



**VEHICLE AND SURVIVAL FACTORS ATTACHMENT 1 – STATE OF CALIFORNIA
TRAFFIC COLLISION REPORT**

Mountain View, CA

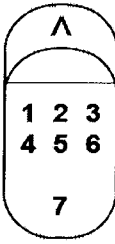
HWY18FH011

(5 pages)

SPECIAL CONDITIONS FATAL		NUMBER INJURED 1	HT & RUN FELONY <input type="checkbox"/>	CITY MOUNTAIN VIEW		JUDICIAL DISTRICT SANTA CLARA		LOCAL REPORT NUMBER 9330-2018-00839		
NUMBER KILLED 1		HT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY SANTA CLARA		REPORTING DISTRICT		BEAT 078	DAY OF WEEK FRIDAY	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
LOCATION	COLLISION OCCURRED ON: US-101 S/B					MO DAY YEAR 03/23/2018	TIME (2400) 0925	NCIC # 9330	OFFICER I.D. 021616	
	MILEPOST INFORMATION:			GPS COORDINATES LATITUDE 37.410453°			LONGITUDE - 122.074596°			PHOTOGRAPHS BY: <input type="checkbox"/> NONE
	AT INTERSECTION WITH: <input checked="" type="checkbox"/> OR: 1000 FEET SOUTH OF N. SHORELINE BLVD						STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
PARTY 1	DRIVER'S LICENSE NUMBER	STATE CA	CLASS C	AIR BAG L	SAFETY EQUIP. G	VEH. YEAR 2017	MAKE / MODEL / COLOR TESL MODEL X BLU	LICENSE NUMBER	STATE CA	
DRIVER <input checked="" type="checkbox"/>	NAME(FIRST, MIDDLE, LAST) WEI LUN HUANG					OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER				
PEDES- TRIAN <input type="checkbox"/>	STREET ADDRESS					OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE <input type="checkbox"/>	CITY / STATE / ZIP CA 94404					DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
BICY- CLIST <input type="checkbox"/>	SEX M	HAIR BLK	EYES BRN	HEIGHT 5-11	WEIGHT 176	BIRTHDATE DAY YEAR	RACE A	ATLAS TOWING - (800)300-5166		
OTHER <input type="checkbox"/>	HOME PHONE		BUSINESS PHONE UNKNOWN			VEHICLE IDENTIFICATION NUMBER:				
INSURANCE CARRIER POLICY NUMBER					VEHICLE TYPE 07		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA XP/RYV	
DIR OF TRAVEL S		ON STREET OR HIGHWAY US-101			SPEED LIMIT 65		CAL-T		TCP/PSC	
PARTY 2	DRIVER'S LICENSE NUMBER	STATE CA	CLASS C	AIR BAG L	SAFETY EQUIP. G	VEH. YEAR 2010	MAKE / MODEL / COLOR MAZD 3 WHI	LICENSE NUMBER	STATE CA	
