



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|   |  |                                |                             |                  |
|---|--|--------------------------------|-----------------------------|------------------|
| <input checked="" type="checkbox"/> PHOTOS TAKEN    | <input checked="" type="checkbox"/> OH-2 | <input type="checkbox"/> OH-3  | LOCAL INFORMATION           | 2 2 0 7 9 0 5 4  |
| <input checked="" type="checkbox"/> SECONDARY CRASH | <input type="checkbox"/> OH-1P           | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME*      | HIT/SKIP         |
| <input type="checkbox"/> PRIVATE PROPERTY           |  |                                | Fairfield Police Department | 1 - SOLVED       |
|   |  |                                | NCIC*                       | 2 - UNSOLVED     |
|   |  |                                | 0 0 9 0 1                   | NUMBER OF UNITS  |
|   |  |                                |                             | 0 2              |
|   |  |                                |                             | UNIT IN ERROR    |
|   |  |                                |                             | 0 1 98 - ANIMAL  |
|   |  |                                |                             | 0 1 99 - UNKNOWN |

|         |           |                                    |                    |                |
|---------|-----------|------------------------------------|--------------------|----------------|
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* | CRASH DATE / TIME* | CRASH SEVERITY |
| 0 9     | 1         | City of Fairfield                  | 10282022 1728      | 5              |

|            |              |        |   |           |                           |
|------------|--------------|--------|---|-----------|---------------------------|
| ROUTE TYPE | ROUTE NUMBER | PREFIX | LOCATION ROAD NAME                            | ROAD TYPE | LATITUDE DECIMAL DEGREES  |
|            |              |        | MUHLHAUSER                                    | R D       | 39.316459                 |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE | LONGITUDE DECIMAL DEGREES |
|            |              |        | LE SAINT                                      | D R       | -84.479339                |

|                         |                          |                              |                |  |
|-------------------------|--------------------------|------------------------------|----------------|--|
| REFERENCE POINT         | DIRECTION FROM REFERENCE | ROUTE TYPE                   | ROAD TYPE      | INTERSECTION RELATED   |
| 1 - INTERSECTION        | 1 - NORTH                | IR - INTERSTATE ROUTE(TP)    | AL - ALLEY     | <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH |
| 2 - MILE POST           | 2 - SOUTH                | US - FEDERAL US ROUTE        | AV - AVENUE    | <input type="checkbox"/> WITHIN INTERCHANGE AREA                       |
| 3 - HOUSE #             | 3 - EAST                 | SR - STATE ROUTE             | BL - BOULEVARD | NUMBER OF APPROACHES   |
|                         | 4 - WEST                 | CR - NUMBERED COUNTY ROUTE   | CR - CIRCLE    | 4  |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE | TR - NUMBERED TOWNSHIP ROUTE | OV - OVAL      |  |
| 1 5 0                   | 1 - MILES                |                              | CT - COURT     |  |
|                         | 2 - FEET                 |                              | PK - PARKWAY   |  |
|                         | 3 - YARDS                |                              | DR - DRIVE     |  |
|                         |                          |                              | HE - HEIGHTS   |  |
|                         |                          |                              | PL - PLACE     |  |
|                         |                          |                              |                | ROADWAY DIVIDED  |

|                                 |   |                     |  |
|---------------------------------|---|---------------------|--|
| LOCATION OF FIRST HARMFUL EVENT | MANNER OF CRASH COLLISION/IMPACT                          | DIRECTION OF TRAVEL | MEDIAN TYPE                              |
| 1 - ON ROADWAY                  | 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT | 1 - NORTH           | 1 - DIVIDED FLUSH MEDIAN (<4 FEET)       |
| 2 - ON SHOULDER                 | 2 - REAR-END  | 2 - SOUTH           | 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)       |
| 3 - IN MEDIAN                   | 3 - HEAD-ON   | 3 - EAST            | 3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE) |
| 4 - ON ROADSIDE                 | 4 - REAR-TO-REAR  | 4 - WEST            | 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)    |
| 5 - ON GORE                     | 5 - BACKING   |                     | 9 - OTHER/UNKNOWN                        |
| 6 - OUTSIDE TRAFFIC WAY         | 6 - ANGLE   |                     |  |
| 7 - ON RAMP                     | 7 - SIDESWIPE, SAME DIRECTION                             |                     |  |
| 8 - OFF RAMP                    | 8 - SIDESWIPE, OPPOSITE DIRECTION                         |                     |  |
|                                 | 9 - OTHER / UNKNOWN                                       |                     |  |

|                          |                                 |   |         |                                  |                                   |
|--------------------------|---------------------------------|---|---------|----------------------------------|-----------------------------------|
| WORK ZONE RELATED        | WORK ZONE TYPE                  | LOCATION OF CRASH IN WORK ZONE            | CONTOUR | CONDITIONS                       | SURFACE                           |
| <input type="checkbox"/> | 1 - LANE CLOSURE                | 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN | 1       | 1 - DRY                          | 1 - CONCRETE                      |
| <input type="checkbox"/> | 2 - LANE SHIFT/CROSSOVER        | 2 - ADVANCE WARNING AREA                  |         | 2 - WET                          | 2 - BLACKTOP, BITUMINOUS, ASPHALT |
| <input type="checkbox"/> | 3 - WORK ON SHOULDER OR MEDIAN  | 3 - TRANSITION AREA                       |         | 3 - SNOW                         | 3 - BRICK/BLOCK                   |
| <input type="checkbox"/> | 4 - INTERMITTENT OR MOVING WORK | 4 - ACTIVITY AREA                         |         | 4 - ICE                          | 4 - SLAG, GRAVEL, STONE           |
| <input type="checkbox"/> | 5 - OTHER                       | 5 - TERMINATION AREA                      |         | 5 - SAND, MUD, DIRT, OIL, GRAVEL | 5 - DIRT                          |
|                          |                                 |   |         | 6 - WATER (STANDING, MOVING)     | 9 - OTHER/UNKNOWN                 |
|                          |                                 |   |         | 7 - SLUSH                        |                                   |
|                          |                                 |   |         | 9 - OTHER/UNKNOWN                |                                   |


