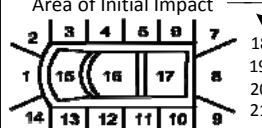



VEHICLE # <input type="checkbox"/>		Check if Commercial <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER			HSMV CRASH REPORT NUMBER																											
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN																												
Hit and Run 1 No 2 Yes 88 Unknown	YEAR	MAKE	MODEL	STYLE	COLOR	DAMAGE: 1 Disabling 2 Functional 3 None		4 Minor 88 Unknown	EST. AMOUNT																									
INSURANCE COMPANY			INSURANCE POLICY NUMBER		Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY			1 Rotation 2 Owner Request 3 Driver 77 Other, Explain in Narrative																									
NAME OF VEHICLE OWNER (Check if Business) <input type="checkbox"/>		CURRENT ADDRESS			CITY & STATE			ZIP CODE																										
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN			YEAR	MAKE	LENGTH	AXLES																							
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN			YEAR	MAKE	LENGTH	AXLES																							
VEHICLE TRAVELING	N <input type="checkbox"/>	S <input type="checkbox"/>	E <input type="checkbox"/>	W <input type="checkbox"/>	Off-Road <input type="checkbox"/>	Unknown <input type="checkbox"/>	ON STREET, ROAD, HIGHWAY			AT EST. SPEED	POSTED SPEED	TOTAL LANES																						
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown	HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown	HAZ. MAT. NUMBER		HAZ. MAT. CLASS		Area of Initial Impact			Most Damaged Area																									
MOTOR CARRIER NAME				US DOT NUMBER																														
MOTOR CARRIER ADDRESS				CITY & STATE				ZIP CODE			PHONE NUMBER																							
Vehicle Body Type			Trafficway			Commercial Motor Vehicle Configuration																												
<input type="checkbox"/> 1 Passenger Car <input type="checkbox"/> 2 Passenger Van <input type="checkbox"/> 3 Pickup <input type="checkbox"/> 7 Motor Home <input type="checkbox"/> 8 Bus <input type="checkbox"/> 11 Motorcycle <input type="checkbox"/> 12 Moped <input type="checkbox"/> 13 All Terrain Vehicle (ATV)			<input type="checkbox"/> 15 Low Speed Vehicle <input type="checkbox"/> 16 (Sport) Utility Vehicle <input type="checkbox"/> 17 Cargo Van (10,000 lbs (4,536 kg) or less) <input type="checkbox"/> 18 Motor Coach <input type="checkbox"/> 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) <input type="checkbox"/> 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) <input type="checkbox"/> 21 Farm Labor Vehicle <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown			<input type="checkbox"/> 1 Two-Way, Not Divided <input type="checkbox"/> 2 Two-Way, Not Divided, with a Continuous Left Turn Lane <input type="checkbox"/> 3 Two-Way, Divided, Unprotected (painted >4 feet) Median <input type="checkbox"/> 4 Two-Way, Divided, Positive Median Barrier <input type="checkbox"/> 5 One-Way Trafficway <input type="checkbox"/> 88 Unknown			<input type="checkbox"/> 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials <input type="checkbox"/> 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) <input type="checkbox"/> 3 Single-Unit Truck (3 or more axles) <input type="checkbox"/> 4 Truck Pulling Trailer(s) <input type="checkbox"/> 5 Truck Tractor (bobtail) <input type="checkbox"/> 6 Truck Tractor/Semi-Trailer <input type="checkbox"/> 7 Truck Tractor/Double																									
Comm/Non-Commercial			Trailer Type			Cargo Body Type			Emergency Vehicle Use																									
