> 03 Not given <input type="radio"/> 04 Refused		BAC Level:
Human Circumstances (2 choice max): <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"/> 09 Failure to yield <input type="checkbox"/> 10 Fell asleep <input type="checkbox"/> 11 Following too closely <input type="checkbox"/> 12 Illness <input type="checkbox"/> 13 Improper lane usage/change <input type="checkbox"/> 14 Improper passing <input type="checkbox"/> 15 Improper turn <input type="checkbox"/> 16 Loss of consciousness <input type="checkbox"/> 17 Passenger distraction <input type="checkbox"/> 18 Pedestrian error/confusion <input type="checkbox"/> 19 Physical disability <input type="checkbox"/> 20 Red light violation <input type="checkbox"/> 21 Stop sign violation <input type="checkbox"/> 22 Taking prescription meds <input type="checkbox"/> 23 Unsafe speed <input type="checkbox"/> 24 Wrong side/way <input type="checkbox"/> 25 Other * <input type="checkbox"/> 26 Unk		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		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

**Vehicle Information**

Vehicle Damage: <input type="checkbox"/> 01 None/Minor <input type="checkbox"/> 02 Functional <input type="checkbox"/> 03 Disabling <input type="checkbox"/> 04 Totaled <input type="checkbox"/> 05 Unk	No. of Occupants: <input type="text"/>	Vehicle Owner Name (Last, First, MI):	Contact Phone:
		Mailing Address:	City:
Damage Estimate: <input type="radio"/> Over \$501		VIN:	License Plate #:
Undercarriage Damage: <input type="radio"/> 01 Y <input type="radio"/> 02 N		Veh Year:	Make:
Direction of Travel: <input type="radio"/> 01 North <input type="radio"/> 02 South <input type="radio"/> 03 East <input type="radio"/> 04 West <input type="radio"/> 05 Unk		Veh Towed: <input type="radio"/> 01 Y <input type="radio"/> 02 N <input type="radio"/> 03 Unk	Model:
Vehicle Configuration (non-commercial only): <input type="radio"/> 01 Dog sled <input type="radio"/> 02 Light truck (only 4 tires) <input type="radio"/> 03 Motorhome <input type="radio"/> 04 Motorcycle <input type="radio"/> 05 Off highway vehicle <input type="radio"/> 06 Passenger car <input type="radio"/> 07 Pedalcycle <input type="radio"/> 08 Pedestrian <input type="radio"/> 09 Other * <input type="radio"/> 10 Unk		Body Type (2 choice max, commercial only): <input type="checkbox"/> 01 Auto transporter <input type="checkbox"/> 02 Bus (15 or more seats) <input type="checkbox"/> 03 Bus (7-15 seats) <input type="checkbox"/> 04 School bus <input type="checkbox"/> 05 Cargo tank <input type="checkbox"/> 06 Concrete mixer <input type="checkbox"/> 07 Dump <input type="checkbox"/> 08 Flatbed <input type="checkbox"/> 09 Garbage/refuse <input type="checkbox"/> 10 Grain/chips/gravel <input type="checkbox"/> 11 Pole <input type="checkbox"/> 12 Other * <input type="checkbox"/> 13 Unk	
Vehicle Circumstances: <input type="radio"/> 01 Accelerator defective <input type="radio"/> 02 Brakes defective <input type="radio"/> 03 Headlights defective <input type="radio"/> 04 Other lighting defective <input type="radio"/> 05 Oversized vehicle <input type="radio"/> 06 Steering failure <input type="radio"/> 07 Tire failure/inadequate <input type="radio"/> 08 Tow hitch defective <input type="radio"/> 09 Windshield damaged <input type="radio"/> 10 None <input type="radio"/> 11 Other * <input type="radio"/> 12 Unk		Vehicle Action: <input type="radio"/> 01 Avoiding objects in road <input type="radio"/> 02 Backing <input type="radio"/> 03 Changing lanes <input type="radio"/> 04 Entering traffic lane <input type="radio"/> 05 Leaving traffic lane <input type="radio"/> 06 Making U-turn <input type="radio"/> 07 Merging <input type="radio"/> 08 Out of control <input type="radio"/> 09 Passing <input type="radio"/> 10 Parked <input type="radio"/> 11 Skidding <input type="radio"/> 12 Slowing <input type="radio"/> 13 Starting in traffic <input type="radio"/> 14 Stopped <input type="radio"/> 15 Straight ahead <input type="radio"/> 16 Turning right <input type="radio"/> 17 Turning left <input type="radio"/> 18 Other * <input type="radio"/> 19 Unk	
Roadway Circumstances: <input type="radio"/> 01 Debris <input type="radio"/> 02 Inoperative traffic device <input type="radio"/> 03 Missing traffic device <input type="radio"/> 04 Obscured traffic device <input type="radio"/> 05 Obstruction in roadway <input type="radio"/> 06 Shoulder <input type="radio"/> 07 Road surface condition <input type="radio"/> 08 Ruts, holes, bumps <input type="radio"/> 09 School zone <input type="radio"/> 10 Work zone <input type="radio"/> 11 Worn, polished <input type="radio"/> 12 None <input type="radio"/> 13 Other * <input type="radio"/> 14 Unk		Traffic Control: <input type="radio"/> 01 Flashing signal <input type="radio"/> 02 No controls <input type="radio"/> 03 Road const signs <input type="radio"/> 04 RR crossing device <input type="radio"/> 05 School zone signs <input type="radio"/> 06 Stop sign <input type="radio"/> 07 Traffic control signal <input type="radio"/> 08 Warning signs <input type="radio"/> 09 Yield sign <input type="radio"/> 10 Officer/flagman/guard <input type="radio"/> 11 Other * <input type="radio"/> 12 Unk	

