

Matching Answer Codes

| <p>Matching answers, 10 questions, 30 points</p> <p style="text-align: center;">Code: 2158</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">LEFT SIDE LIGHTS</th> <th style="text-align: left;">RIGHT SIDE LIGHTS</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> 8</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> 7</td><td><input type="checkbox"/> 10</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> 5</td><td><input type="checkbox"/> 4</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> 6</td><td><input type="checkbox"/> 9</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> </tbody> </table> | LEFT SIDE LIGHTS | RIGHT SIDE LIGHTS | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> 8 | <input type="checkbox"/> 3 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> 7 | <input type="checkbox"/> 10 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> 6 | <input type="checkbox"/> 9 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> - | <p>Matching answers, 10 questions, 30 points</p> <p style="text-align: center;">Code: 2012</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">LEFT SIDE LIGHTS</th> <th style="text-align: left;">RIGHT SIDE LIGHTS</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 10</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 8</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> 5</td><td><input type="checkbox"/> 4</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> 6</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> 7</td><td><input type="checkbox"/> 9</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> </tbody> </table> | LEFT SIDE LIGHTS | RIGHT SIDE LIGHTS | <input type="checkbox"/> 2 | <input type="checkbox"/> 10 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> 1 | <input type="checkbox"/> 8 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> 6 | <input type="checkbox"/> 3 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> 7 | <input type="checkbox"/> 9 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> - | <p>Matching answers, 12 questions, 36 points</p> <p style="text-align: center;">Code: 3783</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">LEFT SIDE LIGHTS</th> <th style="text-align: left;">RIGHT SIDE LIGHTS</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 8</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 4</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> 10</td><td><input type="checkbox"/> 5</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> 11</td><td><input type="checkbox"/> 12</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 6</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> 7</td><td><input type="checkbox"/> 9</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> </tbody> </table> | LEFT SIDE LIGHTS | RIGHT SIDE LIGHTS | <input type="checkbox"/> 1 | <input type="checkbox"/> 8 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> 2 | <input type="checkbox"/> 4 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> 10 | <input type="checkbox"/> 5 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> 11 | <input type="checkbox"/> 12 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> 3 | <input type="checkbox"/> 6 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> 7 | <input type="checkbox"/> 9 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> - | <p>Matching answers, 12 questions, 36 points</p> <p style="text-align: center;">Code: 3505</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">LEFT SIDE LIGHTS</th> <th style="text-align: left;">RIGHT SIDE LIGHTS</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 11</td><td><input type="checkbox"/> 12</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 9</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> 6</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> 4</td><td><input type="checkbox"/> 7</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 10</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> 8</td><td><input type="checkbox"/> 5</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> </tbody> </table> | LEFT SIDE LIGHTS | RIGHT SIDE LIGHTS | <input type="checkbox"/> 11 | <input type="checkbox"/> 12 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> 1 | <input type="checkbox"/> 9 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> 6 | <input type="checkbox"/> 3 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> 4 | <input type="checkbox"/> 7 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> 2 | <input type="checkbox"/> 10 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> 8 | <input type="checkbox"/> 5 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> - | | | | |
|---|-----------------------------|-------------------------|-----------------------------|-----------------------------|-----------------------------|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|----------------------------|----------------------------|-----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|---|------------------------|-------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---|------------------------|-------------------------|----------------------------|-----------------------------|-----------------------------|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|---|----------------------------|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|----------------------------|-----------------------------|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| LEFT SIDE LIGHTS | RIGHT SIDE LIGHTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEFT SIDE LIGHTS | RIGHT SIDE LIGHTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEFT SIDE LIGHTS | RIGHT SIDE LIGHTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 10 | <input type="checkbox"/> 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 11 | <input type="checkbox"/> 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEFT SIDE LIGHTS | RIGHT SIDE LIGHTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 11 | <input type="checkbox"/> 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Matching answers, 14 questions, 42 points</p> <p style="text-align: center;">Code: 5086</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">LEFT SIDE LIGHTS</th> <th style="text-align: left;">RIGHT SIDE LIGHTS</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 13</td><td><input type="checkbox"/> 1</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> 5</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> 11</td><td><input type="checkbox"/> 4</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> 9</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> 14</td><td><input type="checkbox"/> 8</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> 6</td><td><input type="checkbox"/> 10</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> 7</td><td><input type="checkbox"/> 12</td></tr> </tbody> </table> | LEFT SIDE LIGHTS | RIGHT SIDE LIGHTS | <input type="checkbox"/> 13 | <input type="checkbox"/> 1 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> 5 | <input type="checkbox"/> 2 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> 11 | <input type="checkbox"/> 4 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> 9 | <input type="checkbox"/> 3 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> 14 | <input type="checkbox"/> 8 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> 7 | <input type="checkbox"/> 12 | <p>Matching answers, 14 questions, 42 points</p> <p style="text-align: center;">Code: 5126</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">LEFT SIDE LIGHTS</th> <th style="text-align: left;">RIGHT SIDE LIGHTS</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 6</td><td><input type="checkbox"/> 10</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> 12</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> 7</td><td><input type="checkbox"/> 8</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> 5</td><td><input type="checkbox"/> 9</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> 11</td><td><input type="checkbox"/> 13</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> 14</td><td><input type="checkbox"/> 4</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> </tbody> </table> | LEFT SIDE LIGHTS | RIGHT SIDE LIGHTS | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> 12 | <input type="checkbox"/> 3 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> 11 | <input type="checkbox"/> 13 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> 14 | <input type="checkbox"/> 4 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <p>Matching answers, 16 questions, 48 points</p> <p style="text-align: center;">Code: 6982</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">LEFT SIDE LIGHTS</th> <th style="text-align: left;">RIGHT SIDE LIGHTS</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 8</td><td><input type="checkbox"/> 11</td></tr> <tr><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 1</td></tr> <tr><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 15</td></tr> <tr><td><input type="checkbox"/> 7</td><td><input type="checkbox"/> 14</td></tr> <tr><td><input type="checkbox"/> 5</td><td><input type="checkbox"/> 4</td></tr> <tr><td><input type="checkbox"/> 10</td><td><input type="checkbox"/> 12</td></tr> <tr><td><input type="checkbox"/> 16</td><td><input type="checkbox"/> 6</td></tr> <tr><td><input type="checkbox"/> 9</td><td><input type="checkbox"/> 13</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> </tbody> </table> | LEFT SIDE LIGHTS | RIGHT SIDE LIGHTS | <input type="checkbox"/> 8 | <input type="checkbox"/> 11 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 15 | <input type="checkbox"/> 7 | <input type="checkbox"/> 14 | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 10 | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 6 | <input type="checkbox"/> 9 | <input type="checkbox"/> 13 | <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"/> - | <input type="checkbox"/> - | <p>Matching answers, 16 questions, 48 points</p> <p style="text-align: center;">Code: 6892</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">LEFT SIDE LIGHTS</th> <th style="text-align: left;">RIGHT SIDE LIGHTS</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 8</td><td><input type="checkbox"/> 7</td></tr> <tr><td><input type="checkbox"/> 16</td><td><input type="checkbox"/> 11</td></tr> <tr><td><input type="checkbox"/> 6</td><td><input type="checkbox"/> 13</td></tr> <tr><td><input type="checkbox"/> 4</td><td><input type="checkbox"/> 15</td></tr> <tr><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 12</td></tr> <tr><td><input type="checkbox"/> 5</td><td><input type="checkbox"/> 1</td></tr> <tr><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 14</td></tr> <tr><td><input type="checkbox"/> 9</td><td><input type="checkbox"/> 10</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> </tbody> </table> | LEFT SIDE LIGHTS | RIGHT SIDE LIGHTS | <input type="checkbox"/> 8 | <input type="checkbox"/> 7 | <input type="checkbox"/> 16 | <input type="checkbox"/> 11 | <input type="checkbox"/> 6 | <input type="checkbox"/> 13 | <input type="checkbox"/> 4 | <input type="checkbox"/> 15 | <input type="checkbox"/> 2 | <input type="checkbox"/> 12 | <input type="checkbox"/> 5 | <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 14 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 | <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"/> - | <input type="checkbox"/> - |
