

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

TYPE OR PRINT LEGIBLY

Use of contents for commercial solicitation is unlawful

WARNING - STATE LAW -

REPORTING AGENCY: Tulsa Police Dept												ACCIDENT NUMBER 2005-04023				ADMINISTRATIVE									
MONTH 05		DAY 13		YEAR 2005		24 HOUR TIME 0650		DAY OF WEEK S M T W T F S		COUNTY Tulsa		COUNTY NUMBER 72													
STREET, ROAD OR HIGHWAY US-44								DISTANCE FROM		N S E W		(NEAREST) INTERSECTING STREET OR HIGHWAY OK-412													
IN CITY <input type="checkbox"/>		NEAR CITY <input checked="" type="checkbox"/>		NAME OF NEAREST CITY OR TOWN Tulsa				CITY NUMBER 50		DISTANCE FROM NEAREST CITY OR TOWN LIMITS 8 mile															
HIGHWAY CLASS <input checked="" type="checkbox"/>		STATE HIGHWAY CODES		CONTROL NUMBER		INTERSECTION ID		LOCATION		COUNTY SECTION LINE GRIDS		EAST		NORTH		RAILROAD CROSSING NUMBER									
MOTOR VEHICLES INVOLVED 2		NUMBER KILLED 0		NUMBER INJURED 2		ADMINISTRATIVE																			
UNIT 1		OCCUPANTS 2		DRIVER <input checked="" type="checkbox"/>		PEDESTRIAN		ANIMAL		TRAIN		OTHER		COMMERCIAL MOTOR VEHICLE *		HAZ. MAT. PLACARD *									
NAME LAST Orr		FIRST Brandy		MIDDLE E		STREET/RFD 343 York St		CITY Tulsa		STATE OK		ZIP CODE 51545													
DOB 12/21/1982		SEX F		DRIVER LICENSE NUMBER 19854351		STATE OK		CLASS 5		ENDORSEMENT(S)		RESTRICTION(S)		PHONE 4568131814											
INJURY SEVERITY 1		TYPE OF INJURY		INJURED TAKEN BY				SAFETY EQUIPMENT IN USE 4 6 		AIR BAG DEPLOYED?		Y <input type="checkbox"/> N <input checked="" type="checkbox"/>													
EJECTED? <input checked="" type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		PINNED? <input checked="" type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		CHEMICAL TEST		RESULTS 1 0.		% BRAC		DRIVER/PEDESTRIAN CONDITION 6 		TOWED VEHICLE (DESCRIBE) N/a									
VEH YEAR 2002		COLOR Grey		MAKE Ford		MODEL Escort		STYLE Hatch		SIZE S		VIN 2343564567124356		LICENSE PLATE NUMBER 06/05 OK HMJ842											
OWNER'S NAME SAME AS DRIVER <input checked="" type="checkbox"/>		LAST Orr		FIRST Brandy		MIDDLE E		STREET/RFD 343 York St		CITY Tulsa		STATE OK		ZIP CODE 51545											
SECURITY VERIFICATION 1		INSURANCE COMPANY State Farm		NAME State Farm		POLICY NUMBER 9234-H																			
FROM MO DAY YR 05 01 2005		TO MO DAY YR 05 01 2006		AGENT NAME Tom Keller		ADDRESS 4343 Valley Rd		CITY Tulsa		STATE OK		ZIP CODE 52346													
VEHICLE REMOVED BY DRIVER <input type="checkbox"/>		LEGAL SPEED 50 MPH		BEFORE CONTACT 55 MPH		CONTACT 50 MPH		ESTIMATED DAMAGES \$ 1500		BURNED? <input type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>													
STATUTE/ORDINANCE NUMBER		CITATION NUMBER		STATUTE/ORDINANCE NUMBER		CITATION NUMBER		STATUTE/ORDINANCE NUMBER		CITATION NUMBER															
UNIT 2		OCCUPANTS 2		DRIVER <input checked="" type="checkbox"/>		PEDESTRIAN		ANIMAL		TRAIN		OTHER		COMMERCIAL MOTOR VEHICLE *		HAZ. MAT. PLACARD *									
NAME LAST Joseph		FIRST Walter		MIDDLE M		STREET/RFD 343 Everett St		CITY Tulsa		STATE OK		ZIP CODE 48427													
DOB 5/9/1945		SEX M		DRIVER LICENSE NUMBER 34583945		STATE OK		CLASS 5		ENDORSEMENT(S)		RESTRICTION(S)		PHONE 4562198163											
INJURY SEVERITY 2		TYPE OF INJURY 2		INJURED TAKEN BY				SAFETY EQUIPMENT IN USE 4 6 		AIR BAG DEPLOYED?		Y <input type="checkbox"/> N <input checked="" type="checkbox"/>													
