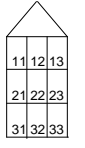
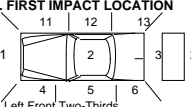
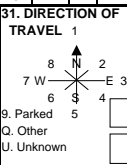
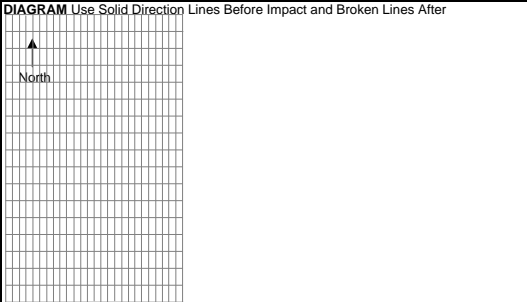


<b>Northwest Territories ACCIDENT REPORT</b>				<b>02. POLICE DETACHMENT</b>		<b>03. CASE NUMBER</b>		<b>PAGE</b> OF																
				N   T   1   0																				
<b>LOCATION</b>	1. In Community of _____ (Give Park, Special Area Etc.)			<b>31. DIRECTION OF TRAVEL</b>		<b>REPORT TYPE</b>		<b>REPORT STATUS</b>		<b>09. HOUR</b>	<b>13. NO. VEHICLES</b>													
	2. Near _____					1. Original		3. Amendment		1. Complete														
	On Km _____ Of Highway Number _____ Or Street/Road/Avenue _____					2. Continuation		4. Correction		2. Incomplete														
	<b>TYPE</b>	At Intersection With _____ Of Highway Number _____ Or Street/Road/Avenue _____					<b>04. SCENE ATTENDED</b>		<b>05. - 08. DATE OF COLLISION</b>		<b>11. NO. KILLED</b>													
		If Not At Intersection _____ metres _____ km _____ N S E W of Street, Highway, Town, Etc.					1. Yes 2. No		yy   mm   dd   U.U. Unknown															
Special Reference _____ If Location Can Be Described More Precisely, Enter Here					1. Fatal 3. Property Damage		<b>15. HIT AND RUN</b>		<b>12. NO. INJURED</b>															
			U. Unknown		2. Injury U. Unknown		1. Yes 2. No																	
<b>TYPE</b>	<b>14</b> 01. Hit Moving Object			03. Off Road Left		05. Rollover on Roadway		21. Rear End		23. Passing - Left Turn		25. Other Multi-Vehicle Same Direction		32. Sideswipe-Opposite Direction		34. Right Turn		36. Other Multi-Vehicle Opposite Direction		QQ. Other Collision Type				
	02. Hit Stationary Object			04. Off Road Right		06. Other Single Vehicle		22. Sideswipe Same-Direction		24. Passing - Right Turn		31. Head-On		33. Left Turn Across Path		35. Right Angle		41. Hit Parked Vehicle		UU. Unknown Collision Type				
	<b>TYPE</b>																							
<b>PERSONS INVOLVED</b>	<b>29. VEH. SEQUENCE #</b> _____			<b>99. Ped.</b> _____		<b>30. TOTAL OCCUPANTS</b> _____			<b>UU. Unk.</b> _____															
	LAST NAME _____ FIRST NAME(S) _____					LAST NAME _____ FIRST NAME(S) _____																		
	ADDRESS _____					ADDRESS _____																		
	DATE OF BIRTH _____ SEX _____ HOME PHONE _____ WORK PHONE _____					DATE OF BIRTH _____ SEX _____ HOME PHONE _____ WORK PHONE _____																		
	DRIVER'S LICENCE # _____ <b>59. PROV /STATE</b> _____ <b>CLASS</b> _____ <b>57. Years Licensed</b> _____					DRIVER'S LICENCE # _____ <b>59. PROV /STATE</b> _____ <b>CLASS</b> _____ <b>57. Years Licensed</b> _____																		
<b>58. STATUS</b> _____ 1. Valid 2. Incorrect 3. Not Licensed 4. Revoked/Suspended 5. Expired Q. Other _____					<b>58. STATUS</b> _____ 1. Valid 2. Incorrect 3. Not Licensed 4. Revoked/Suspended 5. Expired Q. Other _____																			
<b>34. YEAR</b> _____ <b>U.U.U.U. Unk.</b> _____ <b>MAKE/MODEL</b> _____					<b>34. YEAR</b> _____ <b>U.U.U.U. Unk.</b> _____ <b>MAKE/MODEL</b> _____																			
<b>LICENCE PLATE #</b> _____ <b>EXP</b> _____ <b>32. PROV</b> _____ <b>33. VIN</b> _____ U. Unknown _____					<b>LICENCE PLATE #</b> _____ <b>EXP</b> _____ <b>32. PROV</b> _____ <b>33. VIN</b> _____ U. Unknown _____																			