|                                     |                                       |
|-------------------------------------|---------------------------------------|
| LIGHT CONDITION                     | WEATHER                               |
| 1 - DAYLIGHT                        | 1 - CLEAR                             |
| 2 - DAWN/DUSK                       | 2 - CLOUDY                            |
| 3 - DARK - LIGHTED ROADWAY          | 3 - FOG, SMOG, SMOKE                  |
| 4 - DARK - ROADWAY NOT LIGHTED      | 4 - RAIN                              |
| 5 - DARK - UNKNOWN ROADWAY LIGHTING | 5 - SLEET, HAIL                       |
| 9 - OTHER / UNKNOWN                 | 6 - SNOW                              |
|                                     | 7 - SEVERE CROSSWINDS                 |
|                                     | 8 - BLOWING SAND, SOIL, DIRT, SNOW    |
|                                     | 9 - FREEZING RAIN OR FREEZING DRIZZLE |
|                                     | 99 - OTHER / UNKNOWN                  |

NARRATIVE

On October 28, 2022 at approximately 5:28 PM, Units 1 and 2 were traveling eastbound on Muhlhauser Road approaching Le Saint Drive. Unit 2 was stopped because it was involved in another crash (PD-22-079049). Unit 1 then rear-ended Unit 2. Unit 1 did not stop to contact law enforcement or the driver of Unit 2.

No license plate number for Unit 1 or security footage of the crash was available.

SEE OH-2



Indicate the north direction with an "N" on the compass diagram.

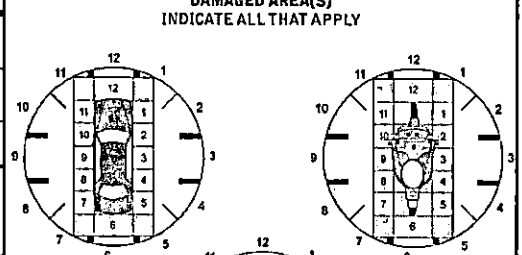
|                            |                          |                     |                                    |  |
|----------------------------|--------------------------|---------------------|------------------------------------|--|
| CRASH REPORTED DATE / TIME | DISPATCH DATE / TIME     | ARRIVAL DATE / TIME | SCENE CLEARED DATE / TIME          | REPORT TAKEN BY  |
| 10282022 1728              | 10282022 1733            | 10282022 1743       | 10282022 1800                      | <input checked="" type="checkbox"/> POLICE AGENCY  |
| TOTAL TIME ROADWAY CLOSED  | OTHER INVESTIGATION TIME | TOTAL MINUTES       | OFFICER'S NAME*                    | <input type="checkbox"/> MOTORIST  |
| 0                          | 3 0                      | 5 7                 | A. ROUSH                           | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP) |
|                            |                          |                     | OFFICER'S BADGE NUMBER*            |  |
|                            |                          |                     | 1 7 0                              |  |
|                            |                          |                     | CHECKED BY OFFICER'S NAME*         |  |
|                            |                          |                     | D. POHL                            |  |
|                            |                          |                     | CHECKED BY OFFICER'S BADGE NUMBER* |  |
|                            |                          |                     | 1 3 0                              |  |

LOCAL REPORT NUMBER  
 2 2 0 7 9 0 5 4

**OWNER**  
 UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (  SAME AS DRIVER )  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

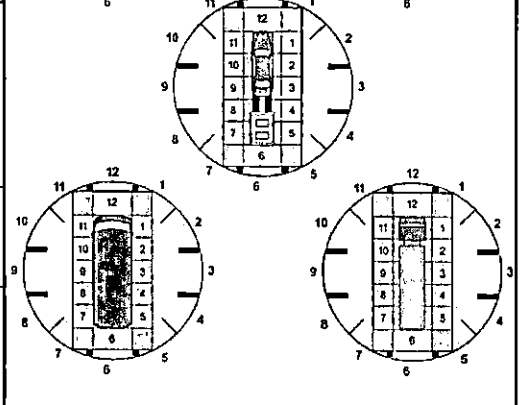
**DAMAGE**  
 DAMAGE SCALE  
 9 1 - NONE 3 - FUNCTIONAL DAMAGE  
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
 9 - UNKNOWN

**VEHICLE**  
 LP STATE \_\_\_\_\_ LICENSE PLATE # \_\_\_\_\_ VEHICLE IDENTIFICATION # \_\_\_\_\_ VEHICLE YEAR \_\_\_\_\_ VEHICLE MAKE \_\_\_\_\_  
 INSURANCE VERIFIED INSURANCE COMPANY \_\_\_\_\_ INSURANCE POLICY # \_\_\_\_\_ COLOR WHITE VEHICLE MODEL \_\_\_\_\_