| LEFT SIDE LIGHTS | RIGHT SIDE LIGHTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 11 | <input type="checkbox"/> 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 9 | <input type="checkbox"/> 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 14 | <input type="checkbox"/> 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEFT SIDE LIGHTS | RIGHT SIDE LIGHTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 11 | <input type="checkbox"/> 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 14 | <input type="checkbox"/> 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEFT SIDE LIGHTS | RIGHT SIDE LIGHTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 10 | <input type="checkbox"/> 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 16 | <input type="checkbox"/> 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 9 | <input type="checkbox"/> 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEFT SIDE LIGHTS | RIGHT SIDE LIGHTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 16 | <input type="checkbox"/> 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 9 | <input type="checkbox"/> 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Matching answers, 20 questions, 60 points</p> <p style="text-align: center;">Code: 8452</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">LEFT SIDE LIGHTS</th> <th style="text-align: left;">RIGHT SIDE LIGHTS</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 18</td></tr> <tr><td><input type="checkbox"/> 14</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 8</td><td><input type="checkbox"/> 10</td></tr> <tr><td><input type="checkbox"/> 12</td><td><input type="checkbox"/> 19</td></tr> <tr><td><input type="checkbox"/> 6</td><td><input type="checkbox"/> 1</td></tr> <tr><td><input type="checkbox"/> 5</td><td><input type="checkbox"/> 7</td></tr> <tr><td><input type="checkbox"/> 15</td><td><input type="checkbox"/> 11</td></tr> <tr><td><input type="checkbox"/> 20</td><td><input type="checkbox"/> 9</td></tr> <tr><td><input type="checkbox"/> 16</td><td><input type="checkbox"/> 13</td></tr> <tr><td><input type="checkbox"/> 17</td><td><input type="checkbox"/> 4</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> </tbody> </table> | LEFT SIDE LIGHTS | RIGHT SIDE LIGHTS | <input type="checkbox"/> 3 | <input type="checkbox"/> 18 | <input type="checkbox"/> 14 | <input type="checkbox"/> 2 | <input type="checkbox"/> 8 | <input type="checkbox"/> 10 | <input type="checkbox"/> 12 | <input type="checkbox"/> 19 | <input type="checkbox"/> 6 | <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 7 | <input type="checkbox"/> 15 | <input type="checkbox"/> 11 | <input type="checkbox"/> 20 | <input type="checkbox"/> 9 | <input type="checkbox"/> 16 | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 4 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> - | <p>Matching answers, 20 questions, 60 points</p> <p style="text-align: center;">Code: 8018</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">LEFT SIDE LIGHTS</th> <th style="text-align: left;">RIGHT SIDE LIGHTS</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 8</td></tr> <tr><td><input type="checkbox"/> 14</td><td><input type="checkbox"/> 12</td></tr> <tr><td><input type="checkbox"/> 17</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 4</td><td><input type="checkbox"/> 5</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 13</td></tr> <tr><td><input type="checkbox"/> 20</td><td><input type="checkbox"/> 7</td></tr> <tr><td><input type="checkbox"/> 11</td><td><input type="checkbox"/> 19</td></tr> <tr><td><input type="checkbox"/> 18</td><td><input type="checkbox"/> 6</td></tr> <tr><td><input type="checkbox"/> 15</td><td><input type="checkbox"/> 9</td></tr> <tr><td><input type="checkbox"/> 16</td><td><input type="checkbox"/> 10</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> <tr><td><input type="checkbox"/> -</td><td><input type="checkbox"/> -</td></tr> </tbody> </table> | LEFT SIDE LIGHTS | RIGHT SIDE LIGHTS | <input type="checkbox"/> 3 | <input type="checkbox"/> 8 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 | <input type="checkbox"/> 17 | <input type="checkbox"/> 2 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 1 | <input type="checkbox"/> 13 | <input type="checkbox"/> 20 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 19 | <input type="checkbox"/> 18 | <input type="checkbox"/> 6 | <input type="checkbox"/> 15 | <input type="checkbox"/> 9 | <input type="checkbox"/> 16 | <input type="checkbox"/> 10 | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> - | <input type="checkbox"/> - | <p>Matching answers, 26 questions, 78 points</p> <p style="text-align: center;">Code: 9506</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">LEFT SIDE LIGHTS</th> <th style="text-align: left;">RIGHT SIDE LIGHTS</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 9</td><td><input type="checkbox"/> 5</td></tr> <tr><td><input type="checkbox"/> 26</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 25</td></tr> <tr><td><input type="checkbox"/> 23</td><td><input type="checkbox"/> 7</td></tr> <tr><td><input type="checkbox"/> 17</td><td><input type="checkbox"/> 18</td></tr> <tr><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 16</td></tr> <tr><td><input type="checkbox"/> 19</td><td><input type="checkbox"/> 8</td></tr> <tr><td><input type="checkbox"/> 12</td><td><input type="checkbox"/> 14</td></tr> <tr><td><input type="checkbox"/> 