<b>PERSONS INVOLVED</b>	LAST NAME _____ FIRST NAME(S) _____					LAST NAME _____ FIRST NAME(S) _____																		
	ADDRESS _____			SAME AS ABOVE		ADDRESS _____			SAME AS ABOVE															
	HOME PHONE _____ WORK PHONE _____					HOME PHONE _____ WORK PHONE _____																		
	INSURANCE COMPANY _____ ADDRESS _____					INSURANCE COMPANY _____ ADDRESS _____																		
POLICY NUMBER _____ EXPIRY DATE _____					POLICY NUMBER _____ EXPIRY DATE _____																			
<b>ALL INVOLVED</b>	<b>29. Veh Seq. #</b>		<b>54. Person Seq. #</b>		<b>55. Sex</b> F. Female M. Male U. Unk.		<b>56. Age</b> 00 < 1 Yr. UU. Unk.		<b>61. Position</b>		<b>62. Ejection</b>		<b>63. Ejection Location</b>		<b>64. Medical Treatment Required</b>		<b>65. Safety Equipment</b>		<b>66. Proper Use</b>		<b>67. Air Bag Deployed</b>		<b>NAMES AND ADDRESSES</b> (IF DECEASED ALSO INCLUDE DATE & TIME OF DEATH)	
<b>Officer's Signature</b> _____			<b>Name</b> _____			<b>Rank</b> _____			<b>Date Reviewed</b> _____			<b>Reviewed By:</b> _____												



<b>16. ROADWAY CONFIGURATION</b> 1. Non-Intersection <input type="checkbox"/> 2. Intersection 2 Roads <input type="checkbox"/> 3. Intersection With Parking Lot/Driveway/Alley <input type="checkbox"/> 4. Railroad Level Crossing <input type="checkbox"/> 5. Bridge, Overpass, Viaduct <input type="checkbox"/> 6. Tunnel Or Underpass <input type="checkbox"/> Q. Other <input type="checkbox"/> UU. Unknown <input type="checkbox"/>	<b>24. ROAD SURFACE</b> 1. Dry, Normal <input type="checkbox"/> 2. Wet <input type="checkbox"/> 3. Snow (Fresh/Loose) <input type="checkbox"/> 4. Slush, Wet Snow <input type="checkbox"/> 5. Icy <input type="checkbox"/> 6. Sandy/Gravel/Dirt <input type="checkbox"/> 7. Muddy <input type="checkbox"/> 8. Oil <input type="checkbox"/> 9. Flooded <input type="checkbox"/> Q. Other <input type="checkbox"/> UU. Unknown <input type="checkbox"/>	11. Urban Transit Bus <input type="checkbox"/> 12. Intercity Bus <input type="checkbox"/> 14. Motorcycle <input type="checkbox"/> 15. Motorcycle - Speed Limited <input type="checkbox"/> 16. Off-Road Vehicle <input type="checkbox"/> 17. Bicycle <input type="checkbox"/> 18. Purpose-Built Motor Home <input type="checkbox"/> 19. Farm Equipment <input type="checkbox"/> 20. Construction Equipment <input type="checkbox"/> 22. Snowmobile <input type="checkbox"/> QQ. Other UU. Unknown <input type="checkbox"/>	<b>41. VEHICLE MANOEUVRE</b> 01. Going Straight <input type="checkbox"/> 02. Turning Left <input type="checkbox"/> 03. Turning Right <input type="checkbox"/> 04. Making U-Turn <input type="checkbox"/> 05. Changing Lanes <input type="checkbox"/> 06. Merging <input type="checkbox"/> 07. Reversing <input type="checkbox"/> 08. Overtaking <input type="checkbox"/> 09. Negotiating Curve <input type="checkbox"/> 10. Slowing, Stopping <input type="checkbox"/> 11. Starting In Traffic <input type="checkbox"/> 12. Leaving Roadside <input type="checkbox"/> 13. Stopped/Parked Legally <input type="checkbox"/> 14. Stopped/Parked Illegally <input type="checkbox"/> 15. Swerving To Avoid Collision <input type="checkbox"/> 16. Run-Away Or Roll Away Vehicle <input