<input type="checkbox"/> 1 Interstate Carrier <input type="checkbox"/> 2 Intrastate Carrier <input type="checkbox"/> 3 Not in Commerce/Government <input type="checkbox"/> 4 Not in Commerce/Other Truck			<input type="checkbox"/> 1 Single Semi Trailer <input type="checkbox"/> 2 Tandem Semi Trailer <input type="checkbox"/> 3 Tank Trailer <input type="checkbox"/> 4 Saddle Mount/Trailer <input type="checkbox"/> 5 Boat Trailer <input type="checkbox"/> 6 Utility Trailer <input type="checkbox"/> 7 House Trailer			<input type="checkbox"/> 1 No Cargo <input type="checkbox"/> 2 Bus <input type="checkbox"/> 3 Van/Enclosed Box <input type="checkbox"/> 4 Hopper <input type="checkbox"/> 5 Pole-Trailer <input type="checkbox"/> 6 Cargo Tank <input type="checkbox"/> 7 Flatbed <input type="checkbox"/> 8 Dump <input type="checkbox"/> 9 Concrete Mixer <input type="checkbox"/> 10 Auto Transport <input type="checkbox"/> 11 Garbage/Refuse <input type="checkbox"/> 12 Log			<input type="checkbox"/> 13 Intermodal Container Chassis <input type="checkbox"/> 14 Vehicle Towing Another Vehicle <input type="checkbox"/> 15 Not Applicable (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard) <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown																									
Most Harmful Event			Collision with Non-Fixed Object			Collision Fixed Object			Sequence of Events																									
<input type="checkbox"/> 1 Overturn/Rollover <input type="checkbox"/> 2 Fire/Explosion <input type="checkbox"/> 3 Immersion <input type="checkbox"/> 4 Jackknife <input type="checkbox"/> 5 Cargo/Equipment Loss or Shift <input type="checkbox"/> 6 Fell/Jumped From Motor Vehicle <input type="checkbox"/> 7 Thrown or Falling Object <input type="checkbox"/> 8 Ran into Water/ Canal <input type="checkbox"/> 9 Other Non-Collision			<input type="checkbox"/> 10 Pedestrian <input type="checkbox"/> 11 Pedalcycle <input type="checkbox"/> 12 Railway Vehicle (train, engine) <input type="checkbox"/> 13 Animal <input type="checkbox"/> 14 Motor Vehicle in Transport <input type="checkbox"/> 15 Parked Motor Vehicle <input type="checkbox"/> 16 Work Zone/Maintenance Equipment <input type="checkbox"/> 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle <input type="checkbox"/> 18 Other Non-Fixed Object			<input type="checkbox"/> 19 Impact Attenuator/Crash Cushion <input type="checkbox"/> 20 Bridge Overhead Structure <input type="checkbox"/> 21 Bridge Pier or Support <input type="checkbox"/> 22 Bridge Rail <input type="checkbox"/> 23 Culvert <input type="checkbox"/> 24 Curb <input type="checkbox"/> 25 Ditch <input type="checkbox"/> 26 Embankment <input type="checkbox"/> 27 Guardrail Face <input type="checkbox"/> 28 Guardrail End			<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th																									
Roadway Grade			Vehicle Maneuver Action			Traffic Control Device For This Vehicle			Vehicle Defects																									
<input type="checkbox"/> 1 Level <input type="checkbox"/> 2 Hillcrest <input type="checkbox"/> 3 Uphill <input type="checkbox"/> 4 Downhill <input type="checkbox"/> 5 Sag (bottom)			<input type="checkbox"/> 1 Straight Ahead <input type="checkbox"/> 3 Turning Left <input type="checkbox"/> 4 Backing <input type="checkbox"/> 5 Turning Right <input type="checkbox"/> 6 Changing Lanes <input type="checkbox"/> 8 Parked <input type="checkbox"/> 10 Making U-Turn <input type="checkbox"/> 11 Overtaking/ Passing <input type="checkbox"/> 13 Stopped in Traffic <input type="checkbox"/> 14 Slowing <input type="checkbox"/> 15 Negotiating a Curve <input type="checkbox"/> 16 Leaving Traffic Lane <input type="checkbox"/> 17 Entering Traffic Lane <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown			<input type="checkbox"/> 8 Flashing Signal <input type="checkbox"/> 9 Railway Crossing Device <input type="checkbox"/> 10 Person (including Flagman, Officer, Guard, etc.) <input type="checkbox"/> 13 Warning Sign <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown			<input type="checkbox"/> 1 None <input type="checkbox"/> 2 Brakes <input type="checkbox"/> 3 Tires <input type="checkbox"/> 4 Lights (head, signal, tail) <input type="checkbox"/> 6 Steering <input type="checkbox"/> 7 Wipers <input type="checkbox"/> 9 Exhaust System <input type="checkbox"/> 10 Body, Doors <input type="checkbox"/> 11 Power Train <input type="checkbox"/> 12 Suspension <input type="checkbox"/> 13 Wheels <input type="checkbox"/> 14 Windows/Windshield <input type="checkbox"/> 15 Mirrors <input type="checkbox"/> 16 Truck Coupling/Trailer Hitch/Safety Chains <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown																									
