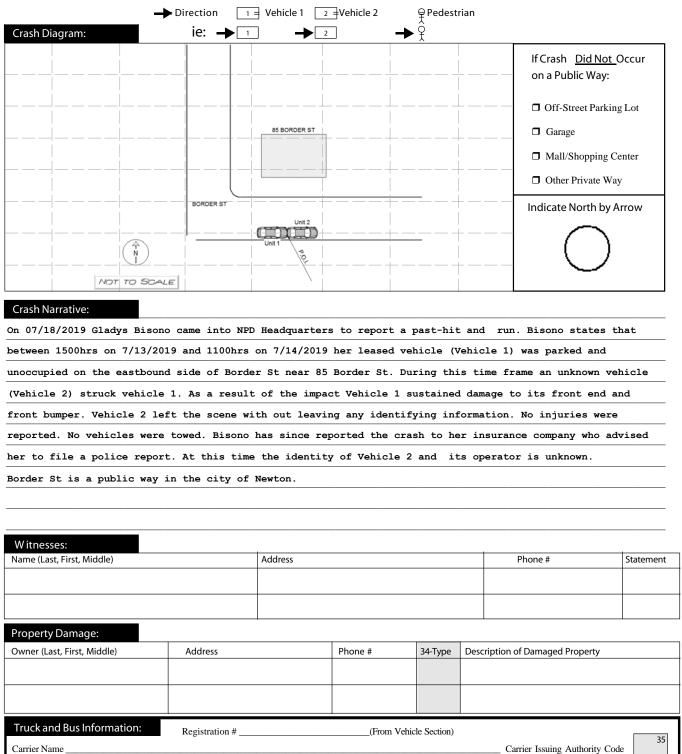
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Operator See Above Please Select One of the Following: Vehicle#Occupants Non-Motorist A Type	ility		
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Violation 3: ChSec Violation 4: ChSec Underride/Override			
Please fill out for operator and all occupants involved Sea Safety Airbag Sea Safety Airbag Sea Safety Airbag Safety Airbag Safety Safety	cility		
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Fa Operator/Non-Motorist See Above	VIIIIV		



Address_ US DOT #: State Number __ Issuing State _____ ICC #:___ Gross Vehicle Weight Cargo Body Type Code Trailer Reg #:_ Reg Type_____ Reg State _____ Reg Year____ ____ Trailer Length Hazmat Information: _____ Material 4 digit # _____ Placard Material 1 digit # Material Name_ _ Release code JASON M. SCHLEGEL 07/18/2019 NEWTON POLICE DEPARTM

ID/Badge #

Department

Precinct/Barracks

Date

Signature

Police Officer Name (Please Print)