

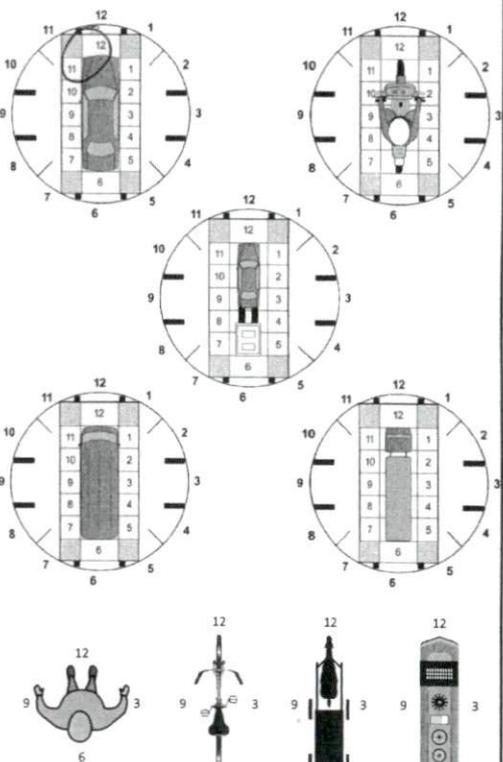


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> PRIVATE PROPERTY				LOCAL REPORT NUMBER* 2 2 0 1 2 7 9 7			
LOCAL INFORMATION REPORTING AGENCY NAME* NCIC* Fairfield Police Department 0 0 9 0 1				HIT/SKIP 1 - SOLVED 0 2 2 - UNSOLVED 98 - ANIMAL 99 - UNKNOWN			
COUNTY* 0 9		LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield			
ROUTE TYPE S R		ROUTE NUMBER 4		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME DONALD	
ROUTE TYPE S R		ROUTE NUMBER 4		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROAD TYPE D R	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY HW - HIGHWAY RD - ROAD AV - AVENUE LA - LANE SQ - SQUARE BL - BOULEVARD MP - MILEPOST ST - STREET CR - CIRCLE OV - OVAL TE - TERRACE CT - COURT PK - PARKWAY TL - TRAIL DR - DRIVE PI - PIKE WA - WAY HE - HEIGHTS PL - PLACE	
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP				MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - HEAD-ON			
DISTANCE FROM REFERENCE 1 - MILES 2 - FEET 3 - YARDS				DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST			
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #				MEDIAN TYPE 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			
WORK ZONE RELATED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 2 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	
WORKERS PRESENT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN			
LAW ENFORCEMENT PRESENT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		WEATHER 0 2 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL		6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN		SEE OH-2	
NARRATIVE <p>On 2/21/22 at 7:24 p.m. Unit 1 was traveling south on SR 4 when it attempted to turn left (east) onto Donald Drive. Unit 1 did not yield when turning left, and was struck by Unit 2. Unit 2 was traveling north on Dixie Highway when it struck Unit 1. The forward moment of Unit 2 caused it to strike a sign in the parking lot of 10 Donald Drive.</p> <p>Donald Drive Shopping Center 10 Donald Drive, Fairfield, OH, 45014</p>							
INDICATE THE NORTH DIRECTION		 Indicate the north direction with an "N" on the compass diagram.					
CRASH REPORTED DATE / TIME 0 2 2 1 2 0 2 2 1 9 2 4		DISPATCH DATE / TIME 0 2 2 1 2 0 2 2 1 9 2 4		ARRIVAL DATE / TIME 0 2 2 1 2 0 2 2 1 9 2 4		SCENE CLEARED DATE / TIME 0 2 2 1 2 0 2 2 2 0 4 0	
TOTAL TIME ROADWAY CLOSED 3 0		OTHER INVESTIGATION TIME 1 0 6		TOTAL MINUTES 1 0 6		OFFICER'S NAME* R. HICKMAN	
OFFICER'S BADGE NUMBER* 1 6 4		CHECKED BY OFFICER'S NAME* 		CHECKED BY OFFICER'S BADGE NUMBER* 		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OIPS)	
HSY7001 OH1 1/19 [760-0820] PAGE 1 OF 6							