type="checkbox"/> 21. Unspecified Manoeuvre <input type="checkbox"/> QQ. Other UU. Unknown <input type="checkbox"/>	<b>48. DRIVER ACTION</b> 21. Following Too Closely <input type="checkbox"/> 22. Distracted, Inattentive <input type="checkbox"/> 23. Driving Too Fast For Conditions <input type="checkbox"/> 24. Improper Turning Or Passing <input type="checkbox"/> 25. Fail To Yield Right-Of-Way <input type="checkbox"/> 26. Disobeyed Traffic Control Device/Police Officer <input type="checkbox"/> 27. Driving On Wrong Side Of Road <input type="checkbox"/> 29. Backing Unsafely <input type="checkbox"/> 30. Lost Control <input type="checkbox"/> NN. Driving Properly <input type="checkbox"/> QQ. Other UU. Unknown <input type="checkbox"/>	<b>68. PEDESTRIAN ACTION</b> 01. Crossing Intersection With ROW <input type="checkbox"/> 02. Crossing Intersection Without ROW <input type="checkbox"/> 04. In Crosswalk <input type="checkbox"/> 05. Crossing Roadway At Midblock <input type="checkbox"/> 06. Walking On Roadway Against Traffic <input type="checkbox"/> 07. Walking On Roadway With Traffic <input type="checkbox"/> 08. On Sidewalk, Median, Safety Zone <input type="checkbox"/> 11. Coming From Behind Parked Vehicle/Object <input type="checkbox"/> 12. Coming From Behind Moving Vehicle <input type="checkbox"/> 13. Running Into Roadway <input type="checkbox"/> 14. Getting On/Off School Bus <input type="checkbox"/> 15. Getting On/Off Vehicle <input type="checkbox"/> 16. Pushing Vehicle Ped 1 <input type="checkbox"/> 17. Working On Vehicle <input type="checkbox"/> 18. Playing On Road Ped 2 <input type="checkbox"/> 19. Working On Road <input type="checkbox"/> 20. Lying On Road Ped 3 <input type="checkbox"/> NN. Not a Pedestrian <input type="checkbox"/> QQ. Other UU. Unknown Ped 4 <input type="checkbox"/>	<b>INDEPENDENT WITNESSES</b> Last Name <input type="text"/> First Name <input type="text"/> Address <input type="text"/> Home Phone <input type="text"/> Work Phone <input type="text"/> Last Name <input type="text"/> First Name <input type="text"/> Address <input type="text"/> Home Phone <input type="text"/> Work Phone <input type="text"/>
<b>17. WEATHER CONDITION</b> 1. Clear and/or Sunny <input type="checkbox"/> 2. Overcast, Cloudy - No Precipitation <input type="checkbox"/> 3. Raining <input type="checkbox"/> 4. Snowing, Not Including Drifting Snow <input type="checkbox"/> 5. Freezing Rain, Sleet, Hail <input type="checkbox"/> 6. Visibility Limitation (Eg. Fog, Smoke, Dust, Mist) <input type="checkbox"/> 7. Strong Wind <input type="checkbox"/> Q. Other <input type="checkbox"/> UU. Unknown <input type="checkbox"/>	<b>25. ROAD CONDITION</b> 1. Good <input type="checkbox"/> 2. Potholes, Bumps, Ruts <input type="checkbox"/> 3. Under Construction, Repair <input type="checkbox"/> 4. Uneven <input type="checkbox"/> 5. Worn <input type="checkbox"/> 6. Obscured/Faded Markings <input type="checkbox"/> Q. Other <input type="checkbox"/> UU. Unknown <input type="checkbox"/>	<b>36. VEHICLE USE</b> 01. Taxi <input type="checkbox"/> 02. School Bus <input type="checkbox"/> 03. Other Bus <input type="checkbox"/> 04. Military <input type="checkbox"/> 05. Police Cruiser <input type="checkbox"/> 