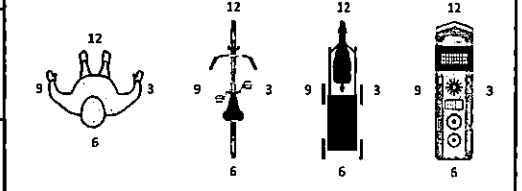
TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 01  
 US DOT # \_\_\_\_\_ VEHICLE WEIGHT GVWR/GCWR: 1 - <10K LBS., 2 - 10,001 - 26K LBS., 3 - >26K LBS.  
 TOWED BY: COMPANY NAME \_\_\_\_\_ HAZARDOUS MATERIAL:  MATERIAL RELEASED  PLACARD CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_

UNIT TYPE 99  
 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV/UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP



# OF TRAILING UNITS 00  
 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 09  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN  
 AUTONOMOUS MODE LEVEL 9  
 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION  
 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION 99  
 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL



CARGO BODY TYPE 99  
 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10 - FLAT BED 14 - GARBAGE/REFUSE  
 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99 - OTHER / UNKNOWN

VEHICLE DEFECTS 99  
 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  
 3 - TAIL LAMPS 6 - TIRE BLOWOUT

- NO DAMAGE [ 0 ]  - UNDERCARRIAGE [ 14 ]  
 - TOP [ 13 ]  - ALL AREAS [ 15 ]  
 - UNIT NOT AT SCENE [ 16 ]

NON-MOTORIST LOCATION AT IMPACT \_\_\_\_\_  
 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN  
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

ACTION 03  
 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE OR LEAVING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE  
 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  
 3 - STRIKING 01 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
 4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

INITIAL POINT OF CONTACT  
 0 - NO DAMAGE 14 - UNDERCARRIAGE  
15 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES 08  
 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE  
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY  
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION  
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD  
 6 - IMPROPER TURN 12 - IMPROPER BACKING

TRAFFICWAY FLOW  
 1 - ONE-WAY 2  
 2 - TWO-WAY  
 TRAFFIC CONTROL  
2 1 - ROUNDABOUT 4 - STOP SIGN  
 2 - SIGNAL 5 - YIELD SIGN  
 3 - FLASHER 6 - NO CONTROL

SEQUENCE OF EVENTS  
1 20 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - NON-COLLISION 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
2 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
3 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
4 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT  
5 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

# OF THROUGH LANES ON ROAD 4  
 RAIL GRADE CROSSING  
1 1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING

COLLISION WITH FIXED OBJECT - STRUCK  
 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIUM CABLE BARRIER 39 - LIGHT LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
 28 - BRIDGE PARAPET 34 - MEDIUM GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
 29 - BRIDGE RAIL 35 - MEDIUM CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
 30 - GUARDRAIL FACE 36 - MEDIUM OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN

UNIT / NON-MOTORIST DIRECTION  
 FROM 4 TO 3  
 1 - NORTH 5 - NORTHEAST  
 2 - SOUTH 6 - NORTHWEST  
 3 - EAST 7 - SOUTHEAST  
 4 - WEST 8 - SOUTHWEST  
 9 - OTHER / UNKNOWN

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

UNIT SPEED 30  
 POSTED SPEED 35  
 DETECTED SPEED  
1 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED

**OWNER**

UNIT # 0, 2 OWNER NAME: LAST, FIRST, MIDDLE ( SAME AS DRIVER)  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP ( SAME AS DRIVER)  
 OWNER PHONE: INCLUDE AREA CODE ( SAME AS DRIVER)

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**DAMAGE**

DAMAGE SCALE  
 1 - NONE 3 - FUNCTIONAL DAMAGE  
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
 9 - UNKNOWN

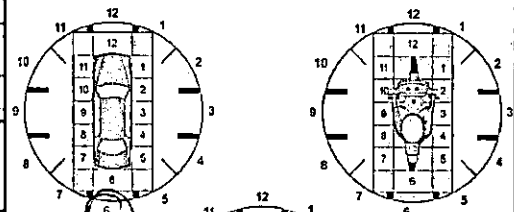
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**VEHICLE**

LP STATE OH LICENSE PLATE # JSQ5478 VEHICLE IDENTIFICATION # 2G1FB3D35C9116114 VEHICLE YEAR 2012 VEHICLE MAKE CHEVROLET  
 INSURANCE VERIFIED INSURANCE COMPANY STATE FARM INSURANCE POLICY # 2825337SFP35 COLOR SILVER VEHICLE MODEL CAMARO

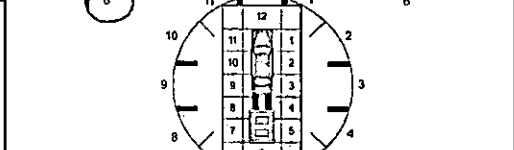
**DAMAGED AREA(S)**  
 INDICATE ALL THAT APPLY

TYPE OF USE  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS 0, 1  
 US DOT # \_\_\_\_\_ VEHICLE WEIGHT GVWR/GCWR  
 1 - ≤10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - >26K LBS.