10</td><td><input type="checkbox"/> 20</td></tr> <tr><td><input type="checkbox"/> 21</td><td><input type="checkbox"/> 13</td></tr> <tr><td><input type="checkbox"/> 6</td><td><input type="checkbox"/> 22</td></tr> <tr><td><input type="checkbox"/> 24</td><td><input type="checkbox"/> 4</td></tr> <tr><td><input type="checkbox"/> 15</td><td><input type="checkbox"/> 11</td></tr> </tbody> </table> | LEFT SIDE LIGHTS | RIGHT SIDE LIGHTS | <input type="checkbox"/> 9 | <input type="checkbox"/> 5 | <input type="checkbox"/> 26 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 25 | <input type="checkbox"/> 23 | <input type="checkbox"/> 7 | <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 3 | <input type="checkbox"/> 16 | <input type="checkbox"/> 19 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | <input type="checkbox"/> 14 | <input type="checkbox"/> 10 | <input type="checkbox"/> 20 | <input type="checkbox"/> 21 | <input type="checkbox"/> 13 | <input type="checkbox"/> 6 | <input type="checkbox"/> 22 | <input type="checkbox"/> 24 | <input type="checkbox"/> 4 | <input type="checkbox"/> 15 | <input type="checkbox"/> 11 | <p>Matching answers, 26 questions, 78 points</p> <p style="text-align: center;">Code: 9537</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">LEFT SIDE LIGHTS</th> <th style="text-align: left;">RIGHT SIDE LIGHTS</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 24</td><td><input type="checkbox"/> 7</td></tr> <tr><td><input type="checkbox"/> 18</td><td><input type="checkbox"/> 12</td></tr> <tr><td><input type="checkbox"/> 20</td><td><input type="checkbox"/> 11</td></tr> <tr><td><input type="checkbox"/> 21</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 15</td><td><input type="checkbox"/> 23</td></tr> <tr><td><input type="checkbox"/> 8</td><td><input type="checkbox"/> 9</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 4</td></tr> <tr><td><input type="checkbox"/> 10</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 25</td><td><input type="checkbox"/> 5</td></tr> <tr><td><input type="checkbox"/> 13</td><td><input type="checkbox"/> 26</td></tr> <tr><td><input type="checkbox"/> 19</td><td><input type="checkbox"/> 22</td></tr> <tr><td><input type="checkbox"/> 6</td><td><input type="checkbox"/> 16</td></tr> <tr><td><input type="checkbox"/> 17</td><td><input type="checkbox"/> 14</td></tr> </tbody> </table> | LEFT SIDE LIGHTS | RIGHT SIDE LIGHTS | <input type="checkbox"/> 24 | <input type="checkbox"/> 7 | <input type="checkbox"/> 18 | <input type="checkbox"/> 12 | <input type="checkbox"/> 20 | <input type="checkbox"/> 11 | <input type="checkbox"/> 21 | <input type="checkbox"/> 3 | <input type="checkbox"/> 15 | <input type="checkbox"/> 23 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 1 | <input type="checkbox"/> 4 | <input type="checkbox"/> 10 | <input type="checkbox"/> 2 | <input type="checkbox"/> 25 | <input type="checkbox"/> 5 | <input type="checkbox"/> 13 | <input type="checkbox"/> 26 | <input type="checkbox"/> 19 | <input type="checkbox"/> 22 | <input type="checkbox"/> 6 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 | <input type="checkbox"/> 14 | | | | |
| LEFT SIDE LIGHTS | RIGHT SIDE LIGHTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 14 | <input type="checkbox"/> 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 20 | <input type="checkbox"/> 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 16 | <input type="checkbox"/> 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 17 | <input type="checkbox"/> 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEFT SIDE LIGHTS | RIGHT SIDE LIGHTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 14 | <input type="checkbox"/> 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 17 | <input type="checkbox"/> 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 20 | <input type="checkbox"/> 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 11 | <input type="checkbox"/> 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 18 | <input type="checkbox"/> 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 16 | <input type="checkbox"/> 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> - | <input type="checkbox"/> - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEFT SIDE LIGHTS | RIGHT SIDE LIGHTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 9 | <input type="checkbox"/> 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 26 | <input type="checkbox"/> 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 23 | <input type="checkbox"/> 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 19 | <input type="checkbox"/> 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 10 | <input type="checkbox"/> 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 21 | <input type="checkbox"/> 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 24 | <input type="checkbox"/> 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEFT SIDE LIGHTS | RIGHT SIDE LIGHTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 24 | <input type="checkbox"/> 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 18 | <input type="checkbox"/> 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 20 | <input type="checkbox"/> 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 21 | <input type="checkbox"/> 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 10 | <input type="checkbox"/> 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 25 | <input type="checkbox"/> 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 19 | <input type="checkbox"/> 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 17 | <input type="checkbox"/> 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |