

INVESTIGATION  
SH 10074  
REVISED  
JUNE 1997

ON PRIVATE PROPERTY

FATAL

INJURY

REPORTING DEPARTMENT

PROPERTY DAMAGE ONLY

UNDER \$500  
 \$500 OR MORE

HIT AND RUN

STATE OF NEW MEXICO  
UNIFORM ACCIDENT REPORT

DATE OF ACCIDENT MO. / DAY / YR.	Military Time	CITY OCCURRED IN	COUNTY	SHEET OF SHEETS
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SUN	M	T	W	T	F	SAT	OCCURRED ON: (ROUTE NO. OR NAME)	AT INTERSECTION WITH:
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OTHER	<input type="checkbox"/> FEET	PERMANENT LANDMARK—COUNTY LINE—INTERSECTION	FOR USE BY ORIGINATOR
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LOCATION	<input type="checkbox"/> MILES	N S E W OF:
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MILEPOST	<input type="checkbox"/> FEET	
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LOCATION	<input type="checkbox"/> MILES	N S E W OF MILEPOST NO.:
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ACCIDENT OCCURRED	<input type="checkbox"/> On Roadway	ACCIDENT OCCURRED	<input type="checkbox"/> Overturned	<input type="checkbox"/> Other N-Col.	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Other Vehicle	<input type="checkbox"/> Vehicle On Other Rdwy.
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ACCIDENT OCCURRED	<input type="checkbox"/> Off Roadway	CLASSIFICATION	<input type="checkbox"/> Parked Veh.	<input type="checkbox"/> R.R. Train	<input type="checkbox"/> Pedalcyclist	<input type="checkbox"/> Animal	<input type="checkbox"/> Fixed Object	<input type="checkbox"/> Other Object
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VEHICLE NO. 1	HEADED	N S E W ON:	Posted Speed	Safe Speed
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Driver's Full Name	Address	Zip Code	Phone
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Driver License Number	State	Type	Restrictions	Expires	Date of Birth
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Seat Position Code	LR	LF	7	Social Security Num.	Occupation	Seat Belt	Helmet	Age	Sex	Injury
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Seat Pos.	Occupant's Name	Occupant's Address/Zip Code
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Vehicle Yr.	Vehicle Make	Color	Body Style	Removed To:	Removed By:
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License Yr.	State	License Number	US DOT/ICC/SCC Numbers	VIN	Owner's Telephone
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Owner's Name	Owner's Address	Zip Code
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Insured By: (Name of Company)	Policy Number	Liability Insurance	VEHICLE DAMAGE
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VEHICLE NO. 2—PEDESTRIAN	HEADED	N S E W ON:	Posted Speed	Safe Speed
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Driver's or Pedestrian's Full Name	Address	Zip Code	Phone
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Driver License Number	State	Type	Restrictions	Expires	Date of Birth
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Seat Position Code	LR	LF	7	Social Security Num.	Occupation	Seat Belt	Helmet	Age	Sex	Injury
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Seat Pos.	Occupant's Name	Occupant's Address/Zip Code
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Vehicle Yr.	Vehicle Make	Color	Body Style	Removed To:	Removed By:
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License Yr.	State	License Number	US DOT/ICC/SCC Numbers	VIN	Owner's Telephone
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Owner's Name	Owner's Address	Zip Code
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Insured By: (Name of Company)	Policy Number	Liability Insurance	VEHICLE DAMAGE
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INJURED	First Aid Rendered By:	Injured Taken To:	By:
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OTHER PROPERTY INVOLVED	DESCRIPTION OF PROPERTY AND DAMAGE	Owner Phone
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WITNESS	Name	Age	Address	Telephone
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INJURY CODES	RESTRAINT CODES
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K- Killed	1. Restraints - Not Installed
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A- Incapacitated-Carried From Scene	2. Restraints - Not Used
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B- Visible Injury	3. Lap Belts - Used
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C- Complaint-No Visible Injury	4. Shoulder Harness - Not Used
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O- No Apparent Injury	5. Shoulder Harness - Used
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	6. Belt & Harness - Used
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	7. Ejected From Vehicle
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	8. Child Restraint Device
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	9. Airbag Deployed
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	A. Used Properly
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	B. Not Used
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	C. Used Improperly
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	A. Other Restraints Not Used
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	B. Other Restraints Used
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1. COMPLETE FRONT OF FORM. 2. REMOVE CARBON AND TISSUE PAPER. 3. TURN OVER AND COMPLETE REVERSE SIDE.