EJECTED? <input checked="" type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		PINNED? <input checked="" type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		CHEMICAL TEST		RESULTS 1 0.		% BRAC		DRIVER/PEDESTRIAN CONDITION 1 		TOWED VEHICLE (DESCRIBE) N/a									
VEH YEAR 1998		COLOR Green		MAKE Chev		MODEL Cavelier		STYLE Coupe		SIZE S		VIN 4846546546564		LICENSE PLATE NUMBER 07/05 OK DFJ348											
OWNER'S NAME SAME AS DRIVER <input checked="" type="checkbox"/>		LAST Joseph		FIRST Walter		MIDDLE M		STREET/RFD 343 Everett St		CITY Tulsa		STATE OK		ZIP CODE 48427											
SECURITY VERIFICATION 1		INSURANCE COMPANY Geico		NAME Geico		POLICY NUMBER TM593																			
FROM MO DAY YR 04 15 2005		TO MO DAY YR 04 15 2006		AGENT NAME Kevin Richmond		ADDRESS 5-123 2nd Ave		CITY Tulsa		STATE OK		ZIP CODE 94938													
VEHICLE REMOVED BY DRIVER <input type="checkbox"/>		LEGAL SPEED 50 MPH		BEFORE CONTACT 70 MPH		CONTACT 65 MPH		ESTIMATED DAMAGES \$ 1000		BURNED? <input type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>													
STATUTE/ORDINANCE NUMBER		CITATION NUMBER		STATUTE/ORDINANCE NUMBER		CITATION NUMBER		STATUTE/ORDINANCE NUMBER		CITATION NUMBER															
INJURED <input checked="" type="checkbox"/>		WITNESS		PASSENGER		NAME LAST Crosby		FIRST Eric		MIDDLE INITIAL F		SEX M		ADDRESS 8383 Valley Rd		CITY Tulsa		STATE OK		ZIP CODE 88424		PHONE 9823749283		DOB 8/9/1978	
UNIT 1		INJURY SEVERITY 3		TYPE OF INJURY		SAFETY EQUIPMENT IN USE 4 		AIR BAG DEPLOYED <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		EJECTED? <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PINNED? <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INJURED TAKEN BY		POS IN VEH.			
INJURED <input checked="" type="checkbox"/>		WITNESS		PASSENGER		NAME LAST Geller		FIRST Elaine		MIDDLE INITIAL D		SEX F		ADDRESS 9583 Williams Ave		CITY Tulsa		STATE OK		ZIP CODE 94938		PHONE 9828465465		DOB 12/18/1976	
UNIT 2		INJURY SEVERITY 1		TYPE OF INJURY		SAFETY EQUIPMENT IN USE 5 4 		AIR BAG DEPLOYED <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		EJECTED? <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PINNED? <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INJURED TAKEN BY		POS IN VEH.			
INJURED		WITNESS		PASSENGER		NAME LAST		FIRST		MIDDLE INITIAL		SEX		ADDRESS		CITY		STATE		ZIP CODE		PHONE		DOB	
UNIT		INJURY SEVERITY		TYPE OF INJURY		SAFETY EQUIPMENT IN USE		AIR BAG DEPLOYED		YES NO		EJECTED?		YES NO		PINNED?		YES NO		INJURED TAKEN BY		POS IN VEH.			
DAMAGE TO PROPERTY OTHER THAN VEHICLES \$		OWNER				ADDRESS																			
SIGN HERE <i>[Signature]</i>		(OFFICE'S RANK & NAME)		(BADGE NUMBER) c99		TROOP OR DIVISION		REVIEWED BY J. Smith		(INITIALS & BADGE) K35		DATE OF REPORT 5/14/2005													
DRIVER/PEDESTRIAN CONDITION		INJURY SEVERITY		TYPE OF INJURY		SAFETY EQUIPMENT IN USE		SECURITY VERIFICATION		CHEMICAL TEST		VEHICLE SIZE		SUPPLEMENTAL REPORT REQUIRED		POSITION IN VEHICLE FRONT									
1. APPARENTLY NORMAL 2. DRINKING-ABILITY IMPAIRED 3. ODOR OF ALCOHOLIC BEVERAGE 4. DRUG USE INDICATED 5. VERY TIRED		6. SLEEPY 7. SICK 8. CONDITION NOT KNOWN 9. BODY DEFECTS 10. OTHER		1. NO INJURY 2. POSSIBLE INJURY 3. NON-INCAPACITATING 4. INCAPACITATING 5. FATAL INJURY		1. HEAD 2. TRUNK-EXTERNAL 3. TRUNK-INTERNAL 4. ARM 5. LEG		1. NOT IN USE 2. SEAT BELT 3. SHOULDER BELT 4. COMBINATION OF 2 & 3 5. CHILD RESTRAINT 6. AIR BAG 7. SAFETY HELMET 0. UNKNOWN		1. NO 2. OWNER 3. OPERATOR 4. EXEMPT		1. REFUSED 2. BREATH 3. BLOOD 4. BREATH/BLOOD 5. OTHER		S SMALL M MEDIUM L LARGE		* * * * *		1 2 3 4 5 6							

