STATE OF DELAWARE
UNIFORM COLLISION REPORT

Personal Injury Crash

Departmental Vehicle Involved

<table>
<thead>
<tr>
<th>Report No.</th>
<th>Agency</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Date and Time of Collision</th>
<th>County</th>
<th>Zip Code</th>
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<table>
<thead>
<tr>
<th>Grid</th>
<th>Sector</th>
<th>Latitude</th>
<th>Longitude</th>
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<table>
<thead>
<tr>
<th>Reporting Officer</th>
<th>Badge No.</th>
</tr>
</thead>
<tbody>
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Hit and Run Involved:
Departmental Vehicle Involved:
Gang Related:
Homeland Security Related (SAR):
Suspicious Activity Reason:

Injuries Involved:
Location of First Unstable Situation:
Location of First Harmful Event:
First Harmful Event:
Primary Contributing Circumstance:
Manner of Impact:
School Bus Involved:

Crash Location

Officer Defined Location:

Collision Circumstances

<table>
<thead>
<tr>
<th>Lighting Condition</th>
<th>Road Condition</th>
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<table>
<thead>
<tr>
<th>Weather Conditions</th>
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Environment Contributing Circumstances:
Roadway Contributing Circumstances:
Road Junction:

Work Zone

<table>
<thead>
<tr>
<th>Work Zone</th>
<th>Workers Present</th>
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<table>
<thead>
<tr>
<th>Location in Zone</th>
<th>Law Enforcement Officer Present</th>
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Driver of Vehicle - 001

Involvement:
<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tr>
<td>Full Name</td>
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<tr>
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<tr>
<td>License Class</td>
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</tr>
<tr>
<td>Gender</td>
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</tr>
<tr>
<td>Race</td>
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<tr>
<td>Ethnicity</td>
<td></td>
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<tr>
<td>Birth Date</td>
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<tr>
<td>Interpreter Required Language</td>
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</tr>
<tr>
<td>Address</td>
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<tr>
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</tr>
<tr>
<td>State/Country</td>
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<tr>
<td>Zip Code</td>
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</tr>
<tr>
<td>Home Phone</td>
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<td>Work Phone</td>
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<tr>
<td>Cell Phone</td>
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<tr>
<td>Seating Position</td>
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<tr>
<td>Driver Distraction</td>
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<tr>
<td>Condition at Time of Crash</td>
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<tr>
<td>Driver Action</td>
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<tr>
<td>Alcohol Suspected/Confirmed</td>
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<tr>
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<tr>
<td>Test Type</td>
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<td>Test Results</td>
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<td>Test Results</td>
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<td>Injury Status</td>
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<td>Primary Area of Body Injury</td>
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<td>Occupant Protection</td>
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<tr>
<td>Ejection</td>
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<td>Type of Transport</td>
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<td>Transport Location</td>
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</tr>
<tr>
<td>Description of Injuries</td>
<td></td>
</tr>
<tr>
<td>Vehicle</td>
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<td>Vehicle Style</td>
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<tr>
<td>Total Occupants</td>
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<tr>
<td>Is Emergency Vehicle</td>
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<tr>
<td>Trailer Attached</td>
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<tr>
<td>Commercial Vehicle</td>
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</tr>
<tr>
<td>Registration</td>
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<td>State/Country</td>
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<tr>
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<tr>
<td>VIN</td>
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<tr>
<td>Model Year</td>
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<td>Vehicle Color</td>
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<tr>
<td>First Event</td>
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<tr>
<td>Second Event</td>
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<td>Third Event</td>
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<td>Fourth Event</td>
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<tr>
<td>Most Harmful Event</td>
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<tr>
<td>Posted/Statutory Speed Limit</td>
<td>Maneuver/Action Taken:</td>
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<tr>
<td>Traffic Control Device</td>
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<td>Direction Traveled</td>
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<td>Vehicle Configuration</td>
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<td>Cargo Body Type</td>
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<td>Gross Vehicle Weight Rating</td>
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<td><strong>1st Point of Impact:</strong></td>
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<tr>
<td><strong>Extent of Damage/Removal:</strong></td>
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<td><strong>Insurance Policy No.:</strong></td>
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**Damaged Property: 001**

<table>
<thead>
<tr>
<th><strong>Type of Property:</strong></th>
<th><strong>Description:</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Owner Name:</strong></td>
<td><strong>Was Owner Notified:</strong></td>
</tr>
<tr>
<td><strong>Owner Address:</strong></td>
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<tr>
<td><strong>City:</strong></td>
<td><strong>State/Country:</strong></td>
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<tr>
<td><strong>Home Phone:</strong></td>
<td><strong>Work Phone:</strong></td>
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</tbody>
</table>
Narrative - Report Sequence: 000