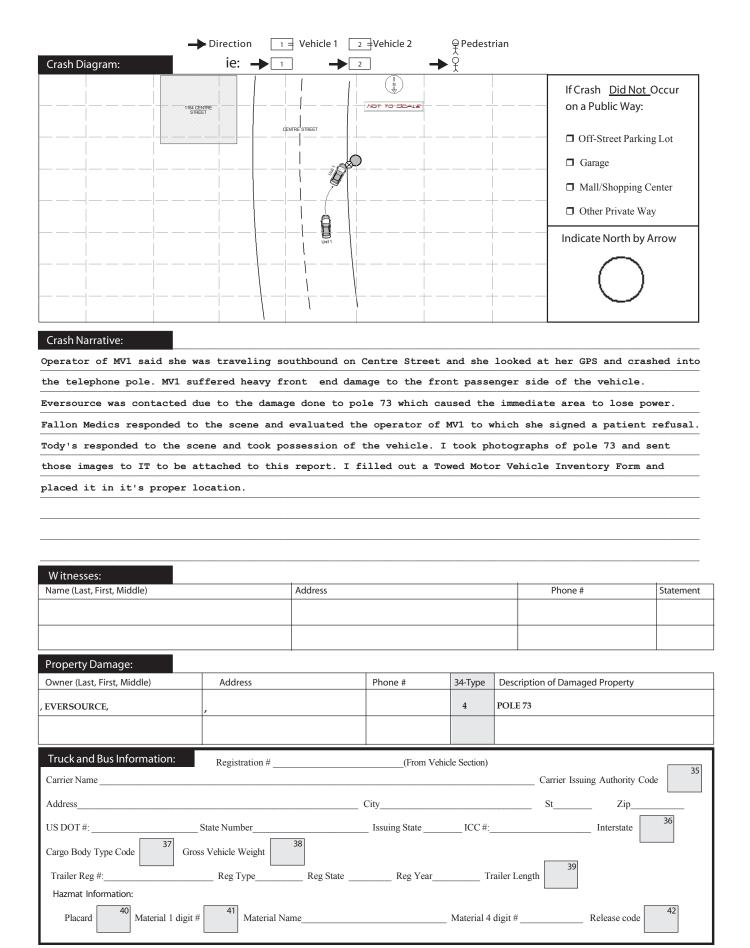
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Please fill out for operator and all occupants involved 26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.
Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Address Age/DOB Ag
Operator See Above1 4 4 0 0 1
Please Select One of the Following Vehicle #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped
of the Following.
License # St DOB/Age Reg # Reg Type Reg State 20
Sex_ Lic. Class Lic. Restrictions CDL Veh Year_ Veh Make Veh Config. Endorsment
Operator Owner Last First Middle Last First Middle Address
Address Address City StateZip City StateZip
Insurance Company Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 22 22 22 22 3 4
Citation # (If Issued) Most Harmful Event 23
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Violation 3: ChSec Violation 4: ChSec Underride/Override
Please fill out for operator and all occupants involved 26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Airbag Eject Trap Injury Transp.
Name (Last First Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility Operator/Non-Motorist See Above



PATRICK DALY

Police Officer Name (Please Print)

Signature

Newton Police Departm

Department

Precinct/Barracks

Date