

SURNAME	FIRST NAME OF VIOLATOR/LICENSEE	DATE OF REPORT	PCT.	PCT. SERIAL NO.
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ADDRESS	ZIP NO.
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OFFICIAL COMPANY NAME (IF APPLICABLE)

COMPANY ADDRESS	ZIP NO.
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*HACK/TOW DRIVER'S LIC. NO.	YEAR	*MEDALLION NO.	YEAR	CHAUF./OPR. IDENTIFICATION NO.	MAKE	LICENSE PLATE NO.	YEAR
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(IF CIVILIAN COMPLAINANT) NAME	TELEPHONE NO.
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ADDRESS

WITNESS	TELEPHONE NO.
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ADDRESS

PLACE OF OCCURRENCE	DATE	TIME
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IF TOW VIOLATION: DARP SARD RO-TOW EVIDENCE TOW OTHER

DETAILS: Include (Copy of Aided Cases, Results of Inspection, Description of Violation, Including Section of Law. (Be as Specific as Possible)

IF VEHICLE TOWED	YEAR	MAKE	COLOR	PLATE NO.
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POLICE ACTION	<input type="checkbox"/> INSPECTION	<input type="checkbox"/> AIDED CASE	<input type="checkbox"/> ARREST	<input type="checkbox"/> SUMMONS	<input type="checkbox"/> NONE	RETURN DATE	COURT
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IF POLICE ACTION TAKEN	TOW TRUCK VIN. NO.
ARREST NO.	ADDITIONAL INFORMATION:
SUMMONS NO.	
AIDED NO.	
VEHICLE ACCIDENT NO.	
COMPLAINT REPORT NO.	
VOUCHER	
INSPECTION NO.	

REPORTING OFFICER	RANK	NAME (PRINT OR TYPE)	TAX NO.	SHIELD NO.	COMMAND	SQD/CHT.NO.	GROUP
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CREDENTIALS TAKEN <input type="checkbox"/> YES <input type="checkbox"/> NO	REVIEWED BY:	RANK	SIGNATURE OF DESK OFFICER	PCT.
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DEPT. OF CONSUMER AFFAIRS LOG NO. _____	INSTRUCTIONS: 1. THIS REPORT SHALL BE PREPARED AND FORWARDED AS INDICATED. a. Violations of Law or Regulations Relating to Drivers and Owners of Taxicabs to Taxi/Limo. Comm. b. Coaches and Horse-Drawn Cabs or Violations by Towing Car Owners. Drivers or Helpers Whether Licensed or not, and whether Reported By Members of the Service or by Civilians to Dept. of Consumer Affairs. c. Licensed Taxicab Drivers - Subject of Aided Case (Epilepsy, Vertigo, Heart Disease Etc.) Refer to P.G. 106-21 d. When Licensee is Arrested Refer to P.G. 106-21
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REPORT OF VIOLATION
 PD 672-151 (Rev.8-97)Pent.

DISTRIBUTION: White and Blue Copies - Dept. of Consumer Affairs or Taxi/Limo. Comm., Pink - Pct.Copy, Buff - P.O.'s Copy