

Item
No.

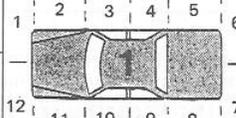
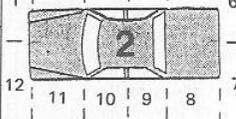
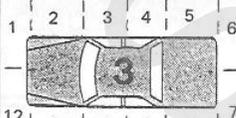
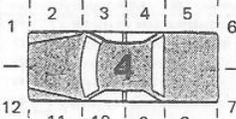
73.

CONTINUATION SHEET *(List item number of section continued with required information.)*

▶ Complaint No.

Sample

INJURED TO HOSPITAL	43. Name of Injured Person	Where Taken (Hospital)	By Whom	Status	TEB Notified (Name)	Teletype Notified (Name)	Relative Notified (Name)
				01 <input type="checkbox"/> Admitted 02 <input type="checkbox"/> Released			
				01 <input type="checkbox"/> Admitted 02 <input type="checkbox"/> Released			
				01 <input type="checkbox"/> Admitted 02 <input type="checkbox"/> Released			
				01 <input type="checkbox"/> Admitted 02 <input type="checkbox"/> Released			
				01 <input type="checkbox"/> Admitted 02 <input type="checkbox"/> Released			
				01 <input type="checkbox"/> Admitted 02 <input type="checkbox"/> Released			

VEHICLE NO. 1	44. DIRECTION OF TRAVEL AND STREET (MUST BE SAME AS IN NARRATIVE/ DIAGRAM)	45. CIRCLE ALL NUMBERS WHERE THERE IS DAMAGE	49. DIAGRAM: THE PREDETERMINED NORTH IN THE TOP RIGHT HAND CORNER OF THIS SECTION SHALL NOT BE CHANGED BY THE REPORTING OFFICER. THE DIAGRAM MUST CORRESPOND TO ITEM NO. 44, AND THE NARRATIVE. IF THE REPORT IS BEING TAKEN BY AN OFFICER AFTER THE FACT, THE DIAGRAM SHALL BE COMPLETED TO SHOW THE GENERAL AREA IN WHICH THE ACCIDENT OCCURRED. FREEWAY ACCESS RAMPS, EXIT RAMPS, AND BRIDGES SHALL BE INDICATED. <div style="text-align: right;">▲ NORTH</div>	
	46. VEHICLE WAS: 01 <input type="checkbox"/> LEFT ON SCENE 02 <input type="checkbox"/> TOWED BY 03 <input type="checkbox"/> DRIVEN AWAY BY NAME:			13 Hood 14 Roof 15 Trunk 16 Undercarriage 17 Overturned 18 Other (Explain in Narrative)
	47. LOCATION TOWED TO	48. SKID MARKS TO IMPACT _____ AFTER IMPACT _____		
VEHICLE NO. 2	44. DIRECTION OF TRAVEL AND STREET (MUST BE SAME AS IN NARRATIVE/ DIAGRAM)	45. CIRCLE ALL NUMBERS WHERE THERE IS DAMAGE		
	46. VEHICLE WAS: 01 <input type="checkbox"/> LEFT ON SCENE 02 <input type="checkbox"/> TOWED BY 03 <input type="checkbox"/> DRIVEN AWAY BY NAME:			13 Hood 14 Roof 15 Trunk 16 Undercarriage 17 Overturned 18 Other (Explain in Narrative)
	47. LOCATION TOWED TO	48. SKID MARKS TO IMPACT _____ AFTER IMPACT _____		
VEHICLE NO. 3	44. DIRECTION OF TRAVEL AND STREET (MUST BE SAME AS IN NARRATIVE/ DIAGRAM)	45. CIRCLE ALL NUMBERS WHERE THERE IS DAMAGE		
	46. VEHICLE WAS: 01 <input type="checkbox"/> LEFT ON SCENE 02 <input type="checkbox"/> TOWED BY 03 <input type="checkbox"/> DRIVEN AWAY BY NAME:			13 Hood 14 Roof 15 Trunk 16 Undercarriage 17 Overturned 18 Other (Explain in Narrative)
	47. LOCATION TOWED TO	48. SKID MARKS TO IMPACT _____ AFTER IMPACT _____		
VEHICLE NO. 4	44. DIRECTION OF TRAVEL AND STREET (MUST BE SAME AS IN NARRATIVE/ DIAGRAM)	45. CIRCLE ALL NUMBERS WHERE THERE IS DAMAGE		
	46. VEHICLE WAS: 01 <input type="checkbox"/> LEFT ON SCENE 02 <input type="checkbox"/> TOWED BY 03 <input type="checkbox"/> DRIVEN AWAY BY NAME:			13 Hood 14 Roof 15 Trunk 16 Undercarriage 17 Overturned 18 Other (Explain in Narrative)
	47. LOCATION TOWED TO	48. SKID MARKS TO IMPACT _____ AFTER IMPACT _____		