Special Function of Motor Vehicle			Roadway Alignment			VIOLATIONS																												
<input type="checkbox"/> 1 No Special Function <input type="checkbox"/> 2 Farm Vehicle <input type="checkbox"/> 3 Police <input type="checkbox"/> 7 Taxi <input type="checkbox"/> 8 Military			<input type="checkbox"/> 9 Ambulance <input type="checkbox"/> 10 Fire Truck <input type="checkbox"/> 11 Farm Labor Transport <input type="checkbox"/> 12 School Bus <input type="checkbox"/> 13 Transit/Commuter Bus			<input type="checkbox"/> 14 Intercity Bus <input type="checkbox"/> 15 Charter/Tour Bus <input type="checkbox"/> 16 Shuttle Bus <input type="checkbox"/> 17 Farm Labor Bus <input type="checkbox"/> 88 Unknown			<input type="checkbox"/> 1 Straight <input type="checkbox"/> 2 Curve Right <input type="checkbox"/> 3 Curve Left			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>PERSON #</th> <th>NAME OF VIOLATOR</th> <th>FL STATUTE NUMBER</th> <th>CHARGE</th> <th>CITATION NUMBER</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>			PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER															
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER																														

PERSON # <input type="text"/>		REPORTING AGENCY CASE NUMBER			HSMV CRASH REPORT NUMBER							
1 Driver 2 Non-Motorist 3 Passenger	<input type="checkbox"/>	VEHICLE #	NAME		PHONE NUMBER	Check if Recommend Driver Re-exam <input type="checkbox"/>						
CURRENT ADDRESS (Number and Street)				CITY & STATE		ZIP CODE						
DATE OF BIRTH	SEX: 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER		STATE	EXPIRES	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality						
DRIVER												
DL Type		Required Endorsements		Driver's Actions at Time of Crash			Condition At Time of Crash					
<input type="checkbox"/> 1 A 2 B 3 C <input type="checkbox"/> 4 D/Chauffeur <input type="checkbox"/> 5 E/Operator <input type="checkbox"/> 6 E/Oper - Rest <input type="checkbox"/> 7 None		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 No Req. Endorsement		<input type="checkbox"/> 1st 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of- Way 4 Improper Backing 5 Improper Turn 6 Followed too Closely 7 Ran Red Light 8 Drove too Fast for Conditions 9 Ran Stop Sign 10 Improper Passing 11 Exceeded Posted Speed 12 Wrong Side of Wrong Way 13 Failed to Keep in Proper Lane 14 Ran off Roadway 15 Disregarded other Traffic Sign 16 Disregarded Other Road Markings 17 Over-Correcting/Over-Steering 18 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 19 Operated MV in Erratic, Reckless or Aggressive Manner 20 Other Contributing Action			<input type="checkbox"/> 3rd <input type="checkbox"/> 4th					
Driver Distracted By		Driver Vision Obstructions		DRIVER OR PASSENGER			Restraint Systems (RS)					
<input type="checkbox"/> 1 Not Distracted <input type="checkbox"/> 2 Electronic Communication Devices (cell phone, etc.) <input type="checkbox"/> 3 Other Electronic Device (navigation device, DVD player)		<input type="checkbox"/> 4 Other Inside the Vehicle (explain in narrative) <input type="checkbox"/> 5 External Distraction (outside the vehicle, explain in narrative) <input type="checkbox"/> 6 Texting <input type="checkbox"/> 7 Inattentive <input type="checkbox"/> 88 Unknown		<input type="checkbox"/> 1 Vision Not Obscured <input type="checkbox"/> 2 Inclement Weather <input type="checkbox"/> 3 Parked/Stopped Vehicle <input type="checkbox"/> 4 Trees/Crops/Bushes <input type="checkbox"/> 5 Load on Vehicle <input