



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

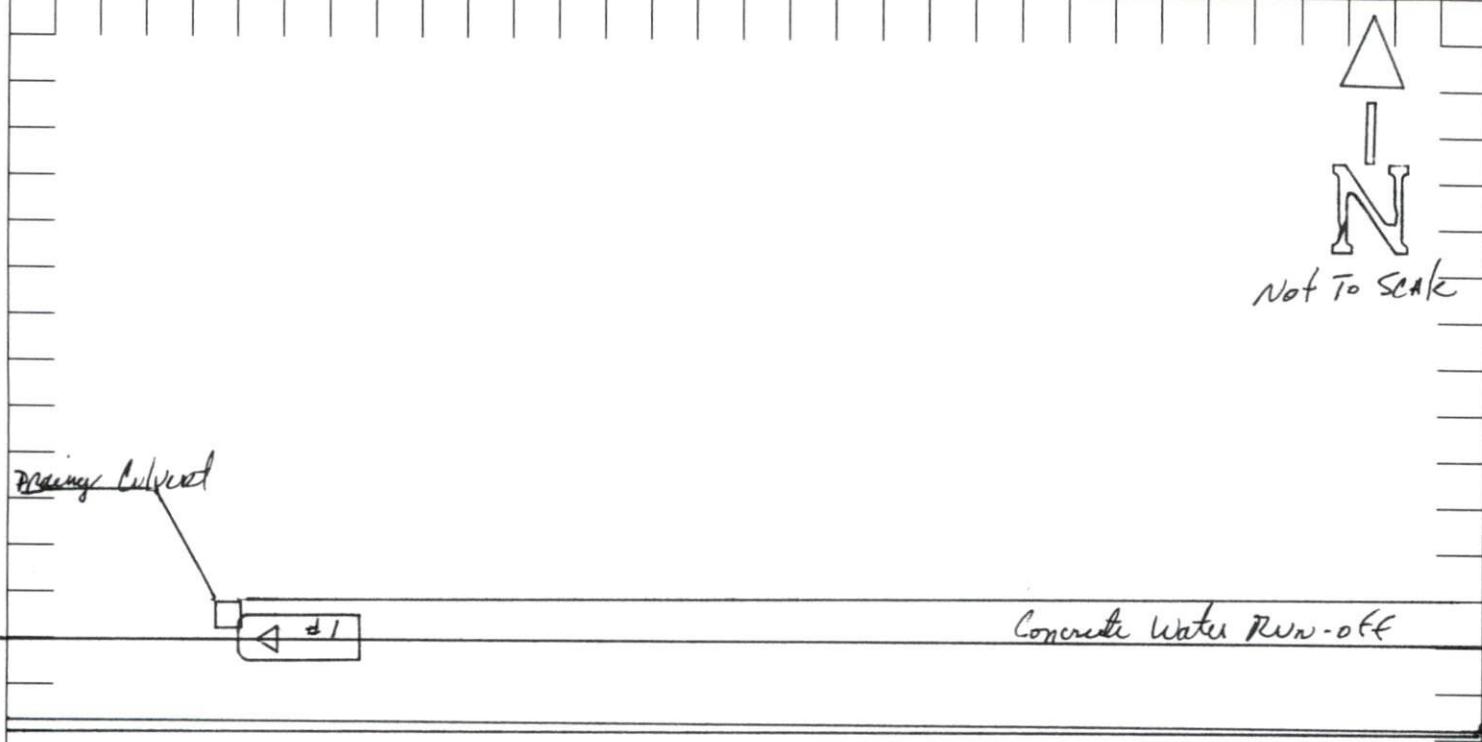
<input type="checkbox"/> PHOTOS TAKEN		<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		LOCAL REPORT NUMBER*			
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*	2 2 0 0 1 8 5 8		
				Fairfield Police Department		0 0 9 0 1	HIT/SKIP	NUMBER OF UNITS	
							1 - SOLVED	0 1	
							2 - UNSOLVED		
COUNTY*		LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME*		UNIT IN ERROR	
0 9		1 - CITY 2 - VILLAGE 3 - TOWNSHIP	City of Fairfield			0 1 0 9 2 0 2 2 0 3 0 9		9 8 98 - ANIMAL 99 - UNKNOWN	
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES		CRASH SEVERITY
	ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	LONGITUDE DECIMAL DEGREES		1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
REFERENCE POINT		DIRECTION FROM REFERENCE	ROUTE TYPE		ROAD TYPE	INTERSECTION RELATED			
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE					ROADWAY		
1 - MILES 2 - FEET 3 - YARDS		1 - MILES 2 - FEET 3 - YARDS					<input type="checkbox"/> ROADWAY DIVIDED		
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT			DIRECTION OF TRAVEL		MEDIAN TYPE
1 - ON ROADWAY 0 4 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP				1 - NOT COLLISION 2 - TWO MOTOR VEHICLES IN TRANSPORT 3 - HEAD-ON			1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN
9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN				4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN					
<input type="checkbox"/> WORK ZONE RELATED		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE			CONTOUR	CONDITIONS	SURFACE
<input type="checkbox"/> WORKERS PRESENT		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA			2	2	2
<input type="checkbox"/> LAW ENFORCEMENT PRESENT							1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN
<input type="checkbox"/> ACTIVE SCHOOL ZONE									
LIGHT CONDITION				WEATHER			SEE OH-2		
1 - DAYLIGHT 3 - DAWN/DUSK 0 4 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN				1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL			Indicate the north direction with an "N" on the compass diagram.		
6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN									
NARRATIVE									
Unit 1 was westbound on Gray Rd. when a deer ran out in front of her. Unit 1 swerved to miss the deer and ran off the road to the right and struck a concrete drainage culvert.									
CRASH REPORTED DATE / TIME			DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY
0 1 0 9 2 0 2 2 0 3 0 9			0 1 0 9 2 0 2 2 0 3 1 4		0 1 0 9 2 0 2 2 0 3 2 5		0 1 0 9 2 0 2 2 0 4 0 1		<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*		<input type="checkbox"/> MOTORIST	
				PO Greg Bailes		SGT. K. HARRINGTON		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)	
				OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*			
0		0 3 0	0 7 7	1 2 2		1 1 2			