OWNER	UNIT # <u>0 1</u>	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER)	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)				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE <u>O H</u>	LICENSE PLATE # <u>PJM6247</u>	VEHICLE IDENTIFICATION # <u>1F7S534L56HB29094</u>	VEHICLE YEAR <u>2006</u>	VEHICLE MAKE <u>FORD</u>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>CINCINNATI INS. CO</u>	INSURANCE POLICY # <u>EBA0354593</u>	COLOR <u>WHITE</u>	VEHICLE MODEL <u>E350</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</u>	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS <u>0 1</u>	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <u>PLACARD ID #</u> <input type="checkbox"/> PLACARD	
UNIT TYPE <u>0 5</u>	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL-TERRAIN VEHICLE (ATV / UTV)	18 - 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		
		AUTONOMOUS MODE LEVEL <u>0</u> 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN		
SPECIAL FUNCTION <u>0 1</u>		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		
CARGO BODY TYPE <u>0 1</u>		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE		
VEHICLE DEFECTS		11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL		
NON-MOTORIST LOCATION AT IMPACT <u>1</u>		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		
ACTION <u>4</u>		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT		
CONTRIBUTING CIRCUMSTANCES <u>0 2</u>		7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT		
SEQUENCE OF EVENTS <u>1 2 0</u>		11 - INTERSECTION - MARKED CROSSWALK 12 - INTERSECTION - UNMARKED CROSSWALK 13 - TRAVEL LANE - OTHER LOCATION		
NON-COLLISION <u>1 2 1</u>		14 - MEDIAN/CROSSING ISLAND 15 - DRIVEWAY ACCESS 16 - SHARED USE PATHS OR TRAILS		
COLLISION WITH FIXED OBJECT - STRUCK <u>4 5 6</u>		17 - FIRST RESPONDER AT INCIDENT SCENE 18 - MAIL CARRIER 19 - SNOW REMOVAL 20 - TOWING 21 - CONCRETE MIXER 22 - AUTO TRANSPORTER 23 - GARBAGE/REFUSE 24 - OTHER UNKNOWN		
UNIT / NON-MOTORIST DIRECTION <u>1 2 3</u>		25 - APPROACHING OR LEAVING VEHICLE 26 - STANDING 27 - OTHER NON-MOTORIST 28 - STANDING OUTSIDE DISABLED VEHICLE 29 - PUSHING VEHICLE 30 - OTHER / UNKNOWN		
TRAFFIC <u>1 2 4</u>		31 - NEARBY VEHICLE 32 - OTHER VEHICLE 33 - PERSONNEL 34 - OTHER PERSONNEL 35 - OTHER VEHICLE		
DETECTED SPEED <u>1</u>		36 - OTHER VEHICLE 37 - PERSONNEL 38 - OTHER PERSONNEL 39 - OTHER VEHICLE		
POSTED SPEED <u>3 5</u>		40 - OTHER PERSONNEL 41 - OTHER VEHICLE 42 - PERSONNEL 43 - OTHER PERSONNEL 44 - OTHER VEHICLE		

LOCAL REPORT NUMBER <u>2 2 0 1 2 7 9 7</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	
	
<input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14] <input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15] <input type="checkbox"/> UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 0 - NO DAMAGE 14 - UNDERCARRIAGE 1 - 12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP	
TRAFFIC TRAFFICWAY FLOW <u>2</u> 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL <u>6</u> 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD <u>4</u> 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED <u>2 5</u> 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED <u>3 5</u>	

OWNER

VEHICLE

EVENT(S)

1

FIRST HARMFUL EVENT

HSY8304 OH1U 1/19 [760-0820]