06. Other Police <input type="checkbox"/> 07. Ambulance <input type="checkbox"/> 08. Hearse <input type="checkbox"/> 09. Tow Truck <input type="checkbox"/> 10. Delivery Vehicle <input type="checkbox"/> 11. Road Maintenance <input type="checkbox"/> 12. Utilities Maintenance <input type="checkbox"/> 13. Fire Response <input type="checkbox"/> 99. No Special Use <input type="checkbox"/> QQ. Other <input type="checkbox"/> UU. Unknown <input type="checkbox"/>	<b>44 - 46. VEHICLE EVENTS NON-COLLISION EVENTS:</b> 01. Skidded Or Spun On Roadway <input type="checkbox"/> 02. Ran Off Road <input type="checkbox"/> 03. Overtaken, Rollover <input type="checkbox"/> 04. Jackknife Or Trailer Swing <input type="checkbox"/> 05. Fire Or Explosion <input type="checkbox"/> 06. Load Spill <input type="checkbox"/> 07. Load Shift EVT1 <input type="checkbox"/> 08. Submersion <input type="checkbox"/> 09. Other Non-Collision Event <input type="checkbox"/>	<b>49. VEHICLE FACTORS</b> 41. Defective Brakes <input type="checkbox"/> 42. Defective Steering <input type="checkbox"/> 43. Defective Lights <input type="checkbox"/> 44. Tire Blown Out <input type="checkbox"/> 45. Unsecured Or Spilled Load <input type="checkbox"/> 46. Oversized Load, Overload <input type="checkbox"/> 47. Visibility Obstructed <input type="checkbox"/> 48. Other Defective Parts <input type="checkbox"/> NN. No Defects <input type="checkbox"/> QQ. Other UU. Unknown <input type="checkbox"/>	<b>50. ENVIRONMENTAL FACTORS</b> 51. Animal On Roadway <input type="checkbox"/> 52. Road Surface Or Other Condition <input type="checkbox"/> 53. Obstruction On Road <input type="checkbox"/> 54. View Obstructed, Glare, Reflection <input type="checkbox"/> 55. Weather Or Acts Of God <input type="checkbox"/> NN. No Environmental Factors <input type="checkbox"/> QQ. Other UU. Unknown <input type="checkbox"/>	<b>ADDITIONAL WITNESSES ON FILE:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>DESCRIPTION:</b> Show Direction of Travel, Lane, Fixed Objects, Traffic Controls.
<b>18. LIGHT CONDITION</b> 1. Daylight <input type="checkbox"/> 2. Dawn <input type="checkbox"/> 3. Dusk <input type="checkbox"/> 5. Darkness <input type="checkbox"/> Q. Other <input type="checkbox"/> UU. Unknown <input type="checkbox"/>	<b>26. ROAD ALIGNMENT</b> 1. Straight And Level <input type="checkbox"/> 2. Straight With Grade <input type="checkbox"/> 3. Curved And Level <input type="checkbox"/> 4. Curved With Grade <input type="checkbox"/> 5. Top Of Hill/Gradient <input type="checkbox"/> 6. Bottom Of Hill/Gradient <input type="checkbox"/> Q. Other <input type="checkbox"/> UU. Unknown <input type="checkbox"/>	<b>37. EMERGENCY USE</b> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> N. Not an Emergency Vehicle <input type="checkbox"/> UU. Unknown <input type="checkbox"/>	<b>HIT MOVING OBJECTS:</b> 11. Hit Moving or Stopped Motor Vehicle <input type="checkbox"/> 12. Hit Pedestrian <input type="checkbox"/> 13. Hit Bicyclist EVT2 <input type="checkbox"/> 14. Hit Animal <input type="checkbox"/> 15. Hit Train EVT3 <input type="checkbox"/> 19. Hit Another Moving Object <input type="checkbox"/>	<b>52. DANGEROUS GOODS CLASS</b> 1. Explosives <input