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Name	First	Middle	Last
Address	Street Address		
	City	State	Zip Code
Violation			
Summoned	<input type="checkbox"/> yes	<input type="checkbox"/> no	(If Yes) Summons No. _____
Date and Time of Incident			am pm
Location of Incident	Physical Defects (be specific)		
_____ _____ _____			
Summary:	What action of the driver led you to the impression of the need for re-examination.		
_____ _____ _____ _____			

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