OWNER	UNIT # <u>0_1</u>	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER Boyd, Ebony Nicole	OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER			
	OWNER ADDRESS: STREET, CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER 5540 Lake Michigan Dr. Fairfield, OH. 45014	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE <u>O_H</u>	LICENSE PLATE # <u>FSK7071</u>	VEHICLE IDENTIFICATION # <u>5N1AT2MV1HC754592</u>	VEHICLE YEAR <u>2017</u>	VEHICLE MAKE <u>Nissan</u>	
	INSURANCE <input checked="" type="checkbox"/> VERIFIED	INSURANCE COMPANY <u>Allstate</u>	INSURANCE POLICY # <u>980650449</u>	COLOR <u>Silver</u>	VEHICLE MODEL <u>Rogue</u>	
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME <u>Marcell's Towing</u>		
	INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT <u>0_1</u>		VEHICLE WEIGHT GVWR/GCW 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		
	UNIT TYPE <u>0_3</u>	#OCCUPANTS <u>0_1</u>	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	2 - MOTORCYCLE 3-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCAR 10 - MOVED OR MOTORIZED 11 - ALL TERRAIN VEHICLE (ATV / UTV)	3 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	4 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
	# OF TRAILING UNITS <u>0</u>					
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u> 1 - YES 2 - NO 9 - OTHER / UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN	
	AUTONOMOUS MODE LEVEL <u>0</u>					
	SPECIAL FUNCTION 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER					
	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS					
1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK						
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING <u>0_1</u> 3 - CHANGING LANES 4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN						
1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN						
SEQUENCE OF EVENTS <u>1_1_8</u> 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT <u>2_0_8</u> 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN <u>3_4_2</u> 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM EQUIPMENT 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT 25 - GUARDRAIL END 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT						
COLLISION WITH FIXED OBJECT - STRUCK <u>3</u> FIRST HARMFUL EVENT <u>3</u> MOST HARMFUL EVENT						

LOCAL REPORT NUMBER <u>2 2 0 0 1 8 5 8</u>	
DAMAGE DAMAGE SCALE 4 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<img alt="Diagram of a vehicle showing 12 numbered points of impact: 1 (front center), 2 (front left), 3 (front right), 4 (side left), 5 (side right), 6 (rear left), 7 (rear right), 8	