COLLISION DIAGRAM

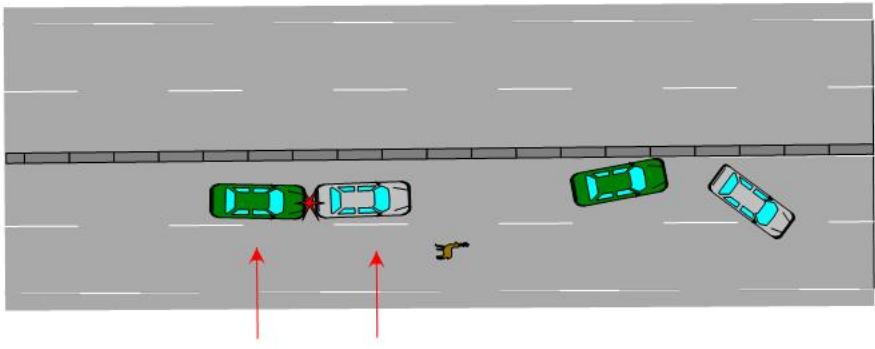
INDICATE NORTH BY ARROW ONE INCH = 5 FEET

DIRECTION OF TRAVEL N S E W

UNIT 1

UNIT 2

VISIBILITY OBSCURED BY



REMARKS

Veh1 was going northbound when a deer entered the roadway. Veh1 slowed to avoid the deer as it ran across the road. Veh2, speeding, was unable to brake in time and rear-ended Veh1.

TELEPHONE INSTALLED?	UNIT 1	UNIT 2	IN USE?	UNIT 1	UNIT 2	INVESTIGATION MADE AT SCENE?	YES	NO	HIT & RUN?	YES	NO	PHOTOS TAKEN?	YES	NO	OVERSIZE VEHICLE	P	E
	Y	N		N	N		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	[]		