DRIVER <input checked="" type="checkbox"/>	NAME(FIRST, MIDDLE, LAST) ELLERY BUNNJUNN WONG					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER UWONG EVA YEE WAH				
PEDES- TRIAN <input type="checkbox"/>	STREET ADDRESS					OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE <input type="checkbox"/>	CITY / STATE / ZIP CA 94402					DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
BICY- CLIST <input type="checkbox"/>	SEX M	HAIR BLK	EYES BRN	HEIGHT 5-07	WEIGHT 108	BIRTHDATE DAY YEAR	RACE A	ATLAS TOWING - (800)300-5166		
OTHER <input type="checkbox"/>	HOME PHONE		BUSINESS PHONE NONE			VEHICLE IDENTIFICATION NUMBER:				
INSURANCE CARRIER POLICY NUMBER IDS PROPERTY AND CASUA					VEHICLE TYPE 01		DESCRIBE VEHICLE DAMAGE <input checked="" type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA XP/RYV	
DIR OF TRAVEL S		ON STREET OR HIGHWAY US-101			SPEED LIMIT 65		CAL-T		TCP/PSC	
PARTY 3	DRIVER'S LICENSE NUMBER	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2017	MAKE / MODEL / COLOR AUDI A4 GRV	LICENSE NUMBER	STATE CA	
DRIVER <input checked="" type="checkbox"/>	NAME(FIRST, MIDDLE, LAST) JUMANA AMIN MUWAFI					OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER				
PEDES- TRIAN <input type="checkbox"/>	STREET ADDRESS					OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE <input type="checkbox"/>	CITY / STATE / ZIP CA 94127					DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
BICY- CLIST <input type="checkbox"/>	SEX F	HAIR BRN	EYES BRN	HEIGHT 5-04	WEIGHT 140	BIRTHDATE DAY YEAR	RACE O	ATLAS TOWING - (800)300-5166		
OTHER <input type="checkbox"/>	HOME PHONE (415)225-9334		BUSINESS PHONE NONE			VEHICLE IDENTIFICATION NUMBER:				
INSURANCE CARRIER POLICY NUMBER STATE FARM					VEHICLE TYPE 01		DESCRIBE VEHICLE DAMAGE <input checked="" type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA XP/RYV	
DIR OF TRAVEL S		ON STREET OR HIGHWAY US-101			SPEED LIMIT 65		CAL-T		TCP/PSC	
PREPARER'S NAME JUAN B. GARCIA 021616			DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			REVIEWER'S NAME			DATE REVIEWED	