UNIT # **0_2** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) **JORDAN, MARY, E**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
813 MARTIN AVE, HAMILTON, OH, 45013

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE O_H	LICENSE PLATE # JIY3075	VEHICLE IDENTIFICATION # 1FMFU16L83LC07711	VEHICLE YEAR 2003	VEHICLE MAKE FORD
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY FIRST CHOICE INS.	INSURANCE POLICY # ITOH232331	COLOR RED	VEHICLE MODEL EXPEDITI
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME WAYNE'S	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT #OCCUPANTS 0_3		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # PLACARD ID # <input type="checkbox"/> PLACARD	

1 - PASSENGER CAR 0_3	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 - MOVED OR MOTORIZED	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
5 - CARGO VAN	BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN
6 - VAN (9-15 SEATS)	11 - ALL-TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE)	99 - UNKNOWN OR HIT/SKIP

0 # OF TRAILING UNITS

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

1 - NONE 0_1	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	

1 - NO CARGO BODY TYPE / NOT APPLICABLE 0_1	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 - CARGOTANK	13 - AUTO TRANSPORTER
		7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE
			11 - DUMP	99 - OTHER / UNKNOWN

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			

1 - INTERSECTION - MARKED CROSSWALK 0_1	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER
2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	AT INCIDENT SCENE
	5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN

1 - NON-CONTACT 3	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING
3 - STRIKING 0_1	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	10 - PARKED	20 - OTHER NON-MOTORIST
4 - STRUCK PRE-CRASH ACTIONS	4 - OVERTAKING/PASSING	11 - SLOWING OR STOPPED IN TRAFFIC	15 - WALKING, RUNNING, JOGGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	12 - MAKING LEFT TURN	16 - WORKING	17 - PUSHING VEHICLE
9 - OTHER / UNKNOWN				99 - OTHER / UNKNOWN

1 - NONE 0_1	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			

SEQUENCE OF EVENTS

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

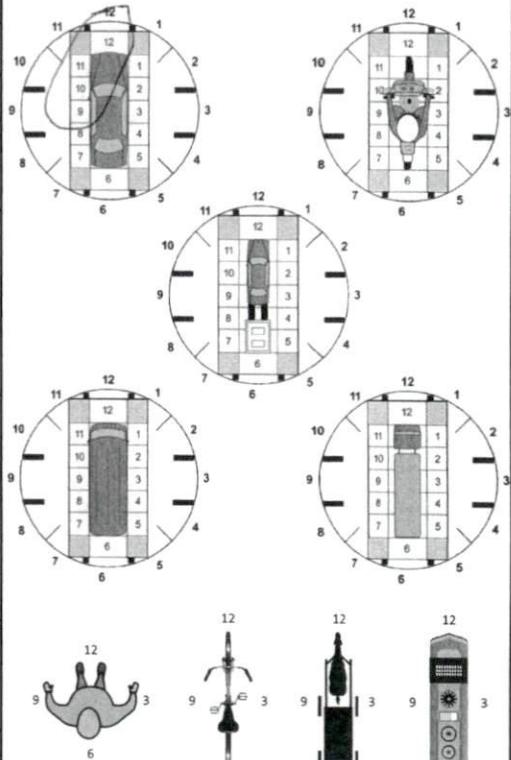
25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	51 - WALL
27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT	52 - BUILDING
28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL SUPPORT	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

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

LOCAL REPORT NUMBER
2 2 0 1 2 7 9 7

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

DAMAGED AREA(S)
INDICATE ALL THAT APPLY



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

INITIAL POINT OF CONTACT
0 - NO DAMAGE 14 - UNDERCARRIAGE
1_1 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
99 - UNKNOWN
13 - TOP

