INJURED/WITNESS CONTINUATION

INJURED	WITNESS	PASSENGER	NAME LAST	FIRST	MIDDLE INITIAL	SEX	ADDRESS	PHONE	DOB MO/DAY/YR
UNIT	INJURY SEVERITY	TYPE OF INJURY	SAFETY EQUIPMENT IN USE	AIR BAG DEPLOYED? Y N	EJECTED? Y N	PINNED? Y N	INJURED TAKEN BY		POS IN VEH
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