DATE OF COLLISION (MO. DAY YEAR) 03/23/2018	TIME(2400) 0925	NCIC # 9330	OFFICER I.D. 021616	NUMBER 9330-2018-00839
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PROPERTY DAMAGE	OWNER'S NAME	OWNER ADDRESS	NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
	DESCRIPTION OF DAMAGE		

SEATING POSITION  <p>1 - DRIVER 2 TO 6 - PASSENGERS 7 - STATION WAGON REAR 8 - REAR. OCC TRK. OR VAN 9 - POSITION UNKNOWN 0 - OTHER</p>	SAFETY EQUIPMENT OCCUPANTS A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED P - NOT REQUIRED CHILD RESTRAINT Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE M / C BICYCLE HELMET DRIVER PASSENGER V - NO X - NO W - YES Y - YES	AIR BAG B - UNKNOWN L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	INATTENTION CODES A - CELL PHONE HANDHELD B - CELL PHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER
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ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1	2	3	SPECIAL INFORMATION	1	2	3	MOVEMENT PRECEDING COLLISION
1 VC SECTION VIOLATED: A 22107 CITED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL				A STOPPED
B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*				B CELL PHONE HANDHELD IN USE	X	X		B PROCEEDING STRAIGHT
C OTHER THAN DRIVER*	C CONTROLS OBSCURED				C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD
D UNKNOWN*	D NO CONTROLS PRESENT / FACTOR*	X	X	X	D CELL PHONE NOT IN USE				D MAKING RIGHT TURN
	TYPE OF COLLISION				E SCHOOL BUS RELATED				E MAKING LEFT TURN
	A HEAD - ON				F 75 FT MOTORTRUCK COMBO				F MAKING U TURN
	B SIDE SWIPE				G 32 FT TRAILER COMBO				G BACKING
	C REAR END				H			X	H SLOWING / STOPPING
WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE				I				I PASSING OTHER VEHICLE
X A CLEAR	E HIT OBJECT				J				J CHANGING LANES
B CLOUDY	F OVERTURNED				K				K PARKING MANEUVER
C RAINING	G VEHICLE / PEDESTRIAN				L				L ENTERING TRAFFIC
D SNOWING	H OTHER*:				M				M OTHER UNSAFE TURNING
E FOG / VISIBILITY FT.					N				N XING INTO OPPOSING LANE
F OTHER*:	MOTOR VEHICLE INVOLVED WITH				O				O PARKED
G WIND	A NON - COLLISION								P MERGING
LIGHTING	B PEDESTRIAN				OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)				Q TRAVELING WRONG WAY
X A DAYLIGHT	C OTHER MOTOR VEHICLE				A VC SECTION VIOLATED: CITED: <input type="checkbox"/> YES <input type="checkbox"/> NO				R OTHER*:
B DUSK - DAWN	D MOTOR VEHICLE ON OTHER ROADWAY	1	2	3	B VC SECTION VIOLATED: CITED: <input type="checkbox"/> YES <input type="checkbox"/> NO				
C DARK - STREET LIGHTS	E PARKED MOTOR VEHICLE				C VC SECTION VIOLATED: CITED: <input type="checkbox"/> YES <input type="checkbox"/> NO				
D DARK - NO STREET LIGHTS	F TRAIN				D				
E DARK - STREET LIGHTS NOT FUNCTIONING*	G BICYCLE				E VISION OBSCUREMENT:				
ROADWAY SURFACE	H ANIMAL:				F INATTENTION*:				
X A DRY	I FIXED OBJECT:				G STOP & GO TRAFFIC				
B WET	STEEL COLLAPSIBLE IMPACT BARRIER				H ENTERING / LEAVING RAMP				
C SNOWY - ICY	J OTHER OBJECT:				I PREVIOUS COLLISION				
D SLIPPERY (MUDDY, OILY, ETC.)					J UNFAMILIAR WITH ROAD				
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	PEDESTRIAN'S ACTIONS				K DEFECTIVE VEH. EQUIP.: CITED: <input type="checkbox"/> YES <input type="checkbox"/> NO				
A HOLES, DEEP RUT*	X A NO PEDESTRIANS INVOLVED				L UNINVOLVED VEHICLE				
B LOOSE MATERIAL ON ROADWAY*	B CROSSING IN CROSSWALK - AT INTERSECTION				M OTHER*:				
C OBSTRUCTION ON ROADWAY*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				N NONE APPARENT				
D CONSTRUCTION - REPAIR ZONE	D CROSSING - NOT IN CROSSWALK				O RUNAWAY VEHICLE				
E REDUCED ROADWAY WIDTH	E IN ROAD - INCLUDES SHOULDER								
F FLOODED*	F NOT IN ROAD	X	X	X					
G OTHER*:	G APPROACHING / LEAVING SCHOOL BUS								
X H NO UNUSUAL CONDITIONS									