TRAFFIC
TRAFFIC WAY FLOW
2 1 - ONE-WAY 2 - TWO-WAY 6

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

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

UNIT SPEED
3 7 1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

POSTED SPEED
3 5



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2 2 0 1 2 7 9 7

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER	
	0 1	BARNES, HOBART, L				0 6 2 9 1 9 3 6	8 5	M	
ADDRESS: STREET, CITY, STATE, ZIP 3903 KENWOOD DR, HAMILTON, OH, 45015					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
4	1	FAIRFIELD MEDIC		0 4	<input type="checkbox"/>	0 1	1	1	1
DL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER	
O H									
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST		DRUG TEST(S)	
4			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	1	1	1	1
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
0 2	CARMACK, ALEX				1 1 1 4 1 9 9 2	2 9	M		
ADDRESS: STREET, CITY, STATE, ZIP 813 MARTIN AVE, HAMILTON, OH, 45013					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
2	2	FAIRFIELD MEDIC	FORT HAMILTON	0 1	<input type="checkbox"/>	0 1	3	1	1
DL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER	
O H									
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST		DRUG TEST(S)	
4			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	1	1	1	1
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
						0			
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	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
					<input type="checkbox"/>				
DL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER	
DL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST		DRUG TEST(S)	
			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG					
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	3-TEST GIVEN, RESULTS KNOWN			
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 HANDS-FREE COMMUNICATION DEVICE	4-TEST GIVEN, RESULTS UNKNOWN			
5-NO APPARENT INJURY	5-SECOND - MIDDLE	5-NOT APPLICABLE	5-M/C MOVED ONLY	5-EXCEPT CLASS A BUS	5-EXCEPT CLASS A & CLASS B BUS	5-TEST GIVEN, RESULTS UNKNOWN			
6-SECOND - RIGHT SIDE	6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID DL	6-NO VALID DL	7-EXCEPT TRACTOR-TRAILER	7-TEST TYPE			
7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	1-NOT EJECTED	H - HAZMAT	8-INTERMEDIATE LICENSE RESTRICTIONS	5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	1-NONE			
8-THIRD - MIDDLE	8-THIRD - MIDDLE	2-PARTIALLY EJECTED	M - MOTORCYCLE	9-LEARNER'S PERMIT RESTRICTIONS	6-PASSENGER	2-BLOOD			
9-THIRD - RIGHT SIDE	9-THIRD - RIGHT SIDE	3-TOTALLY EJECTED	P - PASSENGER	10-LIMITED TO DAYLIGHT ONLY	7-OTHER DISTRACTION INSIDE THE VEHICLE	3-URINE			
10-SLEEPER SECTION OF TRUCK CAB		4-NOT APPLICABLE	N - TANKER	11-LIMITED TO EMPLOYMENT	8-OTHER DISTRACTION OUTSIDE THE VEHICLE	4-BREATH			
			Q - MOTOR SCOOTER	12-LIMITED - OTHER	9-OTHER / UNKNOWN	5-OTHER			
			R - THREE-WHEEL MOTORCYCLE	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		DRUG TEST TYPE			
			S - SCHOOL BUS	14-MILITARY VEHICLES ONLY	1-APPARENTLY NORMAL	1-NONE			
			T - DOUBLE & TRIPLE TRAILERS	15-MOTOR VEHICLES WITHOUT AIR BRAKES	2-PHYSICAL IMPAIRMENT	2-BLOOD			
			X - TANKER / HAZMAT	16-OUTSIDE MIRROR	3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3-URINE			
				17-PROSTHETIC AID	4-ILLNESS	4-OTHER			
				18-OTHER	5-FELL ASLEEP, PAINTED, FATIGUED, ETC.	5-CANNABINOID			