type="checkbox"/> 6 Building/Fixed Object <input type="checkbox"/> 7 Signs/Billboards <input type="checkbox"/> 8 Fog <input type="checkbox"/> 9 Smoke <input type="checkbox"/> 10 Glare <input type="checkbox"/> 77 All Other, Explain in Narrative			<input type="checkbox"/> 1 Not Applicable <input type="checkbox"/> 2 None Used - Motor Vehicle Occupant <input type="checkbox"/> 3 Shoulder and Lap Belt Used <input type="checkbox"/> 4 Shoulder Belt Only Used <input type="checkbox"/> 5 Lap Belt Only Used <input type="checkbox"/> 6 Restraint Used - Type Unknown <input type="checkbox"/> 7 Child Restraint System - Forward Facing <input type="checkbox"/> 8 Child Restraint System - Rear Facing <input type="checkbox"/> 9 Booster Seat <input type="checkbox"/> 10 Child Restraint Type Unknown <input type="checkbox"/> 77 Other, Explain in Narrative					
Motor Vehicle Seating Position:		LOCATION: SEAT ROW OTHER (LOC)		Helmet Use (HU)		Eye Protection (EP)						
Seat 1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown		Row 1 Front 2 Second 3 Third 4 Fourth 77 Other Row 88 Unknown		Other 1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclosed Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown		<input type="checkbox"/> 1 DOT-Compliant Motorcycle Helmet <input type="checkbox"/> 2 Other Helmet <input type="checkbox"/> 3 No Helmet <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Not Applicable						
Non-Motorist Description		Non-Motorist Location At Time of Crash		Air Bag Deployed (ABD)		Non-Motorist Actions/Circumstances						
<input type="checkbox"/> 1 Pedestrian <input type="checkbox"/> 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) <input type="checkbox"/> 3 Bicyclist <input type="checkbox"/> 4 Other Cyclist <input type="checkbox"/> 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) <input type="checkbox"/> 6 Occupant of a Non-Motor Vehicle Transportation Device <input type="checkbox"/> 7 Unknown Type of Non-Motorist		<input type="checkbox"/> 1 Intersection - Marked Crosswalk <input type="checkbox"/> 2 Intersection - Unmarked Crosswalk <input type="checkbox"/> 3 Intersection - Other <input type="checkbox"/> 4 Midblock - Marked Crosswalk <input type="checkbox"/> 5 Travel Lane - Other Location <input type="checkbox"/> 6 Bicycle Lane <input type="checkbox"/> 7 Shoulder/Roadside <input type="checkbox"/> 8 Sidewalk <input type="checkbox"/> 9 Median/Crossing Island <input type="checkbox"/> 10 Driveway Access <input type="checkbox"/> 11 Shared-Use Path or Trail <input type="checkbox"/> 12 Non-Trafficway Area <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		<input type="checkbox"/> 1 Not Ejected <input type="checkbox"/> 2 Ejected, Totally <input type="checkbox"/> 3 Ejected, Partially <input type="checkbox"/> 4 Not Applicable <input type="checkbox"/> 88 Unknown		<input type="checkbox"/> 5 Deployed-Other (knee, air belt, etc.) <input type="checkbox"/> 6 Deployed-Combination <input type="checkbox"/> 7 Deployed-Curtain <input type="checkbox"/> 88 Deployment Unknown						
Safety Equipment		Non-Motorist Description		Action Prior to Crash		Non-Motorist Actions/Circumstances						
<input type="checkbox"/> 1 None <input type="checkbox"/> 2 Helmet <input type="checkbox"/> 3 Protective Pads Used (elbows, knees, shins, etc.) <input type="checkbox"/> 4 Reflective Clothing (jacket, backpack, etc.) <input type="checkbox"/> 5 Lighting <input type="checkbox"/> 6 Not Applicable <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		<input type="checkbox"/> 1 Pedestrian <input type="checkbox"/> 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) <input type="checkbox"/> 3 Bicyclist <input type="checkbox"/> 4 Other Cyclist <input type="checkbox"/> 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) <input type="checkbox"/> 6 Occupant of a Non-Motor Vehicle Transportation Device <input type="checkbox"/> 7 