SKETCH <div style="text-align: center;">  INDICATE NORTH </div>	MISCELLANEOUS
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DATE OF COLLISION (MO. DAY YEAR) 03/23/2018				TIME(2400) 0925		NCIC # 9330		OFFICER I.D. 021616				NUMBER 9330-2018-00839						
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED	
				FATAL INJURY	SUSPECTED SERIOUS INJURY	SUSPECTED MINOR INJURY	POSSIBLE INJURY	DRIVER	PASS.	PED.	BICYCLIST	OTHER						
<input type="checkbox"/> #	<input type="checkbox"/>	38	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	L	B	0	
NAME / D.O.B. / ADDRESS WEI LUN HUANG												TELEPHONE UNKNOWN						
(INJURED ONLY) TRANSPORTED BY: RURAL/METRO (SANTA CLARA) MEDIC 65						EMS RUN NUMBER				TAKEN TO: STANFORD UNIVERSITY MEDICAL CENTER								
DESCRIBE INJURIES: DR. JAMES THOMAS BADGER																		
																	<input type="checkbox"/>	VICTIM OF VIOLENT CRIME NOTIFIED
<input type="checkbox"/> #	<input type="checkbox"/>	25	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	1	M	G	0	
NAME / D.O.B. / ADDRESS ELLERY BUNNJUNN WONG												TELEPHONE						
(INJURED ONLY) TRANSPORTED BY: WILL SEEK OWN AID						EMS RUN NUMBER				TAKEN TO: WILL SEEK OWN MEDICAL AID								
DESCRIBE INJURIES: COMPLAINT OF PAIN TO LOWER BACK																		
																	<input type="checkbox"/>	VICTIM OF VIOLENT CRIME NOTIFIED
<input checked="" type="checkbox"/> # 1	<input type="checkbox"/>	29	M	<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"/>						
NAME / D.O.B. / ADDRESS SHANE ENGELMAN												TELEPHONE						
(INJURED ONLY) TRANSPORTED BY:						EMS RUN NUMBER				TAKEN TO:								
DESCRIBE INJURIES:																		
																	<input type="checkbox"/>	VICTIM OF VIOLENT CRIME NOTIFIED
<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"/>	<input type="checkbox"/>						
NAME / D.O.B. / ADDRESS												TELEPHONE						
(INJURED ONLY) TRANSPORTED BY:						EMS RUN NUMBER				TAKEN TO:								
DESCRIBE INJURIES:																		
																	<input type="checkbox"/>	VICTIM OF VIOLENT CRIME NOTIFIED
<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"/>	<input type="checkbox"/>						
NAME / D.O.B. / ADDRESS												TELEPHONE						
(INJURED ONLY) TRANSPORTED BY:						EMS RUN NUMBER				TAKEN TO:								
DESCRIBE INJURIES:																		
																	<input type="checkbox"/>	VICTIM OF VIOLENT CRIME NOTIFIED
PREPARER'S NAME JUAN B. GARCIA						I.D. NUMBER 021616		MO. DAY YEAR 03/23/2018		REVIEWER'S NAME				MO. DAY YEAR				

VEHICLE REPORT

CHP 180 (Rev. 4-16) OPI 061

EVIDENCE

A-15897

VEHICLE WILL BE STORED OUTSIDE FOR SAFETY REASONS
NOTE: CHP 180 IS FURNISHED TO ALL PEACE OFFICERS BY THE CALIFORNIA HIGHWAY PATROL

REPORTING DEPARTMENT CHP RUC		LOCATION CODE 9330	DATE / TIME OF REPORT 3/23/18 11:34	NOTICE OF STORED VEHICLE DELIVERED PERSONALLY <input type="checkbox"/>	FILE NO.
LOCATION TOWED / STOLEN FROM SIB 05101 TO SIB SR-85		ODOMETER READING Unknown	VIN CLEAR IN SVS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE / TIME DISPATCH NOTIFIED 3/23/18 1813	LOG NO. 764
YEAR 2017	MAKE Dodge	MODEL Model X	BODY TYPE SUV	COLOR Blue	LICENSE NO. [REDACTED]
VEHICLE IDENTIFICATION NO. [REDACTED]		ENGINE NO.	VALUATION BY <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> OWNER	STATE CA	
REGISTERED OWNER Huang Wei Sun		LEGAL OWNER TO ATO FID LLC PO BOX 997551 SACRAMENTO CA 95899			