<b>ROAD - WEATHER</b>	<b>LIGHTING</b> (Check One)	<b>WEATHER</b> (Check One)	<b>ROAD COND.</b> (Check One For Each)	<b>ROAD SURFACE</b> (Check One For Each)	<b>TRAFFIC CONTROL</b> (Check One For Each)	<b>ROAD CHARACTER</b> (Check One)	<b>ROAD DESIGN</b> (Check One Or More For Each)		
	<input type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Lighted <input type="checkbox"/> Dark - Not Lighted <input type="checkbox"/> Other	<input type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Dust <input type="checkbox"/> Wind <input type="checkbox"/> Other	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Loose Material <input type="checkbox"/> Other	<input type="checkbox"/> Paved Unstriped <input type="checkbox"/> Paved Center Stripe <input type="checkbox"/> Paved Center & Edgeline <input type="checkbox"/> Unpaved	<input type="checkbox"/> No Passing Zone <input type="checkbox"/> Stop Sign <input type="checkbox"/> Traffic Signals <input type="checkbox"/> Yield Sign <input type="checkbox"/> R.R. Gate <input type="checkbox"/> 4 Way Stop <input type="checkbox"/> Flashers <input type="checkbox"/> No Controls <input type="checkbox"/> Other	<input type="checkbox"/> Straight <input type="checkbox"/> Curve	<b>GRADE</b> (Check One) <input type="checkbox"/> Level <input type="checkbox"/> Hillcrest <input type="checkbox"/> On Grade <input type="checkbox"/> Dip	<input type="checkbox"/> 1 Lane <input type="checkbox"/> 2 Lanes <input type="checkbox"/> 3 Lanes <input type="checkbox"/> 4 Lanes	<input type="checkbox"/> One Way <input type="checkbox"/> Ramp <input type="checkbox"/> Freeway <input type="checkbox"/> Undev. <input type="checkbox"/> Alley <input type="checkbox"/> Other <input type="checkbox"/> Constr. Zone
	<b>APPARENT CONTRIBUTING FACTORS</b> (Check One Or More For Each)					<b>WHAT DRIVERS WERE DOING</b> (Check One For Each)			

<b>EVENT</b>	<input type="checkbox"/> Excessive speed <input type="checkbox"/> Speed too fast for conditions <input type="checkbox"/> Failed to yield right of way <input type="checkbox"/> Passed stop sign <input type="checkbox"/> Disregarded traffic signal <input type="checkbox"/> Drove left of center <input type="checkbox"/> Improper overtaking <input type="checkbox"/> Avoid no contact vehicle <input type="checkbox"/> Avoid no contact - other	<input type="checkbox"/> Following too closely <input type="checkbox"/> Made improper turn <input type="checkbox"/> Driver inattention <input type="checkbox"/> Under influence of alcohol <input type="checkbox"/> Other improper driving <input type="checkbox"/> Pedestrian error <input type="checkbox"/> Inadequate brakes <input type="checkbox"/> Driverless moving vehicle <input type="checkbox"/> Defective steering	<input type="checkbox"/> Defective tires <input type="checkbox"/> Other mechanical defective <input type="checkbox"/> Road defect <input type="checkbox"/> Other - No driver error <input type="checkbox"/> Traffic control not functioning <input type="checkbox"/> Improper lane change <input type="checkbox"/> Improper backing <input type="checkbox"/> None <input type="checkbox"/> Vehicle skidded before braking	<input type="checkbox"/> Going Straight <input type="checkbox"/> Overtaking-Passing <input type="checkbox"/> Right Turn <input type="checkbox"/> Left Turn <input type="checkbox"/> U Turn <input type="checkbox"/> Slowing <input type="checkbox"/> Backing	<input type="checkbox"/> Stopped for traffic <input type="checkbox"/> Stopped for sign/signal <input type="checkbox"/> Start in traffic In <input type="checkbox"/> Start from park <input type="checkbox"/> Parked <input type="checkbox"/> Other
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<b>DRIVER</b>	<b>DRIVER OR PEDESTRIAN SOBRIETY</b> (Check One Or More For Each)	<b>DRIVER OR PEDESTRIAN PHYSICAL CONDITION</b> (Check One Or More For Each)	<b>PEDESTRIAN ACTION</b>	
	<input type="checkbox"/> Consumed Alcohol <input type="checkbox"/> Consumed a Controlled Substance <input type="checkbox"/> Had Not Consumed Alcohol <input type="checkbox"/> Sobriety Unknown <input type="checkbox"/> Consumed Medication <input type="checkbox"/> Tested by Instrument <input type="checkbox"/> Field Sobriety Test <input type="checkbox"/> Eye Gaze / Nystagmus	<input type="checkbox"/> Fatigue-Asleep <input type="checkbox"/> Eyesight Imp. <input type="checkbox"/> Hearing Imp. <input type="checkbox"/> ILL  *Specify _____	<input type="checkbox"/> Medication <input type="checkbox"/> Amputee <input type="checkbox"/> No App. Defects <input type="checkbox"/> Other Physical Impairment*	<b>At Intersection</b> <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Diagonal

Diagram Drawn By: \_\_\_\_\_ Measurements By: \_\_\_\_\_ Leave Blank



Use Supplemental Diagram/Narrative Sheet for additional information  
 NARRATIVE (Describe how accident occurred.)

