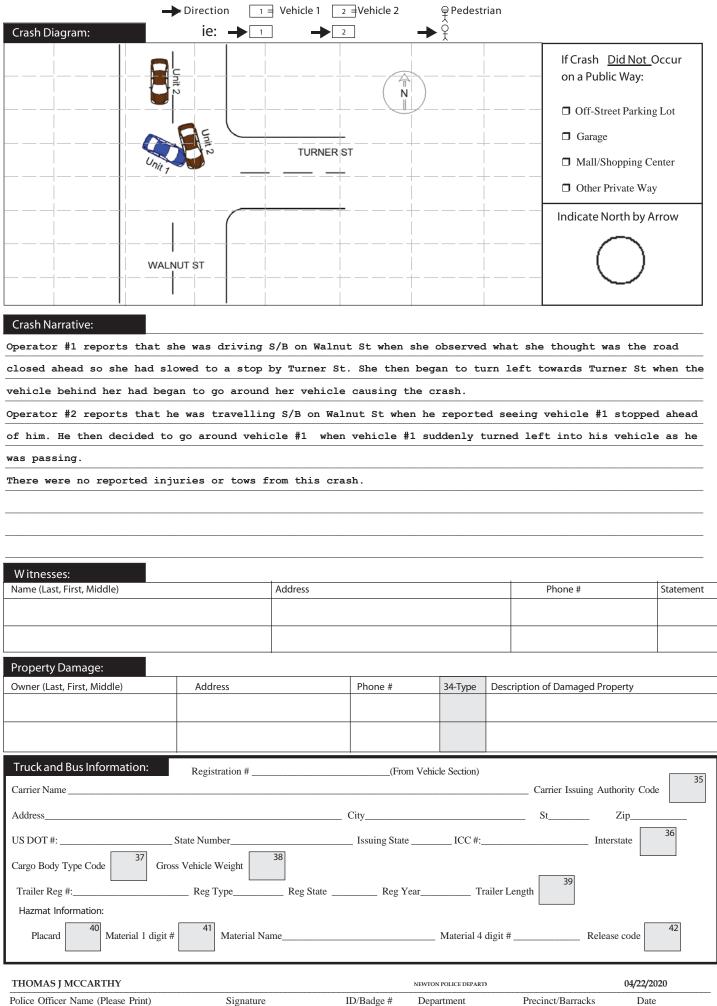
	Police Use Only		nvcaitii	OI IVIUSSU	chusett	,	KIVI V I		t Number	
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	WALNUT ST									
	Route# Direction Nar	me of Roadway/Street		Route# Direction	Address #		Name of Roa	dway/Stre	eet	
	TURNER ST	At		Feet N	S E W of		• or			
		secting Roadway/Street		_		Mile Ma	rker or	Е	xit Number	
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_	Route# Direction Name of In	t	Landmark							
	XVehicle1 1_#Occupants  Hit/I	Run Moped	Case Number	r	200000027	2				
	License #S	St MA DOB/Age	Reg #	2LN377		Reg Type	PAN	_Reg Stat		
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	Operator HAMILTON SHIRLE  Last First			(Same as operat	or)					
1 Last First Middle Last First Address Address Address								Middle		
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	Vehicle Travel Direction: NSWW	Responding to Emergence	cy? N Event	t Sequence 1 22	22 22	22 2	3	4		
	Citation # (If Issued)		Most	Harmful Event 1	23				10 Undercarriage	
	Violation 1: ChSec Viol	lation 2: ChSec	Drive	r Contributing Code	24	24		] ]	11 Totaled	
	Violation 3: ChSec Violation 4: ChSec Underride/Override									
	Please fill out for operator and all	occupants involved				28 29 Airbag Airbag	30 31 Eject Trap Inji Code Code \$ta	32 33 Iry Transp.		
	Name (Last First Middle)  Operator	Addre See Abo			Pos. \$yster	Status Switch 4 99	0 0 10	tus Code	Medical Facility	
	1							, 1		
	Please Select One of the Following: Vehicle 2 1 # Occ	cupants Non-Motor	ist A Type	Action 15	Location	Condition	on 17	Hit/Ru	ın Moped	
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CDP1 11 ·24·00

Signature

ID/Badge#

Department

Precinct/Barracks

Date