type="checkbox"/> 2. Gases <input type="checkbox"/> 3. Flammable Liquids <input type="checkbox"/> 4. Flammable Solids, Spontaneous Combustibles <input type="checkbox"/> 5. Oxidizers & Organic Peroxides <input type="checkbox"/> 6. Poisonous & Infectious Substances <input type="checkbox"/> 7. Radioactives <input type="checkbox"/> 8. Corrosives <input type="checkbox"/> 9. Misc. Dangerous Goods <input type="checkbox"/> N. Not a Commercial Vehicle <input type="checkbox"/> Q. Other U. Unknown <input type="checkbox"/>	<b>53. LOAD STATUS</b> <b>COMMERCIAL VEHICLES</b> 1. Fully/Partially Loaded <input type="checkbox"/> 2. Not Loaded <input type="checkbox"/> N. Not a Commercial Vehicle <input type="checkbox"/> Q. Other U. Unknown <input type="checkbox"/>	<b>53. LOAD STATUS</b> <b>COMMERCIAL VEHICLES</b> 1. Fully/Partially Loaded <input type="checkbox"/> 2. Not Loaded <input type="checkbox"/> N. Not a Commercial Vehicle <input type="checkbox"/> Q. Other U. Unknown <input type="checkbox"/>
<b>19. ARTIFICIAL LIGHT CONDITION</b> 1. No Artificial Light <input type="checkbox"/> 2. Artificial Light - On <input type="checkbox"/> 3. Artificial Light - Off <input type="checkbox"/> U. Unknown <input type="checkbox"/>	<b>27. TRAFFIC CONTROL</b> 01. Traffic Signals - Oper. <input type="checkbox"/> 02. Traffic Signals - Flashing <input type="checkbox"/> 03. Stop Sign <input type="checkbox"/> 04. Yield Sign <input type="checkbox"/> 05. Warning Sign <input type="checkbox"/> 06. Pedestrian Crosswalk <input type="checkbox"/> 07. Police Officer <input type="checkbox"/> 08. School Guard, Flagman <input type="checkbox"/> 09. School Crossing <input type="checkbox"/> 10. Reduced Speed Zone <input type="checkbox"/> 11. No Passing Zone Sign <input type="checkbox"/> 12. Road Markings <input type="checkbox"/> 13. School Bus Stopped/Lights Flashing <input type="checkbox"/> 14. School Bus Stopped/Lights Not Flashing <input type="checkbox"/> 15. Rail Crossing With Signals and/or Gates <input type="checkbox"/> 16. Rail X-ing, Signs Only <input type="checkbox"/> 17. Unspec. Control Device <input type="checkbox"/> 18. No Control Present <input type="checkbox"/> QQ. Other <input type="checkbox"/> UU. Unknown <input type="checkbox"/>	<b>38. TRAILER TYPE</b> 1. Recreational Trailer <input type="checkbox"/> 2. Light Utility Trailer (Boat) <input type="checkbox"/> 3. Commercial Full Trailer <input type="checkbox"/> 4. One Semi-Trailer <input type="checkbox"/> 5. Two Semi-Trailers, A-Train <input type="checkbox"/> 6. Two Semi-Trailers, B-Train <input type="checkbox"/> 7. Two Semi-Trailers, C-Train <input type="checkbox"/> 8. Two Semi-Trailers, Connector Unknown <input type="checkbox"/> 9. Three Semi-Trailers <input type="checkbox"/> N. No Trailers <input type="checkbox"/> Q. Other <input type="checkbox"/> UU. Unknown <input type="checkbox"/>	<b>HIT NON-MOVING OBJECTS:</b> 21. Hit Parked Vehicle <input type="checkbox"/> 22. Hit Non-Fixed Object <input type="checkbox"/> 23. Hit Building <input type="checkbox"/> 24. Hit Ditch <input type="checkbox"/> 25. Hit Embankment, Dirt Pile, Rock <input type="checkbox"/> 26. Hit Culvert, Drainage Structure <input type="checkbox"/> 27. Hit Tree/Bush/Hedge <input type="checkbox"/> 28. Hit Light/Utility Pole <input type="checkbox"/> 29. Hit Curb <input type="checkbox"/> 30. Hit Post <input type="checkbox"/> 31. Hit Traffic Barrier <input type="checkbox"/> 32. Hit Other Fixed Object, Part Of Road Structure <input type="checkbox"/> 33. Hit Other Fixed Object, NOT Part Of Road Structure <input type="checkbox"/> 39. Hit Other Type Fixed Object <input type="checkbox"/> NN. No 2nd or 3rd Event <input type="checkbox"/> QQ. Other UU. Unknown <input type="checkbox"/>	<b>53. LOAD STATUS</b> <b>COMMERCIAL VEHICLES</b> 1. Fully/Partially Loaded <input type="checkbox"/> 2. Not Loaded <input type="checkbox"/> N. Not a Commercial Vehicle <input type="checkbox"/> Q. Other U. Unknown <input type="checkbox"/>	<b>53. LOAD STATUS</b> <b>COMMERCIAL VEHICLES</b> 1. Fully/Partially Loaded <input type="checkbox"/> 2. Not Loaded <input type="checkbox"/> N. Not a Commercial Vehicle <input type="checkbox"/> Q. Other U. Unknown <input type="checkbox"/>	<b>53. LOAD STATUS</b> <b>COMMERCIAL VEHICLES</b> 1. Fully/Partially Loaded <input type="checkbox"/> 2. Not Loaded <input type="checkbox"/> N. Not a Commercial Vehicle <input type="checkbox"/> Q. Other U. Unknown <input type="checkbox"/>
<b>20. ROAD CLASSIFICATION I</b> 1. Urban <input type="checkbox"/> 2. Rural <input type="checkbox"/> U. Unknown <input type="checkbox"/>	<b>28. POSTED SPEED LIMIT</b> UUU. Unknown <input type="checkbox"/>	<b>39. USE OF HEADLIGHTS</b> 1. No Headlights On/Not Equipped <input type="checkbox"/> 2. Daytime Running Lights On <input type="checkbox"/> 3. Headlights On <input type="checkbox"/> 4. Parking Lights Only On <input type="checkbox"/> 5. Fog Or Auxiliary Lights On <input type="checkbox"/> Q. Other <input type="checkbox"/> UU. Unknown <input type="checkbox"/>	<b>47. DRIVER/PEDESTRIAN CONDITION</b> 1. Fatigued/Fell Asleep <input type="checkbox"/> 2. Inexperience <input type="checkbox"/> 3. Under Influence - Alcohol <input type="checkbox"/> 4. Under Influence - Drugs <input type="checkbox"/> 5. Sudden Illness, Lost Consciousness <input type="checkbox"/> N. Apparently Normal <input type="checkbox"/> Q. Other U. Unknown <input type="checkbox"/>	<b>53. LOAD STATUS</b> <b>COMMERCIAL VEHICLES</b> 1. Fully/Partially Loaded <input type="checkbox"/> 2. Not Loaded <input type="checkbox"/> N. Not a Commercial Vehicle <input type="checkbox"/> Q. Other U. Unknown <input type="checkbox"/>	<b>53. LOAD STATUS</b> <b>COMMERCIAL VEHICLES</b> 1. Fully/Partially Loaded <input type="checkbox"/> 2. Not Loaded <input type="checkbox"/> N. Not a Commercial Vehicle <input type="checkbox"/> Q. Other U. Unknown <input type="checkbox"/>	<b>53. LOAD STATUS</b> <b>COMMERCIAL VEHICLES</b> 1. Fully/Partially Loaded <input type="checkbox"/> 2. Not Loaded <input type="checkbox"/> N. Not a Commercial Vehicle <input type="checkbox"/> Q. Other U. Unknown <input type="checkbox"/>