<b>TRAILER OR TOWED VEHICLES</b>	<b>TOWED BY VEH. #1</b>	Year	Make	Lic Yr - State - Number	Type
	<b>TOWED BY VEH. #2</b>	Year	Make	Lic Yr - State - Number	Type

<b>ENFORCEMENT ACTION</b>	<b>VEH. NO.</b> _____	Name	Violation	W	B	C	Citation No.
	<b>VEH. NO.</b> _____	Name	Violation	W	B	C	Citation No.
	<b>VEH. NO.</b> _____	Name	Violation	W	B	C	Citation No.

Time Notified	Time Arrived	Notified By	Supvr. at Scene	Checked By
Officer's Signature	Rank	ID No.	District	Date of Report

STATE OF NEW MEXICO UNIFORM ACCIDENT REPORT  
SUPPLEMENTAL DIAGRAM/NARRATIVE

SHTD-10075  
REV. 7/90

Date	Time	Location	County
Driver No. 1			Sheet
Driver No. 2			Of

Sample



# Truck and Bus Supplemental Accident Report

UAR Accident Report # _____
Date _____

**ONLY COMPLETE THIS FORM IF TWO CONDITIONS ARE MET**

<p style="text-align: center; background-color: #cccccc; margin: 0;">ACCIDENT MUST HAVE INVOLVED</p> <p>Condition #1:    <input type="checkbox"/> A truck with at least 2 axles or 6 tires; and/or</p> <p>                      <input type="checkbox"/> A vehicle with Hazmat placarding; or</p> <p>                      <input type="checkbox"/> A bus with seats for more than 15 people (including driver).</p>	<p style="text-align: center; background-color: #cccccc; margin: 0;">AND AT LEAST ONE OF THE FOLLOWING OCCURRED:</p> <p>Condition #2:    <input type="checkbox"/> Person(s) fatally injured.</p> <p>                      <input type="checkbox"/> Injured person(s) taken from the scene for medical attention.</p> <p>                      <input type="checkbox"/> Vehicle(s) towed from the scene.</p>
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**ACCIDENT INFORMATION**

Carrier Name			Source: <input type="checkbox"/> Vehicle Side	
Carrier Address			<input type="checkbox"/> Shipping Papers	
Carrier ID #			<input type="checkbox"/> Driver	
US DOT #	ICC MC #	State Name	State #	

**VEHICLE CONFIGURATION**

**CARGO BODY TYPE**

<input type="checkbox"/> Bus <input type="checkbox"/> Single unit truck, 2 axle, 6 tire <input type="checkbox"/> Single unit truck, 3 or more axles <input type="checkbox"/> Truck / Trailer <input type="checkbox"/> Truck Tractor (bobtail) <input type="checkbox"/> Tractor / Semitrailer <input type="checkbox"/> Tractor / Doubles <input type="checkbox"/> Unknown heavy truck	<input type="checkbox"/> Bus <input type="checkbox"/> Van or Enclosed Box <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Flatbed <input type="checkbox"/> Dump <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Auto Transport <input type="checkbox"/> Garbage or Refuse <input type="checkbox"/> Unknown heavy truck
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Gross Vehicle Weight Rating	lbs. <input type="checkbox"/> YES <input type="checkbox"/> NO	Axles on Vehicle Including Trailer	Number of Injuries	Number of Fatalities		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10px; text-align: center; font-weight: bold;">H A Z M A T</td> <td style="padding: 2px;">Was Hazardous Cargo Released from the Vehicle?</td> </tr> </table>	H A Z M A T	Was Hazardous Cargo Released from the Vehicle?	<input type="checkbox"/> YES <input type="checkbox"/> NO	From Placard, Indicate 4 Digit Placard Number	Indicate Name from Diamond or Box	Indicate Single Digit Number from Bottom of Diamond
H A Z M A T	Was Hazardous Cargo Released from the Vehicle?					