NOTE: This report is used for statistical analysis of vehicular accidents and the prevention thereof. The data given represents the opinion and conclusions of the reporting officer based on his/her judgement after considering all of the facts disclosed through his/her investigation of this accident.

Complaint No. _____

Police Action	50. Dr./Ped. _____	Arrest/NOI Number _____	Charge (Report must support the charge.) _____	BA/SUPERIOR COURT - HEARING DATE _____	DPW 40-1 Issued? _____	What Traffic Signs Present? _____
	No. _____					
	No. _____					

Darken the appropriate block in each category.

51. TYPE OF COLLISION				52. ROAD SURFACE		53. ROAD TYPE		54. PEDESTRIAN ACTION		55. TRAFFIC CONTROLS	
00 <input type="checkbox"/> UNKNOWN	05 <input type="checkbox"/> SIDE SWIPED	10 <input type="checkbox"/> LEFT TURN HIT PED.	15 <input type="checkbox"/> BACKING HIT STOPPED VEH.	01 <input type="checkbox"/> CONCRETE	01 <input type="checkbox"/> STRAIGHT	01 <input type="checkbox"/> UNKNOWN	00 <input type="checkbox"/> UNKNOWN	00 <input type="checkbox"/> UNKNOWN	00 <input type="checkbox"/> UNKNOWN	01 <input type="checkbox"/> FLASHING	01 <input type="checkbox"/> FLASHING
01 <input type="checkbox"/> RIGHT ANGLE	06 <input type="checkbox"/> HEAD ON	11 <input type="checkbox"/> RIGHT TURN HIT PED.	16 <input type="checkbox"/> BACKING HIT PEDESTRIAN	02 <input type="checkbox"/> ASPHALT	02 <input type="checkbox"/> CURVE	01 <input type="checkbox"/> WITH SIGNAL IN CROSSWALK	01 <input type="checkbox"/> WITH SIGNAL IN CROSSWALK	01 <input type="checkbox"/> FLASHING	02 <input type="checkbox"/> YIELD	02 <input type="checkbox"/> YIELD	02 <input type="checkbox"/> YIELD
02 <input type="checkbox"/> LEFT TURN HIT VEH.	07 <input type="checkbox"/> PARKED VEHICLE	12 <input type="checkbox"/> STRAIGHT HIT PED.	17 <input type="checkbox"/> NON-COLLISION ACCIDENT	03 <input type="checkbox"/> BRICK	03 <input type="checkbox"/> LEVEL	02 <input type="checkbox"/> AGAINST SIGNAL IN CROSSWALK	02 <input type="checkbox"/> AGAINST SIGNAL IN CROSSWALK	03 <input type="checkbox"/> STOP SIGN	03 <input type="checkbox"/> STOP SIGN	03 <input type="checkbox"/> STOP SIGN	03 <input type="checkbox"/> STOP SIGN
03 <input type="checkbox"/> RIGHT TURN HIT VEH.	08 <input type="checkbox"/> FIXED OBJECT	13 <input type="checkbox"/> BACKING HIT MOVING VEH.	99 <input type="checkbox"/> OTHER	04 <input type="checkbox"/> GRAVEL	04 <input type="checkbox"/> GRADE	03 <input type="checkbox"/> IN CROSSWALK - NO SIGNAL	03 <input type="checkbox"/> IN CROSSWALK - NO SIGNAL	04 <input type="checkbox"/> SIGNAL	04 <input type="checkbox"/> SIGNAL	04 <input type="checkbox"/> SIGNAL	04 <input type="checkbox"/> SIGNAL