					6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6-OPIATES / OPIOIDS			
					9-OTHER / UNKNOWN	7-OTHER			
						8-NEGATIVE RESULTS			
INJURED TAKEN BY	EJECTION	DL ENDORSEMENT	TRAPPED	GENDER	CONDITION	DRUG TEST RESULT(S)			
1-NOT TRANSPORTED / TREATED AT SCENE	1-NOT EJECTED	H - HAZMAT	1-NOT TRAPPED	F - FEMALE	1-APPARENTLY NORMAL	1-AMPHETAMINES			
2-EMS	2-PARTIALLY EJECTED	M - MOTORCYCLE	2-EXTRICATED BY MECHANICAL MEANS	M - MALE	2-PHYSICAL IMPAIRMENT	2-BARBITURATES			
3-POLICE	3-TOTALLY EJECTED	P - PASSENGER	3-FREED BY NON-MECHANICAL MEANS	U - OTHER / UNKNOWN	3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	3-BENZODIAZEPINES			
9-OTHER / UNKNOWN	4-NOT APPLICABLE	N - TANKER			4-ILLNESS	4-CANNABINOID			
		Q - MOTOR SCOOTER			5-FELL ASLEEP, PAINTED, FATIGUED, ETC.	5-COCAIN			
		R - THREE-WHEEL MOTORCYCLE			6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6-OPIATES / OPIOIDS			
		S - SCHOOL BUS			9-OTHER / UNKNOWN	7-OTHER			
		T - DOUBLE & TRIPLE TRAILERS				8-NEGATIVE RESULTS			
		X - TANKER / HAZMAT							
SAFETY EQUIPMENT	ENCLOSURE	NON-ENCLOSURE	NON-TRAILING	TRAILING	NON-TRAILING	TEST STATUS			
1-NONE USED	1-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1-NOT DEPLOYED	1-CLASS A	1-ALCOHOL INTERLOCK DEVICE	1-NOT DISTRACTED	1-NONE GIVEN			
2-SHOULDER BELT ONLY USED	2-PASSENGER IN UNENCLOSED CARGO AREA	2-DEPLOYED FRONT	2-CLASS B	2-CDL INTRASTATE ONLY	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2-TEST REFUSED			
3-LAP BELT ONLY USED	3-SEATED IN BACK SEAT OF TRUCK CAB	3-DEPLOYED SIDE	3-CLASS C	3-CORRECTIVE LENSES	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	3-TEST GIVEN, RESULTS KNOWN			
4-SHOULDER & LAP BELT USED	4-SEATED IN BACK SEAT OF TRUCK CAB	4-DEPLOYED BOTH FRONT / SIDE	4-REGULAR CLASS (OHIO = D)	4-FARM WAIVER	4-TALKING ON HANDS-FREE COMMUNICATION DEVICE	4-TEST GIVEN, RESULTS UNKNOWN			
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	5-SEATED IN BACK SEAT OF TRUCK CAB	5-NOT APPLICABLE	5-M/C MOVED ONLY	5-EXCEPT CLASS A BUS	5-EXCEPT CLASS A & CLASS B BUS	5-TEST GIVEN, RESULTS UNKNOWN			
6-CHILD RESTRAINT SYSTEM - REAR FACING	6-SEATED IN BACK SEAT OF TRUCK CAB	6-DEPLOYMENT UNKNOWN	6-NO VALID DL	6-NO VALID DL	7-EXCEPT TRACTOR-TRAILER	7-TEST TYPE			
7-BOOSTER SEAT	7-SEATED IN BACK SEAT OF TRUCK CAB	7-NO APPLICABLE	7-NO VALID DL	8-INTERMEDIATE LICENSE RESTRICTIONS	5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	1-NONE			
8-HELMET USED	8-SEATED IN BACK SEAT OF TRUCK CAB	8-NO APPLICABLE	8-NO VALID DL	9-LEARNER'S PERMIT RESTRICTIONS	6-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	2-BLOOD			
9-PROTECTIVE PADS USED (ELBOW, KNEE, ETC.)	9-SEATED IN BACK SEAT OF TRUCK CAB	9-NO APPLICABLE	9-NO VALID DL	10-LIMITED TO DAYLIGHT ONLY	6-PASSENGER	3-URINE			
10-REFLECTIVE CLOTHING	10-SEATED IN BACK SEAT OF TRUCK CAB	10-NO APPLICABLE	10-NO VALID DL	11-LIMITED TO EMPLOYMENT	7-OTHER DISTRACTION INSIDE THE VEHICLE	4-BREATH			
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY	11-SEATED IN BACK SEAT OF TRUCK CAB	11-NO APPLICABLE	11-NO VALID DL	12-LIMITED - OTHER	8-OTHER DISTRACTION OUTSIDE THE VEHICLE	5-OTHER			
99-OTHER / UNKNOWN	99-SEATED IN BACK SEAT OF TRUCK CAB	99-NO APPLICABLE	99-NO VALID DL	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	9-OTHER / UNKNOWN	6-OPIATES / OPIOIDS			
				14-MILITARY VEHICLES ONLY		7-OTHER			
				15-MOTOR VEHICLES WITHOUT AIR BRAKES		8-NEGATIVE RESULTS			
				16-OUTSIDE MIRROR					
				17-PROSTHETIC AID					
				18-OTHER					