**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)

Carrier Name:	Gross Weight (lbs):	Second Sequence of Events, Collision: <input type="radio"/> 01 Aircraft <input type="radio"/> 02 Animal <input type="radio"/> 03 Bicyclist <input type="radio"/> 04 Bridge/Overpass <input type="radio"/> 05 Bridge rail <input type="radio"/> 06 Crash cushion <input type="radio"/> 07 Culvert <input type="radio"/> 08 Curb/Wall <input type="radio"/> 09 Ditch <input type="radio"/> 10 Embankment <input type="radio"/> 11 Fence <input type="radio"/> 12 Guard rail face <input type="radio"/> 13 Guard rail end <input type="radio"/> 14 Light support <input type="radio"/> 15 Machinery <input type="radio"/> 16 Mail box <input type="radio"/> 17 Median barrier <input type="radio"/> 18 Moose <input type="radio"/> 19 Parked vehicle <input type="radio"/> 20 Pedestrian <input type="radio"/> 21 Sideswipe <input type="radio"/> 22 Sign <input type="radio"/> 23 Snow/ice <input type="radio"/> 24 Traffic signal pole <input type="radio"/> 25 Train <input type="radio"/> 26 Tree/shrub <input type="radio"/> 27 Utility pole <input type="radio"/> 28 Veh in transit <input type="radio"/> 29 Veh - rear end <input type="radio"/> 30 Veh - head on <input type="radio"/> 31 Veh - angle <input type="radio"/> 32 Other fixed object	
Address:	Carrier ID#:	Second Sequence of Events, Non-collision: <input type="radio"/> 33 Cargo loss/shift <input type="radio"/> 34 Crossed median/centerline <input type="radio"/> 35 Downhill runaway <input type="radio"/> 36 Equipment failure <input type="radio"/> 37 Explosion/fire <input type="radio"/> 38 Immersion <input type="radio"/> 39 Jackknife <input type="radio"/> 40 Overturn <input type="radio"/> 41 Ran off road <input type="radio"/> 42 Separation of units <input type="radio"/> 43 Other * <input type="radio"/> 44 Unk	
City:	State:	Zip:	Contact Phone:
Carrier ID Source: <input type="radio"/> 01 Driver/Vehicle <input type="radio"/> 02 Log Book <input type="radio"/> 03 Shipping Papers <input type="radio"/> 04 Trip Manifest	Issuing Authority: <input type="radio"/> 01 US DOT <input type="radio"/> 02 ICC <input type="radio"/> 03 AKS	Placard: <input type="radio"/> 01 Y <input type="radio"/> 02 N <input type="radio"/> 03 Unk	Haz Mat Released: <input type="radio"/> 01 Y <input type="radio"/> 02 N <input type="radio"/> 03 Unk

# ALASKA MOTOR VEHICLE COLLISION REPORT

DMV #:

Incident/Case #

**Passenger/Witness Information** (One choice per field unless otherwise noted - Other \* should be explained in narrative)

Unit #:	Name (Last, First, MI):	Sex: <input type="radio"/> 01 M <input type="radio"/> 02 F	OL / ID #:	State:
		DOB:		
Person Type: <input type="radio"/> 01 Passenger <input type="radio"/> 02 Witness	Physical Address:	City:	State:	Zip:
	Restraint / Airbag Information (4 choice max):	Ejected: <input type="radio"/> 01 Y <input type="radio"/> 02 N <input type="radio"/> 03 P <input type="radio"/> 04 Unk	Injury Status: <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	Transported: <input type="radio"/> 01 Y <input type="radio"/> 02 N <input type="radio"/> 03 Unk
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	<input type="checkbox"/> 01 Not used <input type="checkbox"/> 08 Imp Chld Rst <input type="checkbox"/> 02 None instld <input type="checkbox"/> 09 A/bag Dplyd <input type="checkbox"/> 03 Helmet <input type="checkbox"/> 10 A/bag not Dplyd <input type="checkbox"/> 04 Lap/Shldr <input type="checkbox"/> 11 A/bag switch off <input type="checkbox"/> 05 Lap only <input type="checkbox"/> 12 Side bag Dplyd <input type="checkbox"/> 06 Shldr only <input type="checkbox"/> 13 Not Reported <input type="checkbox"/> 07 Prp Chld Rst <input type="checkbox"/> 14 Unk	Extricated: <input type="radio"/> 01 Y <input type="radio"/> 02 N <input type="radio"/> 03 Unk	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	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