Unknown Type of Non-Motorist		<input type="checkbox"/> 1 Crossing Roadway <input type="checkbox"/> 2 Waiting to Cross Roadway <input type="checkbox"/> 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) <input type="checkbox"/> 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) <input type="checkbox"/> 5 Walking/Cycling on Sidewalk <input type="checkbox"/> 6 In Roadway -- Other (working, playing, etc.) <input type="checkbox"/> 7 Adjacent to Roadway (e.g., shoulder, median) <input type="checkbox"/> 8 Going to or from School (K-12) <input type="checkbox"/> 9 Working in Trafficway (incident response) <input type="checkbox"/> 10 None <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		<input type="checkbox"/> 1 No Improper Action <input type="checkbox"/> 2 Dart/Dash <input type="checkbox"/> 3 Failure to Yield Right-of-Way <input type="checkbox"/> 4 Failure to Obey Traffic Signs, Signals, or Officer <input type="checkbox"/> 5 In Roadway Improperly (standing, lying, working, playing) <input type="checkbox"/> 6 Disabled Vehicle Related (working on, pushing, leaving/approaching) <input type="checkbox"/> 7 Entering/Exiting Parked/Standing Vehicle <input type="checkbox"/> 8 Inattentive (talking, eating, etc.) <input type="checkbox"/> 9 Not Visible (dark clothing, no lighting, etc.) <input type="checkbox"/> 10 Improper Turn/Merge <input type="checkbox"/> 11 Improper Passing <input type="checkbox"/> 12 Wrong-Way Riding or Walking <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown						
ALCOHOL/DRUG/EMS												
SUSPECTED ALCOHOL USE:	ALCOHOL TESTED:	ALCOHOL TEST TYPE:	ALCOHOL TEST RESULT:	BAC	SUSPECTED DRUG USE:	DRUG TESTED:	DRUG TEST TYPE:	DRUG TEST RESULT:				
<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown	<input type="checkbox"/> 1 Test Not Given <input type="checkbox"/> 2 Test Refused <input type="checkbox"/> 3 Test Given <input type="checkbox"/> 88 Unknown, if Tested	<input type="checkbox"/> 1 Blood <input type="checkbox"/> 2 Breath <input type="checkbox"/> 3 Urine <input type="checkbox"/> 77 Other, Explain in Narrative	<input type="checkbox"/> 1 Pending <input type="checkbox"/> 2 Completed <input type="checkbox"/> 88 Unknown	<input type="checkbox"/>	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown	<input type="checkbox"/> 1 Test Not Given <input type="checkbox"/> 2 Test Refused <input type="checkbox"/> 3 Test Given <input type="checkbox"/> 88 Unknown, if Tested	<input type="checkbox"/> 1 Blood <input type="checkbox"/> 3 Urine <input type="checkbox"/> 77 Other, Explain in Narrative	<input type="checkbox"/> 1 Positive <input type="checkbox"/> 2 Negative <input type="checkbox"/> 3 Pending <input type="checkbox"/> 88 Unknown				
SOURCE OF TRANSPORT TO MEDICAL FACILITY		EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO						
<input type="checkbox"/> 1 Not Transported <input type="checkbox"/> 2 EMS <input type="checkbox"/> 3 Law Enforcement <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>						
ADDITIONAL PASSENGERS												
PERSON #	VEHICLE #	NAME		DATE OF BIRTH	INJ	SEX	LOC: S R O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)				CITY & STATE		ZIP CODE						
SOURCE OF TRANSPORT TO MEDICAL FACILITY		EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO						
<input type="checkbox"/> 1 Not Transported <input type="checkbox"/> 2 EMS <input type="checkbox"/> 3 Law Enforcement <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>						
PERSON #	VEHICLE #	NAME		DATE OF BIRTH	INJ	SEX	LOC: S R O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)				CITY & STATE		ZIP CODE						
SOURCE OF TRANSPORT TO MEDICAL FACILITY		EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO						
<input type="checkbox"/> 1 Not Transported <input type="checkbox"/> 2 EMS <input type="checkbox"/> 3 Law Enforcement <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>						