<b>21. ROAD CLASSIFICATION II</b> 2. Arterial <input type="checkbox"/> 3. Collector <input type="checkbox"/> 4. Local <input type="checkbox"/> Q. Other (Parking Lot) <input type="checkbox"/> U. Unknown <input type="checkbox"/>	<b>35. VEHICLE TYPE</b> 01. Passenger Car <input type="checkbox"/> 02. Passenger Van <input type="checkbox"/> 03. Light Utility Vehicle <input type="checkbox"/> 04. Pickup Truck, To 4500 kg <input type="checkbox"/> 05. Panel/Cargo Van, To 4500 kg <input type="checkbox"/> 06. Other Truck, Van, To 4500 kg <input type="checkbox"/> 07. Unit Truck, > 4500 kg <input type="checkbox"/> 08. Road Tractor <input type="checkbox"/> 09. School Bus <input type="checkbox"/>	<b>40. VEHICLE SPEED</b> <input type="text"/> <input type="text"/> <input type="text"/> 000. Stopped in Traffic <input type="checkbox"/> NNN. Parked <input type="checkbox"/> UUU. Unknown <input type="checkbox"/>	<b>47. DRIVER/PEDESTRIAN CONDITION</b> 1. Fatigued/Fell Asleep <input type="checkbox"/> 2. Inexperience <input type="checkbox"/> 3. Under Influence - Alcohol <input type="checkbox"/> 4. Under Influence - Drugs <input type="checkbox"/> 5. Sudden Illness, Lost Consciousness <input type="checkbox"/> N. Apparently Normal <input type="checkbox"/> Q. Other U. Unknown <input type="checkbox"/>	<b>53. LOAD STATUS</b> <b>COMMERCIAL VEHICLES</b> 1. Fully/Partially Loaded <input type="checkbox"/> 2. Not Loaded <input type="checkbox"/> N. Not a Commercial Vehicle <input type="checkbox"/> Q. Other U. Unknown <input type="checkbox"/>	<b>53. LOAD STATUS</b> <b>COMMERCIAL VEHICLES</b> 1. Fully/Partially Loaded <input type="checkbox"/> 2. Not Loaded <input type="checkbox"/> N. Not a Commercial Vehicle <input type="checkbox"/> Q. Other U. Unknown <input type="checkbox"/>	<b>53. LOAD STATUS</b> <b>COMMERCIAL VEHICLES</b> 1. Fully/Partially Loaded <input type="checkbox"/> 2. Not Loaded <input type="checkbox"/> N. Not a Commercial Vehicle <input type="checkbox"/> Q. Other U. Unknown <input type="checkbox"/>
<b>22. ROAD CLASSIFICATION III</b> 1. One-Way, 2-Lane <input type="checkbox"/> 2. One-Way, Multi-Lane <input type="checkbox"/> 3. Undivided, 2-Way, 2-Lane <input type="checkbox"/> 4. Undivided, 2-Way, Multi-Lane <input type="checkbox"/> 5. Divided, With Barrier <input type="checkbox"/> 6. Divided, With Median <input type="checkbox"/> 7. Divided, Type Unspecified <input type="checkbox"/> Q. Other (Parking Lot) <input type="checkbox"/> U. Unknown <input type="checkbox"/>	<b>35. VEHICLE TYPE</b> 01. Passenger Car <input type="checkbox"/> 02. Passenger Van <input type="checkbox"/> 03. Light Utility Vehicle <input type="checkbox"/> 04. Pickup Truck, To 4500 kg <input type="checkbox"/> 05. Panel/Cargo Van, To 4500 kg <input type="checkbox"/> 06. Other Truck, Van, To 4500 kg <input type="checkbox"/> 07. Unit Truck, > 4500 kg <input type="checkbox"/> 08. Road Tractor <input type="checkbox"/> 09. School Bus <input type="checkbox"/>	<b>40. VEHICLE SPEED</b> <input type="text"/> <input type="text"/> <input type="text"/> 000. Stopped in Traffic <input type="checkbox"/> NNN. Parked <input type="checkbox"/> UUU. Unknown <input type="checkbox"/>	<b>47. DRIVER/PEDESTRIAN CONDITION</b> 1. Fatigued/Fell Asleep <input type="checkbox"/> 2. Inexperience <input type="checkbox"/> 3. Under Influence - Alcohol <input type="checkbox"/> 4. Under Influence - Drugs <input type="checkbox"/> 5. Sudden Illness, Lost Consciousness <input type="checkbox"/> N. Apparently Normal <input type="checkbox"/> Q. Other