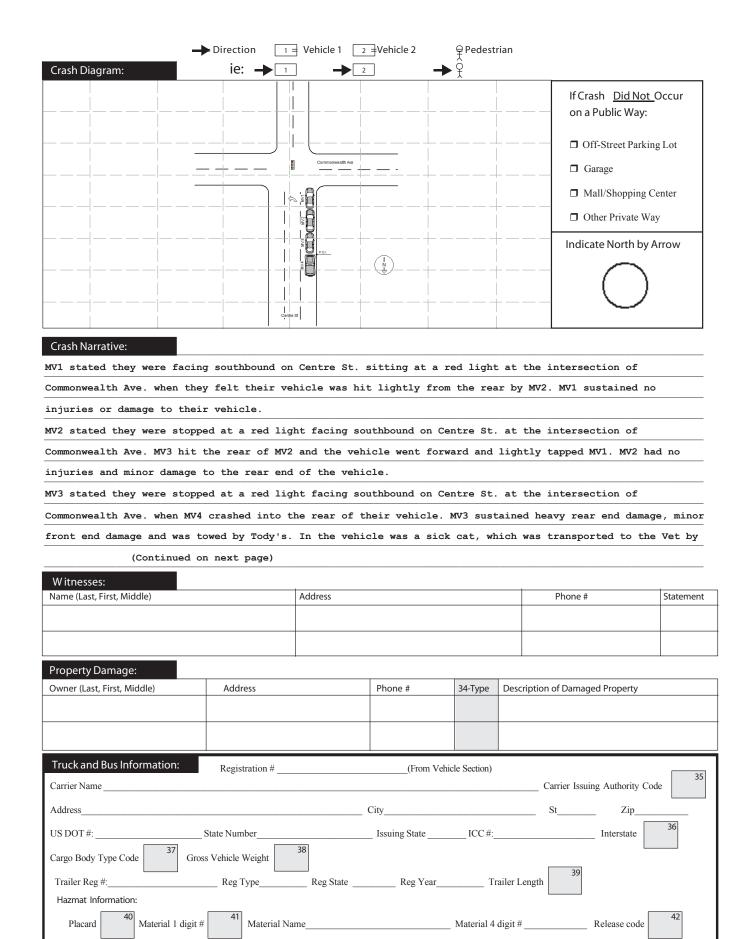
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⁸ 2	Operator ROPER JEAN Endorsment					Owner (Same as operator)										
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	Insurance Company THE COMMERCE INSURANCE					Vehicle Action Prior to Crash 2 Damaged Area Code: (Circle Up to Three)										
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ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)