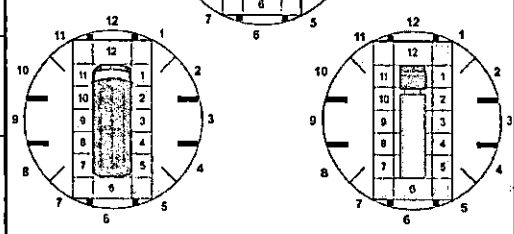
UNIT TYPE 0, 1 # OF TRAILING UNITS 0, 0

|                             |                                    |                        |  |                            |
|-----------------------------|------------------------------------|------------------------|--|----------------------------|
| 1 - PASSENGER CAR           | 7 - MOTORCYCLE 2-WHEELED           | 12 - GOLF CART         | 18 - LIMO (LIVERY VEHICLE)                     | 23 - PEDESTRIAN / SKATER   |
| 2 - PASSENGER VAN (MINIVAN) | 8 - MOTORCYCLE 3-WHEELED           | 13 - SNOWMOBILE        | 19 - BUS (16+ PASSENGERS)                      | 24 - WHEELCHAIR (ANY TYPE) |
| 3 - SPORT UTILITY VEHICLE   | 9 - AUTOCYCLE                      | 14 - SINGLE UNIT TRUCK | 20 - OTHER VEHICLE                             | 25 - OTHER NON-MOTORIST    |
| 4 - PICK UP                 | 10 - MOPED OR MOTORIZED BICYCLE    | 15 - SEMI-TRACTOR      | 21 - HEAVY EQUIPMENT                           | 26 - BICYCLE               |
| 5 - CARGO VAN               | 11 - ALL TERRAIN VEHICLE (ATV/UTV) | 16 - FARM EQUIPMENT    | 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 99 - UNKNOWN OR HIT/SKIP   |
| 6 - VAN (9-15 SEATS)        |                                    | 17 - MOTORHOME         |  |                            |



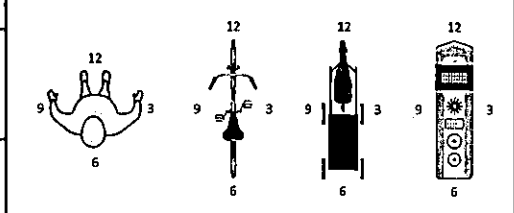
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN 0, 2 AUTONOMOUS MODE LEVEL 0

|                        |                            |             |
|------------------------|----------------------------|-------------|
| 0 - NO AUTOMATION      | 3 - CONDITIONAL AUTOMATION | 9 - UNKNOWN |
| 1 - DRIVER ASSISTANCE  | 4 - HIGH AUTOMATION        |             |
| 2 - PARTIAL AUTOMATION | 5 - FULL AUTOMATION        |             |



SPECIAL FUNCTION 0, 1

|                             |                        |                             |                            |                      |
|-----------------------------|------------------------|-----------------------------|----------------------------|----------------------|
| 1 - NONE                    | 6 - BUS - CHARTER/TOUR | 11 - FIRE                   | 16 - FARM                  | 21 - MAIL CARRIER    |
| 2 - TAXI                    | 7 - BUS - INTERCITY    | 12 - MILITARY               | 17 - MOWING                | 99 - OTHER / UNKNOWN |
| 3 - ELECTRONIC RIDE SHARING | 8 - BUS - SHUTTLE      | 13 - POLICE                 | 18 - SNOW REMOVAL          |                      |
| 4 - SCHOOL TRANSPORT        | 9 - BUS - OTHER        | 14 - PUBLIC UTILITY         | 19 - TOWING                |                      |
| 5 - BUS - TRANSIT/COMMUTER  | 10 - AMBULANCE         | 15 - CONSTRUCTION EQUIPMENT | 20 - SAFETY SERVICE PATROL |                      |



CARGO BODY TYPE 0, 1

|   |  |                                  |                |                      |
|---|--|----------------------------------|----------------|----------------------|
| 1 - NO CARGO BODY TYPE / NOT APPLICABLE | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE | 5 - INTERMODAL CONTAINER CHASSIS | 8 - POLE       | 12 - CONCRETE MIXER  |
| 2 - BUS                                 | 4 - LOGGING                              | 6 - CARGO VAN/ENCLOSED BOX       | 9 - CARGO TANK | 13 - AUTOTRANSporter |
|   |  | 7 - GRAIN/CHIPS/GRAVEL           | 10 - FLAT BED  | 14 - GARBAGE/REFUSE  |
|   |  |                                  | 11 - DUMP      | 99 - OTHER / UNKNOWN |

- NO DAMAGE [ 0 ]  - UNDERCARRIAGE [ 14 ]  
 - TOP [ 13 ]  - ALL AREAS [ 15 ]  
 - UNIT NOT AT SCENE [ 16 ]

VEHICLE DEFECTS

|                  |                  |                                 |                                   |                      |
|------------------|------------------|---------------------------------|-----------------------------------|----------------------|
| 1 - TURN SIGNALS | 4 - BRAKES       | 7 - WORN OR SLICK TIRES         | 9 - MOTOR TROUBLE                 | 99 - OTHER / UNKNOWN |
| 2 - HEAD LAMPS   | 5 - STEERING     | 8 - TRAILER EQUIPMENT DEFECTIVE | 10 - DISABLED FROM PRIOR ACCIDENT |                      |
| 3 - TAIL LAMPS   | 6 - TIRE BLOWOUT |                                 |                                   |                      |