U. Unknown <input type="checkbox"/>	<b>53. LOAD STATUS</b> <b>COMMERCIAL VEHICLES</b> 1. Fully/Partially Loaded <input type="checkbox"/> 2. Not Loaded <input type="checkbox"/> N. Not a Commercial Vehicle <input type="checkbox"/> Q. Other U. Unknown <input type="checkbox"/>	<b>53. LOAD STATUS</b> <b>COMMERCIAL VEHICLES</b> 1. Fully/Partially Loaded <input type="checkbox"/> 2. Not Loaded <input type="checkbox"/> N. Not a Commercial Vehicle <input type="checkbox"/> Q. Other U. Unknown <input type="checkbox"/>	<b>53. LOAD STATUS</b> <b>COMMERCIAL VEHICLES</b> 1. Fully/Partially Loaded <input type="checkbox"/> 2. Not Loaded <input type="checkbox"/> N. Not a Commercial Vehicle <input type="checkbox"/> Q. Other U. Unknown <input type="checkbox"/>
<b>23. ROAD MATERIAL</b> 1. Asphalt <input type="checkbox"/> 2. Concrete <input type="checkbox"/> 3. Gravel <input type="checkbox"/> 4. Earth, Dirt <input type="checkbox"/> 5. Chip-Seal <input type="checkbox"/> 6. Brick/Cobblestone <input type="checkbox"/> 7. Wood <input type="checkbox"/> 8. Steel Deck <input type="checkbox"/> 9. Ice Road <input type="checkbox"/> Q. Other <input type="checkbox"/> U. Unknown <input type="checkbox"/>	<b>35. VEHICLE TYPE</b> 01. Passenger Car <input type="checkbox"/> 02. Passenger Van <input type="checkbox"/> 03. Light Utility Vehicle <input type="checkbox"/> 04. Pickup Truck, To 4500 kg <input type="checkbox"/> 05. Panel/Cargo Van, To 4500 kg <input type="checkbox"/> 06. Other Truck, Van, To 4500 kg <input type="checkbox"/> 07. Unit Truck, > 4500 kg <input type="checkbox"/> 08. Road Tractor <input type="checkbox"/> 09. School Bus <input type="checkbox"/>	<b>40. VEHICLE SPEED</b> <input type="text"/> <input type="text"/> <input type="text"/> 000. Stopped in Traffic <input type="checkbox"/> NNN. Parked <input type="checkbox"/> UUU. Unknown <input type="checkbox"/>	<b>47. DRIVER/PEDESTRIAN CONDITION</b> 1. Fatigued/Fell Asleep <input type="checkbox"/> 2. Inexperience <input type="checkbox"/> 3. Under Influence - Alcohol <input type="checkbox"/> 4. Under Influence - Drugs <input type="checkbox"/> 5. Sudden Illness, Lost Consciousness <input type="checkbox"/> N. Apparently Normal <input type="checkbox"/> Q. Other U. Unknown <input type="checkbox"/>	<b>53. LOAD STATUS</b> <b>COMMERCIAL VEHICLES</b> 1. Fully/Partially Loaded <input type="checkbox"/> 2. Not Loaded <input type="checkbox"/> N. Not a Commercial Vehicle <input type="checkbox"/> Q. Other U. Unknown <input type="checkbox"/>	<b>53. LOAD STATUS</b> <b>COMMERCIAL VEHICLES</b> 1. Fully/Partially Loaded <input type="checkbox"/> 2. Not Loaded <input type="checkbox"/> N. Not a Commercial Vehicle <input type="checkbox"/> Q. Other U. Unknown <input type="checkbox"/>	<b>53. LOAD STATUS</b> <b>COMMERCIAL VEHICLES</b> 1. Fully/Partially Loaded <input type="checkbox"/> 2. Not Loaded <input type="checkbox"/> N. Not a Commercial Vehicle <input type="checkbox"/> Q. Other U. Unknown <input type="checkbox"/>



**POLICE COMMENTS**

**DRIVER AT FAULT**  
Y. Driver Wholly/Partially At Fault   
N. Driver Not At Fault   
U. Unknown

**CHARGES LAID**  
Y. Charges Laid Against Driver   
N. Charges Not Laid   
U. Unknown/Pending/Proposed