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Document Type
(2) Supplement Document A4
(3) Amended Document
Local Agency Number A7

REFERENCE NUMBER 7228965
Reference Number Override A6

Please Do Not Write In This Microfilm Space

Motorists (Passengers) and/or Non-Motorists

A

Vehicle Number P1 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (20) (30)
NAME First M.I. Last P3 — Date of Birth P4 — Age P5 — Sex (1) Male (2) Female P6 — Injury Code (0) (3) (1) (4) (2) P7 — SEAT Position P8 — SAFETY Equipment P9 — AIRBAG P10 (00) (30) (01) (31) (20) (32) (28) (99)
ADDRESS Same as ☐ Driver ☐ Owner Street & Number City & State ZIP
Motorists (2)
Non-Motorists P2 (7) Other Cyclist (5) Pedestrian (8) Other Pedestrian (6) Bicyclist (9) Other Non-Motorist
EJECTED P11 (2) Totally Ejected (0) Not Applicable (3) Partially Ejected (1) Not Ejected (9) Unknown
Ejection Path P12
TRAPPED/EXTRICATED (2) Trapped/Extricated (0) Not Applicable (3) Trapped/Not Extricated (1) Not Trapped P13 (9) Unknown
Medical Transport P14 (Y) (N) — Ambulance/Hospital P15 — Alcohol P16 — Drugs P17

B

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Non-Motorist

Non-Motorist Number (A) (B) (C) (D) (E) (F)

Location At Intersection

N1	N2		N1	N2	
(01)	(01)	In Crosswalk	(04)	(04)	On Roadway, Crosswalk Availability Unknown
(02)	(02)	On Roadway, Not in Crosswalk	(05)	(05)	Not on Roadway
(03)	(03)	On Roadway, Crosswalk Not Available	(09)	(09)	Unknown

Location Not At Intersection P18

N1	N2		N1	N2		N1	N2	
(10)	(10)	In Crosswalk	(14)	(14)	In Parking Lane	(18)	(18)	Other, Not on Roadway
(11)	(11)	On Roadway, Not in Crosswalk	(15)	(15)	On Road Shoulder	(19)	(19)	Unknown
(12)	(12)	On Roadway, Crosswalk Not Available	(16)	(16)	Bike Path			
(13)	(13)	On Roadway, Crosswalk Availability Unknown	(17)	(17)	Outside Trafficway			

Vehicle Striking Non-Motorist
N1 *Vehicle #* (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (20) (30)

Vehicle Striking Non-Motorist
N2 *Vehicle #* (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (20) (30)

Condition (may select 3)

N1	N2	
(00)	(00)	Appeared Normal
(01)	(01)	Had Been Drinking
(02)	(02)	Illegal Drug Use
(03)	(03)	Ill (Sick)
(04)	(04)	Reaction to Drugs/Medication
(05)	(05)	Failure to Take Drugs/Medication
(06)	(06)	Blind
(07)	(07)	Restricted to Wheelchair
(08)	(08)	Other Physical Impairment (Narrative)
(09)	(09)	Emotional (Depressed, Angry, Disturbed)
(99)	(99)	Unknown Condition

Actions (may select 4)

N1	N2		N1	N2		N1	N2	
(10)	(10)	No Contributing Actions	(30)	(30)	Construction/Maintenance/Utility Worker	(46)	(46)	Failure to Use Lights
(20)	(20)	Not Visible	(31)	(31)	Playing in Roadway	(47)	(47)	Improper Loading of Vehicle Cargo or Passengers
(21)	(21)	Darting, Running or Stumbling into Road	(32)	(32)	Lying in Roadway	(48)	(48)	Operator Inexperience
(22)	(22)	Crossing with Signal	(33)	(33)	Walking in Roadway	(49)	(49)	Operating without Required Equipment
(23)	(23)	Crossing against Signal	(34)	(34)	Walking beside Roadway	(50)	(50)	Riding in Roadway Against Traffic
(24)	(24)	Crossing, No Signal	(41)	(41)	Failure to Keep in Proper Lane or Running off Road	(61)	(61)	Vision Obstructed, By What? (Narrative)
(25)	(25)	Coming from Behind Parked Car	(42)	(42)	Failure to Yield Right of Way	(99)	(99)	Unknown Action
(26)	(26)	Standing in Safety Zone	(43)	(43)	Failure to Obey Traffic Controls			
(27)	(27)	Getting on or off Other Vehicle	(44)	(44)	Failure to Observe Warnings or Instructions			
(28)	(28)	Pushing or Working on Vehicle	(45)	(45)	Failure to Signal Intentions			
(29)	(29)	Other Working in Roadway						

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