04 <input type="checkbox"/> REAR END	09 <input type="checkbox"/> RAN OFF ROADWAY	14 <input type="checkbox"/> BACKING HIT PARKED VEH.		05 <input type="checkbox"/> DIRT	05 <input type="checkbox"/> CREST	04 <input type="checkbox"/> FROM BETWEEN PARKED CARS	04 <input type="checkbox"/> FROM BETWEEN PARKED CARS	05 <input type="checkbox"/> NONE	05 <input type="checkbox"/> NONE	05 <input type="checkbox"/> NONE	05 <input type="checkbox"/> NONE
56. ROAD CONDITION		57. STREET LIGHTING		58. LIGHT CONDITION		59. TRAFFIC CONDITION		60. WEATHER		61. PEDESTRIAN CLOTHING	
00 <input type="checkbox"/> UNKNOWN	00 <input type="checkbox"/> UNKNOWN	00 <input type="checkbox"/> UNKNOWN	00 <input type="checkbox"/> UNKNOWN	00 <input type="checkbox"/> UNKNOWN	00 <input type="checkbox"/> UNKNOWN	00 <input type="checkbox"/> UNKNOWN	00 <input type="checkbox"/> UNKNOWN	00 <input type="checkbox"/> UNKNOWN	01 <input type="checkbox"/> UNKNOWN	02 <input type="checkbox"/> WEARING DARK CLOTHING	03 <input type="checkbox"/> WEARING LIGHT CLOTHING
01 <input type="checkbox"/> REPAIRING	01 <input type="checkbox"/> DEFECTIVE	01 <input type="checkbox"/> DAWN/DUSK	01 <input type="checkbox"/> FOG/MIST	01 <input type="checkbox"/> HEAVY	01 <input type="checkbox"/> FOG/MIST	01 <input type="checkbox"/> DAWN/DUSK	01 <input type="checkbox"/> FOG/MIST	01 <input type="checkbox"/> CLEAR	02 <input type="checkbox"/> WEARING DARK CLOTHING	03 <input type="checkbox"/> WEARING LIGHT CLOTHING	
02 <input type="checkbox"/> DRY	02 <input type="checkbox"/> NONE	02 <input type="checkbox"/> DARK	02 <input type="checkbox"/> CLEAR	02 <input type="checkbox"/> MEDIUM	02 <input type="checkbox"/> CLEAR	02 <input type="checkbox"/> DARK	02 <input type="checkbox"/> MEDIUM	02 <input type="checkbox"/> RAIN	03 <input type="checkbox"/> WEARING DARK CLOTHING	03 <input type="checkbox"/> WEARING LIGHT CLOTHING	
03 <input type="checkbox"/> WET	03 <input type="checkbox"/> STREET LIGHTS ON	03 <input type="checkbox"/> DAYLIGHT	03 <input type="checkbox"/> RAIN	03 <input type="checkbox"/> LIGHT	03 <input type="checkbox"/> RAIN	03 <input type="checkbox"/> DAYLIGHT	03 <input type="checkbox"/> LIGHT	04 <input type="checkbox"/> SNOW	04 <input type="checkbox"/> WEARING DARK CLOTHING	04 <input type="checkbox"/> WEARING LIGHT CLOTHING	
04 <input type="checkbox"/> ICE/SNOW	04 <input type="checkbox"/> STREET LIGHTS OFF		04 <input type="checkbox"/> SLEET	04 <input type="checkbox"/> OTHER	04 <input type="checkbox"/> SLEET		04 <input type="checkbox"/> OTHER	05 <input type="checkbox"/> OTHER			

