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Citation # (If Issued)	. ,	Insurance Com	pany GEICO						1		Ü			•	ee)
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Please fill out for operator and all occupants involved Name (Last First Middle) Address AgeDDB Sex Pos. System Status Switch Cock Cock Status Cock AgeDIS Status Switch Cock Status Cock AgeDIS Status Switch Cock Status Cock AgeDIS Status Switch Cock Status Cock Status Cock AgeDIS Status Switch Cock Status Cock St]					Г		21			<u> </u>		0	
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Please Select One of the Following: Vehicle# Occupants		Name (Last Fir		I	Address			Sex	Pos. \$ystem	Status Sw	itch Code	Code	Status Coo	de Medical Facili	ity 2
of the Following: Vehicle#Occupants		Operator			See Above				1	4 3	0	0	10 1	IN/A	
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Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Age/DOB Sex Age/DOB Sex Age/DOB Sex Pos. System Status Switch Code Status Code Medical Facility Address							Driver Contributing Code 8 7 6								
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Operation Prototist See Above		Name (Last Fi	irst Middle)	<u> </u>	Address			Sex	Pos. Syster	n Status S	witch Cod	le Code		ode Medical Faci	lity
		Operator/	TAULI-MOTOTIST		See Auove										
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→	Direction 1	Vehicle 1	vehicle 2	Pedestr	ian			
Crash Diagram:	ie: 🕕 🛚	→ 2	■ →	Ŷ				
Marriott Hotel 2345 Common	swealth A/ve			TO SCALE	If Crash <u>Did Not</u> Occur on a Public Way:	r		
					Off-Street Parking Lot			
					☐ Garage			
	- — — — —							
	-= =-==	====+			☐ Mall/Shopping Center			
					Other Private Way			
	Gras	ss median			Indicate North by Arrow			
crashed onto the grass med	ian in front of	the Marriot	t Hotel.		Ave for a report of a car that fallen asleep at the wheel. She			
stated that when she hit t	he curb she had	l awoken and	realized she h	ad crash	ed. She had no injuries and sig	gned		
a patient refusal. Her veh	icle had major	injuries and	l was towed by	Todys.				
		,						
Witnesses:								
Name (Last, First, Middle)		Address			Phone # State	ement		
Property Damage:	1		1					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property			
Truck and Bus Information:	Registration #		(From Vehi	cle Section)				
Carrier Name		(From veni	Carrier Issuing Authority Code	Carrier Issuing Authority Code 35				
Address		City						
US DOT #:					36	_		
37	ss Vehicle Weight	38						
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length 39			
Hazmat Information:								
Placard 40 Material 1 digit #	Material Na	nme		Material 4	digit # Release code 42			
TIFFANYI HAMANN				N POLICE DEPARTS	04/12/2022			

CDP1 11 ·24·00

Police Officer Name (Please Print)

ID/Badge #