**SEQUENCE OF EVENTS**

**TRAFFICWAY**

<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10px;">1</td><td style="width: 10px;">2</td><td style="width: 10px;">3</td><td style="width: 10px;">4</td><td style="padding-left: 10px;">Ran Off the Road</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td style="padding-left: 10px;">Jackknifed</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td style="padding-left: 10px;">Overturned</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td style="padding-left: 10px;">Downhill Runaway</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td style="padding-left: 10px;">Cargo Lost or Shifted</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td style="padding-left: 10px;">Explosion or Fire</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td style="padding-left: 10px;">Separation of Units</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td style="padding-left: 10px;">Collision Involving Pedestrian</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td style="padding-left: 10px;">Collision Involving Vehicle in Transport</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td style="padding-left: 10px;">Collision Involving Parked Vehicle</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td style="padding-left: 10px;">Collision Involving Train</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td style="padding-left: 10px;">Collision Involving Pedalcycle</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td style="padding-left: 10px;">Collision Involving Animal</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td style="padding-left: 10px;">Collision Involving Fixed Object</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td style="padding-left: 10px;">Collision Involving Other Object</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td style="padding-left: 10px;">Other</td></tr> </table>	1	2	3	4	Ran Off the Road	1	2	3	4	Jackknifed	1	2	3	4	Overturned	1	2	3	4	Downhill Runaway	1	2	3	4	Cargo Lost or Shifted	1	2	3	4	Explosion or Fire	1	2	3	4	Separation of Units	1	2	3	4	Collision Involving Pedestrian	1	2	3	4	Collision Involving Vehicle in Transport	1	2	3	4	Collision Involving Parked Vehicle	1	2	3	4	Collision Involving Train	1	2	3	4	Collision Involving Pedalcycle	1	2	3	4	Collision Involving Animal	1	2	3	4	Collision Involving Fixed Object	1	2	3	4	Collision Involving Other Object	1	2	3	4	Other	<input type="checkbox"/> Not physically divided <input type="checkbox"/> Divided highway, median strip, no traffic barrier <input type="checkbox"/> Divided highway, median strip, <i>with</i> traffic barrier <input type="checkbox"/> One way traffic
1	2	3	4	Ran Off the Road																																																																													
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1	2	3	4	Other																																																																													
<b>ACCESS CONTROL</b>																																																																																	
<input type="checkbox"/> No control, unlimited access <input type="checkbox"/> Full control, only ramp entry and exit																																																																																	
<b>COMMENTS AND OTHER INFORMATION</b>																																																																																	

**IF APPLICABLE,  
USE TO IDENTIFY LARGE TRUCKS AND THEIR TRAILER COMBINATIONS.  
PLACE THE APPROPRIATE CODE IN THE "BODY STYLE" SPACE.**

**Example:**

Vehicle Yr.	Vehicle Make	Color	Body Style <span style="font-size: 1.5em; border: 1px solid black; border-radius: 50%; padding: 2px;">B4</span>	Removed To:	Removed By:
License Yr.	State	License Number	US DOT/ACC/SCC Numbers	VIN	Owner's Telephone
Owner's Name			Owner's Address		Zip Code
Insured By: (Name of Company)			Policy Number	Liability Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	VEHICLE DAMAGE <input type="checkbox"/> HEAVY <input type="checkbox"/> MODERATE <input type="checkbox"/> SLIGHT <input type="checkbox"/> NONE

	NONE	BOX			FLATBED				TANKER (LIQUID)			TANKER (GAS)			DUMP	ALL OTHERS
	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13	A14	—	A16
	B1	B2	B3	B4	B5	B6	B7	B8	B9	B10	B11	B12	B13	B14	—	B16
	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12	C13	C14	—	C16
	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	D11	D12	D13	D14	—	D16
	E1	E2	E3	—	E5	E6	E7	E8	—	—	—	—	—	—	—	E16
	F1	F2	F3	—	F5	F6	—	—	—	—	—	—	—	—	F15	F16
	G1	G2	G3	—	—	—	—	—	—	—	—	—	—	—	—	G16
	H1	H2	H3	—	—	—	—	—	H9	H10	—	H12	H13	—	—	H16
	J1	J2	J3	—	—	—	—	—	J9	J10	—	J12	J13	—	—	J16
	K1	K2	K3	—	K5	K6	—	K8	—	—	—	—	—	—	—	K16
	L1	L2	L3	—	L5	L6	—	L8	—	—	—	—	—	—	—	L16
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M13	M14	M15	M16
	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	P13	P14	P15	P16
	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	R11	R12	R13	R14	R15	R16
	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12	S13	S14	S15	S16