<p>WHAT VEHICLE(S) WERE GOING TO DO</p> <p>1. GO AHEAD 2. TURN LEFT 3. TURN RIGHT 4. MAKE "U" TURN 5. STOP 6. SLOW FOR CAUSE 7. START FROM PARK 8. CHANGE LANES 9. OVERTAKE 10. PASS</p> <p>UNIT 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>UNIT 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>11. BACK 12. REMAIN STOPPED 13. REMAIN PARKED 14. OTHER _____ <i>EXPLAIN</i></p>	<p>WHAT VEHICLE(S) DID</p> <p>1. WENT AHEAD 2. TURNED LEFT 3. TURNED RIGHT 4. SWERVED LEFT 5. SWERVED RIGHT 6. ENTERED "U" TURN 7. STOPPED 8. STARTED FROM PARK 9. ENTERED OTHER LANE 10. OVERTAKING</p> <p>UNIT 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>UNIT 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>11. PASSING 12. BACKED 13. REMAINED STOPPED 14. REMAINED PARKED 15. RAN OFF ROADWAY - RIGHT 16. RAN OFF ROADWAY - LEFT 17. OTHER _____ <i>EXPLAIN</i></p>	<p>TRAFFIC CONTROL</p> <p>1. STOP SIGN 2. TRAFFIC SIGNAL 3. FLASHING SIGNAL 4. YIELD SIGN 5. WARNING SIGN 6. RAILROAD ADVANCE WARNING SIGN 7. RAILROAD CROSSBUCKS 8. RAILROAD GATES 9. RAILROAD SIGNAL 10. NO PASSING ZONE</p> <p>UNIT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>11. OFFICER 12. NO CONTROL 13. ABNORMAL CONTROL 14. OTHER _____ <i>EXPLAIN</i></p>
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<p>TYPE OF ROAD</p> <p>1. ONE-WAY ROAD 2. ALLEY 3. TWO LANES 4. THREE LANES 5. FOUR OR MORE (DIVIDED) 6. FOUR OR MORE (UNDIVIDED) 7. DRIVEWAY 8. TURN BAY 9. ON RAMP 10. OFF RAMP</p> <p>UNIT 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>UNIT 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>11. CONSTRUCTION ZONE 12. OTHER _____ <i>EXPLAIN</i></p>	<p>ROAD CHARACTER</p> <p>1. STRAIGHT - LEVEL 2. STRAIGHT - UPGRADE 3. STRAIGHT - DOWNGRADE 4. STRAIGHT - HILLCREST 5. CURVE - LEVEL 6. CURVE - UPGRADE 7. CURVE - DOWNGRADE 8. CURVE - HILLCREST 9. OTHER _____ <i>EXPLAIN</i></p> <p>UNIT 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>UNIT 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>OBJECT STRUCK BY VEHICLE OR LOAD ON FIRST CONTACT</p> <p>1. FENCE POLE 2. UTILITY POLE 3. GUARD RAIL 4. GUARD RAIL END 5. GUARD POST 6. CULVERT 7. TRAFFIC SIGNAL 8. BARRIER 9. CURB 10. ISLAND</p> <p>11. TRAFFIC CONTROL SIGN 12. SAND BARRELS 13. ATTENUATORS 14. PAVEMENT DROP OFF 15. DITCH 16. EMBANKMENT 17. TREE 18. DIVIDING STRIP 19. RETAINING WALL 20. FENCE</p> <p>21. BRIDGE ABUTMENT 22. BRIDGE PIER 23. BRIDGE RAIL 24. BRIDGE POST 25. BRIDGE CURBS 26. BRIDGE SUPERSTRUCTURE (BEAMS) 27. OTHER HIGHWAY STRUCTURE (EXPLAIN IN REMARKS) 28. OTHER <u>Unit2 hit Unit1</u> <i>EXPLAIN</i></p> <p>UNIT 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>UNIT 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
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<p>WEATHER</p> <p>1. CLEAR 2. FOG 3. CLOUDS PRESENT 4. RAINING 5. SNOWING 6. OTHER _____ <i>EXPLAIN</i></p> <p style="text-align: center;">3</p>	<p>LIGHT</p> <p>1. DAYLIGHT 2. DARKNESS 3. LIGHTED 4. DAWN 5. DUSK 6. OTHER _____ <i>EXPLAIN</i></p> <p style="text-align: center;">4</p>	<p>LOCALITY</p> <p>1. RESIDENTIAL 2. BUSINESS 3. INDUSTRIAL 4. SCHOOL 5. NOT BUILT UP 6. OTHER _____ <i>EXPLAIN</i></p> <p style="text-align: center;">5</p>	<p>ROAD SURFACE</p> <p>1. CONCRETE 2. ASPHALT 3. GRAVEL 4. DIRT 5. OTHER _____ <i>EXPLAIN</i></p> <p>UNIT 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>UNIT 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
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<p>POINT OF FIRST CONTACT ON VEHICLE</p> <p>TOP _____ BOTTOM _____</p> <p>UNIT 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>UNIT 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>VEHICLE CONDITION</p> <p>1. APPARENTLY NORMAL 2. BRAKES 3. HEADLIGHTS 4. STEERING 5. TAIL LIGHTS 6. BRAKE LIGHTS 7. TIRES/WHEELS 8. SUSPENSION 9. OTHER _____ <i>EXPLAIN</i></p> <p>UNIT 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>UNIT 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>PEDESTRIAN ACTION</p> <p>1. CROSSING AT INTERSECTION 2. CROSSING / NOT AT INTERSECTION 3. CROSSING / AT OTHER CROSSWALK 4. GETTING ON VEHICLE 5. GETTING OFF VEHICLE 6. WALKING WITH TRAFFIC 7. WALKING AGAINST TRAFFIC 8. PUSH ON VEHICLE 9. WORK ON VEHICLE</p> <p>10. PLAYING 11. OTHER WORK 12. OTHER _____ <i>EXPLAIN</i></p> <p>UNIT 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>UNIT 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
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UNSAFE, UNLAWFUL, OR OTHER ACTION (THIS SECTION PRIMARILY FOR GENERAL STATISTICAL AND ADMINISTRATIVE PURPOSES)				BLOCKS 1 THRU 10 MUST BE DESCRIBED WHEN CHECKED			
UNIT 1	UNIT 2	UNIT 1	UNIT 2	BLK	REMARKS	UNIT 1	UNIT 2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1. FAILED TO YIELD / STOP	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		2. FOLLOWED TOO CLOSELY	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		3. UNSAFE SPEED	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		4. MADE IMPROPER TURN	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		5. CHANGE LANES UNSAFELY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		6. UNSAFE VEHICLE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		7. LEFT OF CENTER / PASSING	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		8. NOT KNOWN / NO IMPROPER ACTION	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		9. PEDESTRIAN / BICYCLE ACTION	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		10. OTHER (DESCRIBE)	<input type="checkbox"/>	<input type="checkbox"/>