☐ 60. CONTINUATION

☐ 80. SUPPLEMENT

INITIAL REPORT DATE

OPERATOR #1

OPERATOR #2

STATE OF DELAWARE
UNIFORM TRAFFIC
COLLISION REPORT
CONTINUATION/SUPPLEMENT

TROOP/DEPARTMENT

1. COMPLAINT NUMBER

2. DSP HQ. NO.(LEAVE BLANK)

CODE	55.

56. INVESTIGATING OFFICER	RANK	I.D. NUMBER	57. SUPERVISOR'S APPROVAL DATE	58. REVIEWER	59. PAGE _____ OF _____

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