NON-MOTORIST LOCATION AT IMPACT

|                                       |                                    |                         |                                 |  |
|---------------------------------------|------------------------------------|-------------------------|---------------------------------|--|
| 1 - INTERSECTION - MARKED CROSSWALK   | 3 - INTERSECTION - OTHER           | 6 - BICYCLE LANE        | 9 - MEDIUM CROSSING ISLAND      | 12 - FIRST RESPONDER AT INCIDENT SCENE |
| 2 - INTERSECTION - UNMARKED CROSSWALK | 4 - MIDDLEBLOCK - MARKED CROSSWALK | 7 - SHOULDER / ROADSIDE | 10 - DRIVEWAY ACCESS            | 99 - OTHER / UNKNOWN                   |
|                                       | 5 - TRAVEL LANE - OTHER LOCATION   | 8 - SIDEWALK            | 11 - SHARED USE PATHS OR TRAILS |  |

ACTION 0, 4

|                              |                        |                                    |  |  |
|------------------------------|------------------------|------------------------------------|--|--|
| 1 - NON-CONTACT              | 1 - STRAIGHT AHEAD     | 7 - MAKING U-TURN                  | 13 - NEGOTIATING A CURVE OR LEAVING VEHICLE  | 18 - APPROACHING OR LEAVING VEHICLE    |
| 2 - NON-COLLISION            | 2 - BACKING            | 8 - ENTERING TRAFFIC LANE          | 14 - ENTERING OR CROSSING SPECIFIED LOCATION | 19 - STANDING                          |
| 3 - STRIKING                 | 3 - CHANGING LANES     | 9 - LEAVING TRAFFIC LANE           | 15 - WALKING, RUNNING, JOGGING, PLAYING      | 20 - OTHER NON-MOTORIST                |
| 4 - STRUCK PRE-CRASH ACTIONS | 4 - OVERTAKING/PASSING | 10 - PARKED                        | 16 - WORKING                                 | 21 - STANDING OUTSIDE DISABLED VEHICLE |
| 5 - BOTH STRIKING & STRUCK   | 5 - MAKING RIGHT TURN  | 11 - SLOWING OR STOPPED IN TRAFFIC | 17 - PUSHING VEHICLE                         | 99 - OTHER / UNKNOWN                   |
| 9 - OTHER / UNKNOWN          | 6 - MAKING LEFT TURN   | 12 - DRIVERLESS                    |  |  |

INITIAL POINT OF CONTACT 0, 6

|                              |                           |
|------------------------------|---------------------------|
| 0 - NO DAMAGE                | 14 - UNDERCARRIAGE        |
| 1-12 - REFER TO UNIT DIAGRAM | 15 - VEHICLE NOT AT SCENE |
| 13 - TOP                     | 99 - UNKNOWN              |

CONTRIBUTING CIRCUMSTANCES 0, 1

|                      |                                |  |                                     |                                |
|----------------------|--------------------------------|--|-------------------------------------|--------------------------------|
| 1 - NONE             | 7 - LEFT OF CENTER             | 13 - IMPROPER START FROM A PARKED POSITION | 17 - VISION OBSTRUCTION             | 21 - LYING IN ROADWAY          |
| 2 - FAILURE TO YIELD | 8 - FOLLOWING TOO CLOSE / ACDA | 14 - STOPPED OR PARKED ILLEGALLY           | 18 - OPERATING DEFECTIVE EQUIPMENT  | 22 - NOT DISCERNIBLE           |
| 3 - RAN RED LIGHT    | 9 - IMPROPER LANE CHANGE       | 15 - SWERVING TO AVOID                     | 19 - LOAD SHIFTING/FALLING/SPILLING | 23 - OPENING DOOR INTO ROADWAY |
| 4 - RAN STOP SIGN    | 10 - IMPROPER PASSING          | 16 - WRONG WAY                             | 20 - IMPROPER CROSSING              | 99 - OTHER IMPROPER ACTION     |
| 5 - UNSAFE SPEED     | 11 - DROVE OFF ROAD            |  |                                     |                                |
| 6 - IMPROPER TURN    | 12 - IMPROPER BACKING          |  |                                     |                                |

TRAFFICWAY FLOW 2

TRAFFIC CONTROL 2

|             |                |                |
|-------------|----------------|----------------|
| 1 - ONE-WAY | 1 - ROUNDABOUT | 4 - STOP SIGN  |
| 2 - TWO-WAY | 2 - SIGNAL     | 5 - YIELD SIGN |
|             | 3 - FLASHER    | 6 - NO CONTROL |

SEQUENCE OF EVENTS

|               |                                   |                         |  |                                 |   |
|---------------|-----------------------------------|-------------------------|--|---------------------------------|---|
| 1 <u>2, 0</u> | 1 - OVERTURN/ROLLOVER             | 6 - EQUIPMENT FAILURE   | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE            | 22 - WORK ZONE MAINTENANCE EQUIPMENT  |
| 2 <u>1</u>    | 2 - FIRE/EXPLOSION                | 7 - SEPARATION OF UNITS | 12 - DOWNHILL RUNAWAY                                | 17 - ANIMAL - FARM              | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE |
| 3 <u>1</u>    | 3 - IMMERSION                     | 8 - RAN OFF ROAD RIGHT  | 13 - OTHER NON-COLLISION                             | 18 - ANIMAL - DEER              | 24 - OTHER MOVABLE OBJECT   |
| 4 <u>1</u>    | 4 - JACKKNIFE                     | 9 - RAN OFF ROAD LEFT   | 14 - PEDESTRIAN                                      | 19 - ANIMAL - OTHER             |   |
| 5 <u>1</u>    | 5 - CARGO/EQUIPMENT LOSS OR SHIFT | 10 - CROSS MEDIAN       | 15 - PEDAL CYCLE                                     | 20 - MOTOR VEHICLE IN TRANSPORT |   |
| 6 <u>1</u>    |                                   |                         |  | 21 - PARKED MOTOR VEHICLE       |   |

# OF THROUGH LANES ON ROAD 4

RAIL GRADE CROSSING 1

|                               |
|-------------------------------|
| 1 - NOT INVOLVED              |
| 2 - INVOLVED-ACTIVE CROSSING  |
| 3 - INVOLVED-PASSIVE CROSSING |

COLLISION WITH FIXED OBJECT - STRUCK

|  |                               |                                  |                   |                                      |
|--|-------------------------------|----------------------------------|-------------------|--------------------------------------|
| 25 - IMPACT ATTENUATOR / CRASH CUSHION | 31 - GUARDRAIL END            | 37 - TRAFFIC SIGN POST           | 43 - CURB         | 50 - WORK ZONE MAINTENANCE EQUIPMENT |
| 26 - BRIDGE OVERHEAD STRUCTURE         | 32 - PORTABLE BARRIER         | 38 - OVERHEAD SIGN POST          | 44 - DITCH        | 51 - WALL                            |
| 27 - BRIDGE PIER OR ABUTMENT           | 33 - MEDIAN CABLE BARRIER     | 39 - LIGHT / LUMINARIES SUPPORT  | 45 - EMBANKMENT   | 52 - BUILDING                        |
| 28 - BRIDGE PARAPET                    | 34 - MEDIAN GUARDRAIL BARRIER | 40 - UTILITY POLE                | 46 - FENCE        | 53 - TUNNEL                          |
| 29 - BRIDGE RAIL                       | 35 - MEDIAN CONCRETE BARRIER  | 41 - OTHER POST, POLE OR SUPPORT | 47 - MAILBOX      | 54 - OTHER FIXED OBJECT              |
| 30 - GUARDRAIL FACE                    | 36 - MEDIAN OTHER BARRIER     | 42 - CULVERT                     | 48 - TREE         | 99 - OTHER / UNKNOWN                 |
|  |                               |                                  | 49 - FIRE HYDRANT |                                      |

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

UNIT / NON-MOTORIST DIRECTION

FROM 4 TO 3

|           |                     |
|-----------|---------------------|
| 1 - NORTH | 5 - NORTHEAST       |
| 2 - SOUTH | 6 - NORTHWEST       |
| 3 - EAST  | 7 - SOUTHEAST       |
| 4 - WEST  | 8 - SOUTHWEST       |
|           | 9 - OTHER / UNKNOWN |

UNIT SPEED 0

POSTED SPEED 3, 5

DETECTED SPEED 1

|                              |
|------------------------------|
| 1 - STATED / ESTIMATED SPEED |
| 2 - CALCULATED / EDR         |
| 3 - UNDETERMINED             |