62. DRIVER/PEDESTRIAN CONDITION				63. CONTRIBUTING CIRCUMSTANCES - DARKEN THE PRIMARY FACTOR FOR ALL VEHICLES AND "X" ALL SECONDARY FACTORS								64. VEHICLE TYPE																																							
00 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> UNKNOWN	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> FATIGUED	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> ILL	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> PHYSICAL DEFECT	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> SPEED	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> DEFECTIVE BRAKES	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> FOLLOWING TOO CLOSE	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> AUTO RIGHT-OF-WAY	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> PED. RIGHT-OF-WAY	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> IMPROPER TURN	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> YIELD SIGN	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> STOP/GO LIGHT	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> FLASHING LIGHT	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> DIRECTIONAL LIGHT	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> STOP SIGN	12 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> ALCOHOL INFLUENCE	13 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> IMPROPER PASSING	14 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> WRONG WAY-ONE WAY ST.	15 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> WRONG SIDE OF STREET	16 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> IMPROPER STARTING	17 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> OTHER DEFECTS	18 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> PEDESTRIAN VIOLATION	19 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> NO VIOLATION	20 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> DRIVER INATTENTION	21 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> CHANGING LANES W/O CAUT.	22 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> FAIL TO SET PARKING BRAKE	23 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> OPEN DOOR TO TRAFFIC	24 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> DRUG INFLUENCE	25 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> IMPROPER BACKING	26 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> DEFECTIVE LIGHTS	27 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> PEDESTRIAN DRUNK	28 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> ROAD DEFECTS	29 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> DRIVER VISION OBSTRUCTED	30 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> RIGHT TURN ON RED	31 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> OTHER	00 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> UNKNOWN	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> PASSENGER AUTO	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> TAXI CAB	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> BUS	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> MOTORCYCLE	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> TRUCK/TRACTOR	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> POLICE SCOUT CAR - TWO MAN	12 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> POLICE CRUISER - MARKED	13 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> POLICE CRUISER - UNMARKED	14 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> POLICE-OTHER	15 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> FIRE ENGINE	16 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> AMBULANCE	17 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> PEDESTRIAN - ON FOOT	18 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> FIXED OBJECT	19 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> NON-COLLISION	20 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> MOPED	21 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> OTHER (EXPLAIN IN NARRATIVE, INCLUDES SKATEBOARDS, TRICYCLES, PLAY VEHICLES, ETC.)
65. SOBRIETY				66. BLOOD ALCOHOL CONTENT								67. DRIVER ACTIONS																																							
01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> HAD NOT BEEN DRINKING	01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> HAD BEEN DRINKING AND			Dr./Ped. 1 _____				Dr./Ped. 3 _____				00 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> UNKNOWN	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> STOPPED/STANDING-TRAFFIC LANE	08 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> MERGING	12 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> OVERTAKING																																				
02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> OBVIOUSLY DRUNK	02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> ABILITY IMPAIRED			Dr./Ped. 2 _____				Dr./Ped. 4 _____				01 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> BACKING	05 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> PARKED	09 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> RAN OFF ROAD	13 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> SLOWING/STOPPING																																				
03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> NOT IMPAIRED	03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> IMPAIRMENT UNKN.											02 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> TURNING RIGHT	06 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> ENTERING/LEAVING PARKED POSITION	10 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> CHANGING LANES	14 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> AVOIDING																																				
04 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> OTHER	04 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> OTHER											03 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> TURNING LEFT	07 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> MAKING "U" TURN	11 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> GOING STRAIGHT	99 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> OTHER																																				

68. NARRATIVE: Give a concise statement, in your own words, of the facts that are not covered in this report, or to clarify any items that are not satisfactorily explained. Use Continuation Sheet of report for additional space. If statements are taken, use PD 118 (Def./Suspect Statement), or PD 119 (Compl./Witness Statement). If accident occurred in a construction zone, describe type of construction.

69. SIGNATURE OF REPORTING OFFICER _____	BADGE NO. _____	UNIT _____	70. SIGNATURE OF REVIEWING OFFICIAL _____	BADGE NO. _____	UNIT _____	71. REVIEWER _____	72. DISTRIBUTION _____
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