STORED IMPOUNDED RELEASED RECOVERED - VEHICLE / COMPONENT

TOWING / STORAGE CONCERN (NAME, ADDRESS, PHONE) **ATLAS TOWING 24 S. AMARILLO BLVD SAN MATEO CA 94401 (800) 300-5116**

REASON FOR STOP **1180** AIRBAG? YES NO DRIVEABLE? YES NO JUNK UNK

CONDITION	YES	NO	ITEMS	YES	NO	ITEMS	YES	NO	ITEMS	YES	NO	TIRES / WHEELS	CONDITION
WRECKED	<input checked="" type="checkbox"/>		SEAT (FRONT)	<input checked="" type="checkbox"/>		REGISTRATION		<input checked="" type="checkbox"/>	CAMPER		<input checked="" type="checkbox"/>	LEFT FRONT	NO OP
BURNED HULK per 431(c) CVC	<input checked="" type="checkbox"/>		SEAT (REAR)	<input checked="" type="checkbox"/>		ALT. / GENERATOR		<input checked="" type="checkbox"/>	VESSEL AS LOAD		<input checked="" type="checkbox"/>	RIGHT FRONT	NO
VANDALIZED		<input checked="" type="checkbox"/>	RADIO		<input checked="" type="checkbox"/>	BATTERY		<input checked="" type="checkbox"/>	FIREARMS		<input checked="" type="checkbox"/>	LEFT REAR	NO
ENG. / TRANS. STRIP		<input checked="" type="checkbox"/>	TAPE DECK		<input checked="" type="checkbox"/>	DIFFERENTIAL		<input checked="" type="checkbox"/>	OTHER		<input checked="" type="checkbox"/>	RIGHT REAR	NO
MISC. PARTS STRIP		<input checked="" type="checkbox"/>	TAPES		<input checked="" type="checkbox"/>	TRANSMISSION		<input checked="" type="checkbox"/>				SPARE	NO
BODY METAL STRIP		<input checked="" type="checkbox"/>	OTHER RADIO		<input checked="" type="checkbox"/>	AUTOMATIC	<input checked="" type="checkbox"/>					HUB CAPS	NO
SURGICAL STRIP per 431(b) CVC		<input checked="" type="checkbox"/>	IGNITION KEY		<input checked="" type="checkbox"/>	MANUAL		<input checked="" type="checkbox"/>				SPECIAL WHEELS	NO

RELEASE VEHICLE TO: R/O OR AGENT AGENCY HOLD 22850.3 CVC

NAME OF PERSON / AGENCY AUTHORIZING RELEASE I.D. NO. DATE

SIGNATURE OF PERSON AUTHORIZING RELEASE SIGNATURE OF PERSON TAKING POSSESSION

STOLEN VEHICLE / COMPONENT EMBEZZLED VEHICLE PLATE(S) REPORT

DATE / TIME OF OCCURRENCE	DATE / TIME REPORTED	NAME OF REPORTING PARTY (R/P)	DRIVER LICENSE NO. / STATE
LAST DRIVER OF VEHICLE	DATE / TIME	ADDRESS OF R/P	TELEPHONE OF R/P

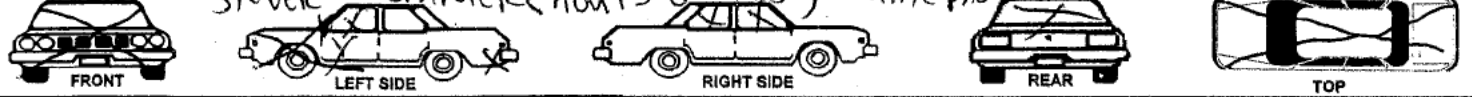
I CERTIFY OR DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

REMARKS
(LIST PROPERTY, TOOLS, VEHICLE DAMAGE, ARRESTS)

DRIVER'S NAME	ARRESTED / SECTION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	REPORTED BY 21036	CARGO / TYPE? <input type="checkbox"/> YES <input type="checkbox"/> NO	VALUE \$
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DAMAGE: ENTIRE FRONT ON FIRE, INTERIOR BURN OFF. ALL WINDOWS SHATTERED FRONT TWO DOORS SHAPPE OFF, ROOF ON FIRE. FRONT SIDE MIRROR BROKE OFF. VINT TO REAR LEFT REAR QUARTER PANEL. BACK LEFT DOOR BEAT

PROPERTY: BLUE HEADLAMP, BACK PACK, BLACK BROKEN PHONE, CHARGER, LUNCH BOX, CLOTTES, SILVER COMPUTER (A01382715) WHITE PHONE



SIGNATURE OF OFFICER TAKING REPORT	I.D. NO.	SUPERVISOR	REQUIRED NOTICES SENT TO REGISTERED AND LEGAL OWNERS PER 22852 CVC? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE NOTIFIED
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