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2 2 0 7 9 0 5 4

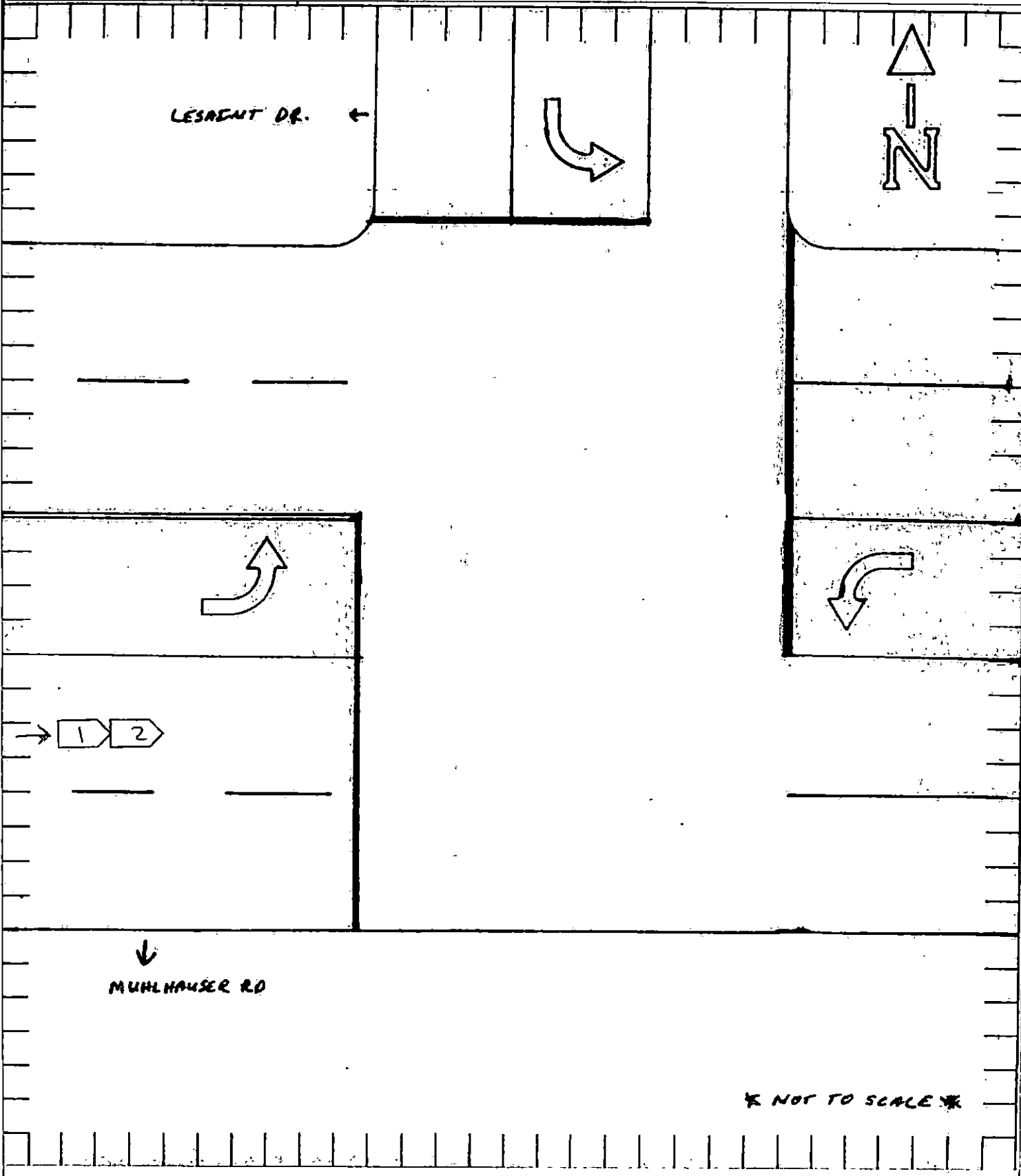
|                                   |                            |                                   |   |  |
|-----------------------------------|----------------------------|-----------------------------------|---|--|
| UNIT #<br>0 1                     | NAME: LAST, FIRST, MIDDLE  | DATE OF BIRTH                     | AGE<br>0  | GENDER   |
| ADDRESS: STREET, CITY, STATE, ZIP |                            | CONTACT PHONE - INCLUDE AREA CODE |   |  |
| INJURIES<br>5                     | INJURED TAKEN BY           | EMS AGENCY (NAME)                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>9 9   |
| OL STATE                          | OPERATOR LICENSE NUMBER    | OFFENSE CHARGED                   | LOCAL CODE                                      | OFFENSE DESCRIPTION  |
| OL CLASS                          | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3        | DRIVER DISTRACTED BY<br>9                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |
| ALCOHOL TEST                      |                            | DRUG TEST(S)                      |   |  |
| STATUS                            | TYPE                       | VALUE                             | STATUS  | TYPE   |
| 1                                 | 1                          |                                   | 1   | 1  |

|  |   |                                   |   |  |
|--|---|-----------------------------------|---|--|
| UNIT #<br>0 2  | NAME: LAST, FIRST, MIDDLE<br>VIRGEN VIRGEN, ANDREA YANETH | DATE OF BIRTH<br>0 5 0 7 1 9 8 2  | AGE<br>4 0                                      | GENDER<br>F  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>6718 LAKESIDE DR APT 310E, WEST CHESTER, OH 45069 |   | CONTACT PHONE - INCLUDE AREA CODE |   |  |
| INJURIES<br>5  | INJURED TAKEN BY  | EMS AGENCY (NAME)                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4   |
| OL STATE<br>OH   | OPERATOR LICENSE NUMBER                                   | OFFENSE CHARGED                   | LOCAL CODE                                      | OFFENSE DESCRIPTION  |
| OL CLASS<br>4  | ENDORSEMENT SELECT UP TO 2                                | RESTRICTION SELECT UP TO 3        | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |
| ALCOHOL TEST   |   | DRUG TEST(S)                      |   |  |
| STATUS   | TYPE  | VALUE                             | STATUS  | TYPE   |
| 1  | 1   |                                   | 1   | 1  |

|                                   |                            |                                   |   |                          |
|-----------------------------------|----------------------------|-----------------------------------|---|--------------------------|
| UNIT #                            | NAME: LAST, FIRST, MIDDLE  | DATE OF BIRTH                     | AGE   | GENDER                   |
| ADDRESS: STREET, CITY, STATE, ZIP |                            | CONTACT PHONE - INCLUDE AREA CODE |   |                          |
| INJURIES                          | INJURED TAKEN BY           | EMS AGENCY (NAME)                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED    |
| OL STATE                          | OPERATOR LICENSE NUMBER    | OFFENSE CHARGED                   | LOCAL CODE                                      | OFFENSE DESCRIPTION      |
| OL CLASS                          | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3        | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED |
| ALCOHOL TEST                      |                            | DRUG TEST(S)                      |   |                          |
| STATUS                            | TYPE                       | VALUE                             | STATUS  | TYPE                     |

