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|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>7a. INCIDENTPLACE</div> <div>In what city, town, or village did this incident occur?</div> | <div>613</div> <div><div>1</div><input type="checkbox"/> Outside U.S. - SKIP to 10a</div> <div><div>2</div><input type="checkbox"/> Not inside a city/town/village - ASK 8a</div> <div><div>3</div><input type="checkbox"/> SAME city/town/village as present residence - SKIP to 9</div> <div><div>4</div><input type="checkbox"/> DIFFERENT city/town/village from present residence - ASK 7b</div> <div><div>5</div><input type="checkbox"/> Don't know - ASK 8a</div> |
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