Unit #:	Name (Last, First, MI):	Sex: <input type="radio"/> 01 M <input type="radio"/> 02 F	OL / ID #:	State:
		DOB:		
Person Type: <input type="radio"/> 01 Passenger <input type="radio"/> 02 Witness	Physical Address:	City:	State:	Zip:
	Restraint / Airbag Information (4 choice max):	Ejected: <input type="radio"/> 01 Y <input type="radio"/> 02 N <input type="radio"/> 03 P <input type="radio"/> 04 Unk	Injury Status: <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	Transported: <input type="radio"/> 01 Y <input type="radio"/> 02 N <input type="radio"/> 03 Unk
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	<input type="checkbox"/> 01 Not used <input type="checkbox"/> 08 Imp Chld Rst <input type="checkbox"/> 02 None instld <input type="checkbox"/> 09 A/bag Dplyd <input type="checkbox"/> 03 Helmet <input type="checkbox"/> 10 A/bag not Dplyd <input type="checkbox"/> 04 Lap/Shldr <input type="checkbox"/> 11 A/bag switch off <input type="checkbox"/> 05 Lap only <input type="checkbox"/> 12 Side bag Dplyd <input type="checkbox"/> 06 Shldr only <input type="checkbox"/> 13 Not Reported <input type="checkbox"/> 07 Prp Chld Rst <input type="checkbox"/> 14 Unk	Extricated: <input type="radio"/> 01 Y <input type="radio"/> 02 N <input type="radio"/> 03 Unk	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	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

Unit #:	Name (Last, First, MI):	Sex: <input type="radio"/> 01 M <input type="radio"/> 02 F	OL / ID #:	State:
		DOB:		
Person Type: <input type="radio"/> 01 Passenger <input type="radio"/> 02 Witness	Physical Address:	City:	State:	Zip:
	Restraint / Airbag Information (4 choice max):	Ejected: <input type="radio"/> 01 Y <input type="radio"/> 02 N <input type="radio"/> 03 P <input type="radio"/> 04 Unk	Injury Status: <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	Transported: <input type="radio"/> 01 Y <input type="radio"/> 02 N <input type="radio"/> 03 Unk
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	<input type="checkbox"/> 01 Not used <input type="checkbox"/> 08 Imp Chld Rst <input type="checkbox"/> 02 None instld <input type="checkbox"/> 09 A/bag Dplyd <input type="checkbox"/> 03 Helmet <input type="checkbox"/> 10 A/bag not Dplyd <input type="checkbox"/> 04 Lap/Shldr <input type="checkbox"/> 11 A/bag switch off <input type="checkbox"/> 05 Lap only <input type="checkbox"/> 12 Side bag Dplyd <input type="checkbox"/> 06 Shldr only <input type="checkbox"/> 13 Not Reported <input type="checkbox"/> 07 Prp Chld Rst <input type="checkbox"/> 14 Unk	Extricated: <input type="radio"/> 01 Y <input type="radio"/> 02 N <input type="radio"/> 03 Unk	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	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

Unit #:	Name (Last, First, MI):	Sex: <input type="radio"/> 01 M <input type="radio"/> 02 F	OL / ID #:	State:
		DOB:		
Person Type: <input type="radio"/> 01 Passenger <input type="radio"/> 02 Witness	Physical Address:	City:	State:	Zip:
	Restraint / Airbag Information (4 choice max):	Ejected: <input type="radio"/> 01 Y <input type="radio"/> 02 N <input type="radio"/> 03 P <input type="radio"/> 04 Unk	Injury Status: <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	Transported: <input type="radio"/> 01 Y <input type="radio"/> 02 N <input type="radio"/> 03 Unk
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	<input type="checkbox"/> 01 Not used <input type="checkbox"/> 08 Imp Chld Rst <input type="checkbox"/> 02 None instld <input type="checkbox"/> 09 A/bag Dplyd <input type="checkbox"/> 03 Helmet <input type="checkbox"/> 10 A/bag not Dplyd <input type="checkbox"/> 04 Lap/Shldr <input type="checkbox"/> 11 A/bag switch off <input type="checkbox"/> 05 Lap only <input type="checkbox"/> 12 Side bag Dplyd <input type="checkbox"/> 06 Shldr only <input type="checkbox"/> 13 Not Reported <input type="checkbox"/> 07 Prp Chld Rst <input type="checkbox"/> 14 Unk	Extricated: <input type="radio"/> 01 Y <input type="radio"/> 02 N <input type="radio"/> 03 Unk	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	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