OCCUPANT / WITNESS ADDENDUM

OCCUPANT						LOCAL REPORT NUMBER			
	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER	2 2 0 1 2 7 9 7			
	2 JORDAN, MARY, ELLEN	1 0 3 0 1 9 9 1	30	F					
	ADDRESS: STREET, CITY, STATE, ZIP 813 MARTIN AVE, HAMILTON, OH, 45013	CONTACT PHONE - INCLUDE AREA CODE							
	INJURIES 3 INJURED TAKEN BY 2 EMS AGENCY (NAME) FAIRFIELD MEDIC	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) FORT HAMILTON	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION 0 3	AIR BAG USAGE 0 3	EJECTION 1	TRAPPED 1	
	UNIT # 2 JORDAN, JULIAN	DATE OF BIRTH 0 7 1 3 2 0 1 2	AGE 9	GENDER M					
	ADDRESS: STREET, CITY, STATE, ZIP 813 MARTIN AVE, HAMILTON, OH, 45013	CONTACT PHONE - INCLUDE AREA CODE							
	INJURIES 3 INJURED TAKEN BY 2 EMS AGENCY (NAME) FAIRFIELD MEDIC	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) FORT HAMILTON	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION 0 6	AIR BAG USAGE 0 3	EJECTION 1	TRAPPED 1	
	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER				
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE							
	INJURIES 1 INJURED TAKEN BY 1 EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 1	<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER				
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE							
	INJURIES 1 INJURED TAKEN BY 1 EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 1	<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
	INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE					
	1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED					
	2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT					
	3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE					
	4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE					
	5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE					
	INJURED TAKEN BY	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN					
	1 - NOT TRANSPORTED /TREATED AT SCENE	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION					
	2 - EMS	8 - HELMET USED	8 - THIRD - MIDDLE	1 - NOT EJECTED					
	3 - POLICE	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED					
	9 - OTHER / UNKNOWN	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED					
	GENDER	11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE					
	F - FEMALE	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED					
	M - MALE		13 - TRAILING UNIT	1 - NOT TRAPPED					
	U - OTHER / UNKNOWN		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS					
			15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS					
			99 - OTHER / UNKNOWN						
	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER					
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE							
	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER					
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE							
	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER					
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE							
	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE 0	GENDER					
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE							

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER	22-012797	REPORTING AGENCY	FAIRFIELD PD	DATE OF ACCIDENT
IN COUNTY OF	BUTLER	ACCIDENT LOCATION	DIXIE HIGHWAY AT DONALD DR	
<p><u>DIXIE HWY (STATE RTE. 4)</u></p> <p>10 DONALD DR</p> <p>12</p> <p>STOP 12</p> <p>STOP 12</p> <p>1</p> <p>2</p> <p>3</p> <p>N</p> <p>164</p>				
OFFICERS SIGNATURE				