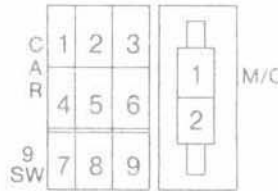


<input type="checkbox"/> 60. CONTINUATION  <input type="checkbox"/> 80. SUPPLEMENT INITIAL REPORT DATE  OPERATOR #1  OPERATOR #2	<b>STATE OF DELAWARE</b> <b>UNIFORM TRAFFIC</b> <b>COLLISION REPORT</b> <b>INJURY INFORMATION</b>	1. _____ 2. _____ COMPLAINT NUMBER	DSP HQ. NO. (LEAVE BLANK)
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1-1	61 NAME LAST	FIRST	M I	69 SEX	70 AGE	71 VEH #	72 NO IN VEH	73 SEAT NO	74 STATUS	75 FIRST AID	76 INJURY CLASS	77 EJECT	78-1 RE-STRNT	78-2 RESTR. PROPR.	78-3. PASS. RESTR.	
62 ADDRESS				M F												
63 PHONE		64 INJURIES												68		
65 EXAMINED BY DR				66 REMOVED BY		67 REMOVED TO										68
																T & R
																T & A

73 SEAT NO. 	GENERAL 1. YES 2. NO 3. UNKNOWN 4. N/A 5. PENDING 6. NONE 7. OTHER  74 STATUS	76 INJURY CLASS 74. POSSIBLE INJURY 75. NON - INCAPACITATING 76. INCAPACITATING INJURY 77. FATAL INJURY  77. EJECTION  78. PARTIALLY EJECTED 79. TOTAL EJECTION 80. NO EJECTION  78. RESTRAINT  <b>LAP BELT ONLY</b> 82. FASTENED 83. NOT FASTENED  <b>LAP &amp; SHOULDER</b> 84. LAP ONLY USED 85. NEITHER USED 86. SHOULDER ONLY 87. BOTH USED	78. RESTRAINT (CONT.) <b>CHILD RESTRAINTS</b> 88. CHILD RESTR. USED 89. OTHER RESTR. USED 90. NONE USED  <b>MC HELMET</b> 91. NONE USED 92. USED  <b>PASSIVE RESTRAINTS</b> 93. AIR BAG DEPLOYED 94. AIR BAG INOPERABLE 95. AUTO RESTR. USED 96. AUTO RESTR. INOPER.  66. REMOVED  97. AMBULANCE 98. PARAMEDIC 99. HELICOPTER 100. PRIV. OWNED VEH.	81. IF PEDESTRIAN INVOLVED PLACE CODE IN BLOCK PED # 1 <input type="text"/> PED # 2 <input type="text"/>  101. CROSSING AT INTERS. 102. CROSSING NOT AT INTERS. 103. WALKING WITH TRAFFIC 104. WALKING AGAINST TRAFFIC 105. STANDING 106. PUSH OR WORK ON VEH. 107. OTHER WORKING 108. PLAYING 109. OTHER (DESCRIBE)  _____ _____ 110. NOT IN RDW. ANY ACTION
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56- INVESTIGATING OFFICER	RANK	I.D. NUMBER	57. SUPERVISOR'S APPROVAL DATE	58 REVIEWER	59. PAGE _____ OF _____
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