| INJURIES                                      | SEATING POSITION   | AIR BAG                            | OL CLASS                     | OL RESTRICTION(S)  | DRIVER DISTRACTION   | TEST STATUS                                    |
|---|--|------------------------------------|------------------------------|--|--|--|
| 1 - FATAL                                     | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)  | 1 - NOT DEPLOYED                   | 1 - CLASS A                  | 1 - ALCOHOL INTERLOCK DEVICE   | 1 - NOT DISTRACTED   | 1 - NONE GIVEN                                 |
| 2 - SUSPECTED SERIOUS INJURY                  | 2 - FRONT - MIDDLE   | 2 - DEPLOYED FRONT                 | 2 - CLASS B                  | 2 - CDL INTRASTATE ONLY  | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2 - TEST REFUSED                               |
| 3 - SUSPECTED MINOR INJURY                    | 3 - FRONT - RIGHT SIDE   | 3 - DEPLOYED SIDE                  | 3 - CLASS C                  | 3 - CORRECTIVE LENSES  | 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE                                       | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE |
| 4 - POSSIBLE INJURY                           | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)  | 4 - DEPLOYED BOTH FRONT / SIDE     | 4 - REGULAR CLASS (OHIO = D) | 4 - FARM WAIVER  | 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE  | 4 - TEST GIVEN, RESULTS KNOWN                  |
| 5 - NO APPARENT INJURY                        | 5 - SECOND - MIDDLE  | 5 - NOT APPLICABLE                 | 5 - MC MOPED ONLY            | 5 - EXCEPT CLASS A BUS   | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE   | 5 - TEST GIVEN, RESULTS UNKNOWN                |
| <b>INJURED TAKEN BY</b>                       | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN             | 6 - NO VALID OL              | 6 - EXCEPT CLASS A & CLASS B BUS   | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   | <b>ALCOHOL TEST TYPE</b>                       |
| 1 - NOT TRANSPORTED / TREATED AT SCENE        | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | <b>EJECTION</b>                    | <b>OL ENDORSEMENT</b>        | 7 - EXCEPT TRACTOR-TRAILER   | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE  | 1 - NONE                                       |
| 2 - EMS                                       | 8 - THIRD - MIDDLE   | 1 - NOT EJECTED                    | H - HAZMAT                   | 8 - INTERMEDIATE LICENSE RESTRICTIONS  | 9 - OTHER / UNKNOWN  | 2 - BLOOD                                      |
| 3 - POLICE                                    | 9 - THIRD - RIGHT SIDE   | 2 - PARTIALLY EJECTED              | M - MOTORCYCLE               | 9 - LEARNER'S PERMIT RESTRICTIONS  | <b>CONDITION</b>   | 3 - URINE                                      |
| 9 - OTHER / UNKNOWN                           | 10 - SLEEPER SECTION OF TRUCK CAB  | 3 - TOTALLY EJECTED                | P - PASSENGER                | 10 - LIMITED TO DAYLIGHT ONLY  | 1 - APPARENTLY NORMAL  | 4 - BREATH                                     |
| <b>SAFETY EQUIPMENT</b>                       | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 | N - TANKER                   | 11 - LIMITED TO EMPLOYMENT   | 2 - PHYSICAL IMPAIRMENT  | 5 - OTHER                                      |
| 1 - NONE USED                                 | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | <b>TRAPPED</b>                     | Q - MOTOR SCOOTER            | 12 - LIMITED - OTHER   | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)                                     | <b>DRUG TEST TYPE</b>                          |
| 2 - SHOULDER BELT ONLY USED                   | 13 - TRAILING UNIT   | 1 - NOT TRAPPED                    | R - THREE-WHEEL MOTORCYCLE   | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 4 - ILLNESS  | 1 - NONE                                       |
| 3 - LAP BELT ONLY USED                        | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 2 - EXTRICATED BY MECHANICAL MEANS | S - SCHOOL BUS               | 14 - MILITARY VEHICLES ONLY  | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 2 - BLOOD                                      |
| 4 - SHOULDER & LAP BELT USED                  | 99 - OTHER / UNKNOWN   | 3 - FREED BY NON-MECHANICAL MEANS  | T - DOUBLE & TRIPLE TRAILERS | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | 3 - URINE                                      |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   |  |                                    | X - TANKER / HAZMAT          | 16 - OUTSIDE MIRROR  | 9 - OTHER / UNKNOWN  | 4 - OTHER                                      |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING      |  |                                    | <b>GENDER</b>                | 17 - PROSTHETIC AID  |  | <b>DRUG TEST RESULT(S)</b>                     |
| 7 - BOOSTER SEAT                              |  |                                    | F - FEMALE                   | 18 - OTHER   |  | 1 - AMPHETAMINES                               |
| 8 - HELMET USED                               |  |                                    | M - MALE                     |  |  | 2 - BARBITURATES                               |
| 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) |  |                                    | U - OTHER / UNKNOWN          |  |  | 3 - BENZODIAZEPINES                            |
| 10 - REFLECTIVE CLOTHING                      |  |                                    |                              |  |  | 4 - CANNABINOIDS                               |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     |  |                                    |                              |  |  | 5 - COCAINE                                    |
| 99 - OTHER / UNKNOWN                          |  |                                    |                              |  |  | 6 - OPIATES / OPIOIDS                          |
|   |  |                                    |                              |  |  | 7 - OTHER                                      |
|   |  |                                    |                              |  |  | 8 - NEGATIVE RESULTS                           |

|                                 |   |                              |
|---------------------------------|---|------------------------------|
| LOCAL REPORT NUMBER<br>22079054 | REPORTING AGENCY<br>Fairfield Police Department   | DATE OF ACCIDENT<br>10/28/22 |
| IN COUNTY OF<br>Butler          | ACCIDENT LOCATION<br>MUEHLHAUSER RD / LE SAINT DR |                              |



|                                 |                  |
|---------------------------------|------------------|
| OFFICER'S SIGNATURE<br>A. ROUSH | BADGE NO.<br>170 |
|---------------------------------|------------------|