	e of Crash	Time of Crash	Ci	ty/Towi	1	Antor '	Vehic	cle Cra	sh	Number	Numb	er Sp	eed Lim	it <u>25</u>	Sta	Number ite Police	
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Kou	Route# Direction Name of Roadway/Street At							oute# Direction					lame of			<u> </u>	
	NORTH CENTRE ST							Feet	N S E	W of		 Marke	•	or		it Number	-
Rou	ute# Direct	tion N			Roadway/Street ction with			Feet 1	N S E	W of							
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Rot	ute# Directi	ion	Name of Intersecting Roadway/Street					Feet N S E W of					Landmark				
X	Vehicle ¹	#Occupants	Hit/I	Run	Moped	Case N	lumber		19	00000035							
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Veh	nicle Travel	Direction: N	SEX	Respor	nding to Emerge	ncy?	Event Se	equence 1 2	22 22		22 6)	3	λ	4		
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of MV2 stated he was attempting to change lanes to his left when he collided with MV1. Witnesses: Name (Last, First, Middle) Address Phone #	operator
Witnesses: Name (Last, First, Middle) Address Phone #	operator
Property Damage:	Statement
Property Damage:	
Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property	
Truck and Bus Information: Registration #(From Vehicle Section)	
Carrier Name Carrier Issuing Authority Co	ode 35
Address City St Zip	
US DOT #: State Number Issuing State ICC #: Interstate	
Cargo Body Type Code 37 Gross Vehicle Weight 38	36
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information:	36
Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code	36