MOTORIST / Non-MOTORIST

										LOCAL REPORT NUMBER					
										2 2 0 0 1 8 5 8			DATE OF BIRTH		
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE Boyd, Ebony Nicole									0 5 3 0 1 9 8 3	3 8	F		
	ADDRESS: STREET, CITY, STATE, ZIP 5540 Lake Michigan Dr. Fairfield, OH. 45014										CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1			
	DL STATE O H	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER				
	DL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 8	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 01	ALCOHOL TEST STATUS 1 TYPE 1 VALUE •	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4						
	UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH			AGE 0	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	<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
	DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER				
	DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS 1 TYPE 1 VALUE •	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4						
UNIT #	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH			AGE 0	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	<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
DL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER					
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS 1 TYPE 1 VALUE •	DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4							
INJURIES	SEATING POSITION	AIR BAG	DL CLASS	DL 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-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-TEST GIVEN, RESULTS KNOWN										
5-NO APPARENT INJURY	5-SECOND - MIDDLE	5-NOT APPLICABLE	5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS	5-TEST GIVEN, RESULTS UNKNOWN										
INJURED TAKEN BY	6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID DL	6-EXCEPT CLASS A & CLASS B BUS	6-TALKING ON HAND-HELD COMMUNICATION DEVICE										
1-NOT TRANSPORTED / TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-NOT EJECTED	7-EXCEPTTRACTOR-TRAILER	7-TALKING ON HAND-HELD COMMUNICATION DEVICE											
2-EMS	8-THIRD - MIDDLE	8-PARTIALLY EJECTED	8-INTERMEDIATE LICENSE RESTRICTIONS	8-INTERMEDIATE LICENSE RESTRICTIONS											
3-POLICE	9-THIRD - RIGHT SIDE	9-TOTALLY EJECTED	9-LEARNER'S PERMIT RESTRICTIONS	9-PASSENGER											
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	4-NOT APPLICABLE	10-LIMITED TO DAYLIGHT ONLY	7-OTHER DISTRACTION INSIDE THE VEHICLE											
SAFETY EQUIPMENT	TRAPPED	EJECTION	OL ENDORSEMENT	8-OTHER DISTRACTION OUTSIDE THE VEHICLE											
1-NONE USED	1-NOT TRAPPED	1-NOT EJECTED	H-HAZMAT	8-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE											
2-SHOULDER BELT ONLY USED	2-EXTRICATED BY MECHANICAL MEANS	2-PARTIALLY EJECTED	M-MOTORCYCLE	2-BLOOD											
3-LAP BELT ONLY USED	3-FREED BY NON-MECHANICAL MEANS	3-TOTALLY EJECTED	P-PASSENGER	3-URINE											
4-SHOULDER & LAP BELT USED		4-NOT APPLICABLE	N-TANKER	4-BREATH											
5-CHILD RESTRAINT SYSTEM - FORWARD FACING			Q-MOTOR SCOOTER	5-OTHER											
6-CHILD RESTRAINT SYSTEM - REAR FACING			R-THREE-WHEEL MOTORCYCLE	ALCOHOL TEST TYPE											
7-BOOSTER SEAT			S-SCHOOL BUS	1-NONE											
8-HELMET USED			T-DOUBLE & TRIPLE TRAILERS	2-BLOOD											
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)			X-TANKER / HAZMAT	3-URINE											
10-REFLECTIVE CLOTHING				4-BREATH											
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY				5-OTHER											
99-OTHER / UNKNOWN				DRUG TEST TYPE											
				1-NONE											
				2-BLOOD											
				3-URINE											
				4-OTHER											
				DRUG TEST RESULT(S)											
				1-AMPHETAMINES											
				2-BARBITURATES											
				3-BENZODIAZEPINES											
				4-CANNABINOIDS											
				5-COCAINA											
				6-OPIATES / OPIOIDS											
				7-OTHER											
				8-NEGATIVE RESULTS											

LOCAL REPORT NUMBER	PD-22-001858	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	5900 Gray Rd. Fairfield, OH 45014	01/09/2022
				
 <i>Not To Scale</i>				
				
				
		OFFICER'S SIGNATURE	PO Greg Bailes	BADGE NO 122