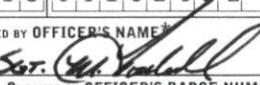
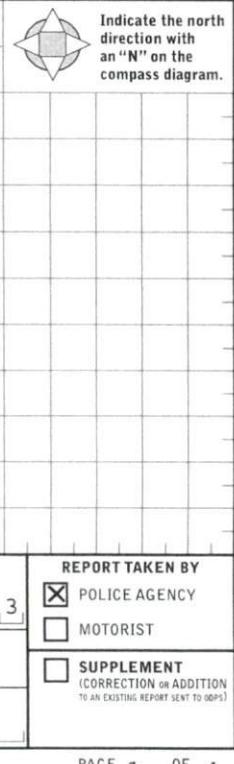


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <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 </div> <div style="width: 40%;"> LOCAL INFORMATION </div> <div style="width: 30%;"> REPORTING AGENCY NAME* Fairfield Police Department NCIC* 0 0 9 0 1 </div> </div>				LOCAL REPORT NUMBER* 2 2 0 2 7 3 2 5																																																																																						
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UNIT

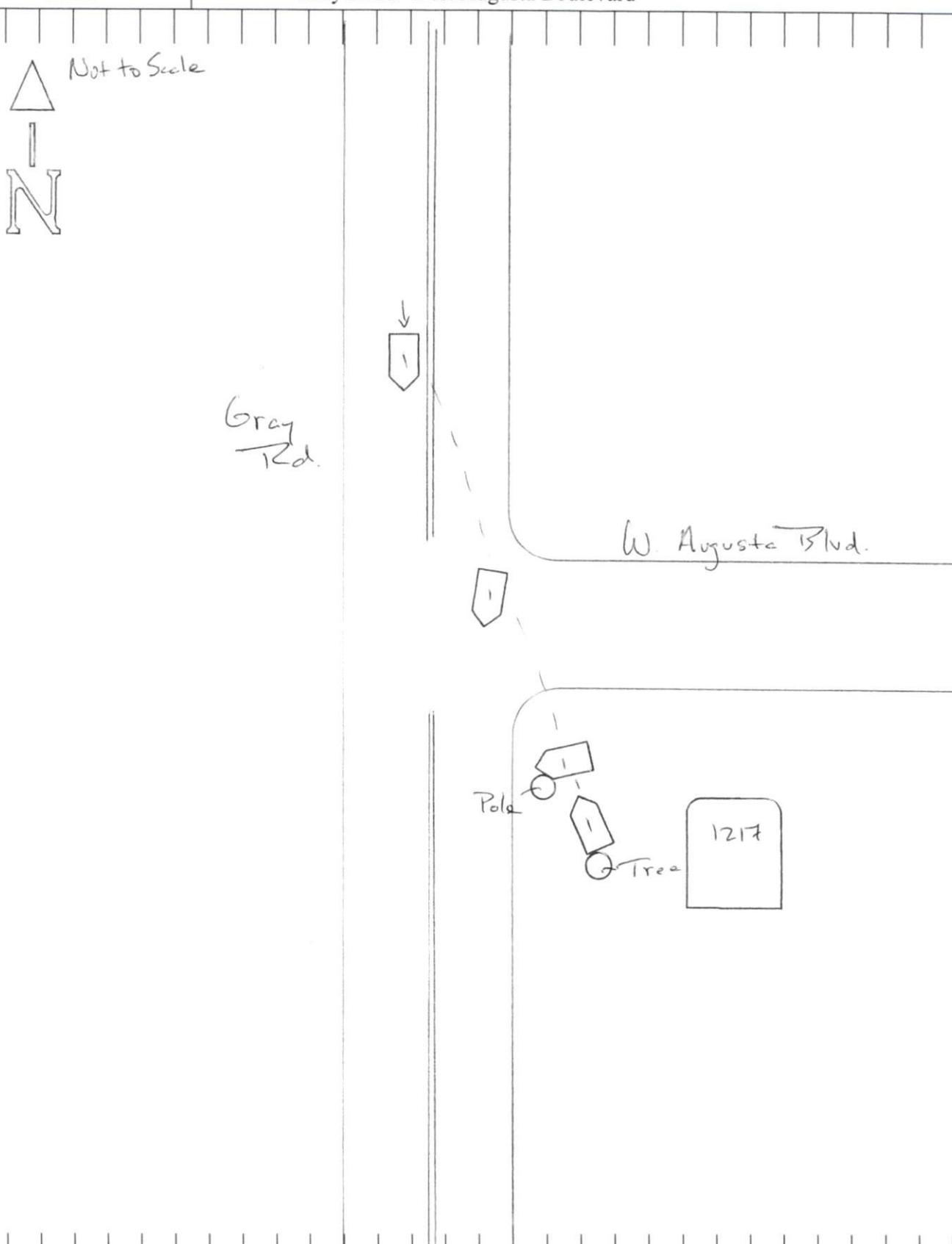
OWNER # 0 1	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)		
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)		COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE O H	LICENSE PLATE # JSB2728	VEHICLE IDENTIFICATION # 6G2VX12U76L536093	VEHICLE YEAR 2006	VEHICLE MAKE Pontiac
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY State Farm	INSURANCE POLICY # 4159674F1535J	COLOR L. Blu	VEHICLE MODEL GTO
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME Fox Towing	
INTERLOCK DEVICE EQUIPPED		#OCCUPANTS 0 1	VEHICLE WEIGHT GW/GCWR 1. <10K LBS. 2. 10,001 - 26K LBS. 3. >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
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)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNITTRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	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
UNIT TYPE 0 1	# OF TRAILING UNITS			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
2	1 - YES 2 - NO 9 - OTHER / UNKNOWN	AUTONOMOUS MODE LEVEL 0		
SPECIAL FUNCTION 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 9 - BUS - OTHER 5 - BUS - TRANSIT/COMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 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 21 - MAIL CARRIER 99 - OTHER / UNKNOWN
CARGO BODY TYPE 0 1		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 4 - LOGGING 5 - STEERING 6 - TIRE BLOWOUT	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 15 - CONCRETE MIXER 16 - AUTO TRANSPORTER 17 - GARBAGE/REFUSE 18 - CONCRETE MIXER 19 - AUTO TRANSPORTER 20 - GARBAGE/REFUSE 21 - MAIL CARRIER 99 - OTHER / UNKNOWN
VEHICLE DEFECTS 1		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT
NON-MOTORIST LOCATION AT IMPACT 1		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN
ACTION 3		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - PRE-CRASH 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN
CONTRIBUTING CIRCUMSTANCES 0 5		1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACD 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/ SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
SEQUENCE OF EVENTS				
NON-COLLISION				
1 0 9	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 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
COLLISION WITH FIXED OBJECT - STRUCK				
1 4 0	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 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 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
1	FIRST HARMFUL EVENT	2	MOST HARMFUL EVENT	

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



MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST					NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH			AGE		GENDER			
UNIT #	0 1	Marcotte, Chance Patrick					1 2 0 5 2 0 0 3			1 8		M					
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE												
5538 Chesapeake Way Fairfield, OH 45014																	
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	
5						0 4		<input type="checkbox"/>		0 1		1		1		1	
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION					CITATION NUMBER				
O H				331.34a		<input checked="" type="checkbox"/>		Failure to Control					251023				
OL 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	
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE		OFFENSE DESCRIPTION					CITATION NUMBER				
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					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG												
UNIT # NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH			AGE		GENDER		
													0				
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE												
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					<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG												
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-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		5-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-EXCEPT CLASS A & CLASS B BUS													
1-NOT TRANSPORTED / TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	6-SECOND - RIGHT SIDE	6-NOT VALID OL	7-EXCEPT TRACTOR-TRAILER COMMUNICATION DEVICE													
2-EMS	8-THIRD - MIDDLE	7-THIRD - RIGHT SIDE		8-INTERMEDIATE LICENSE RESTRICTIONS	1-NONE												
3-POLICE	9-THIRD - RIGHT SIDE			9-LEARNER'S PERMIT RESTRICTIONS	2-BLOOD												
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB			10-LIMITED TO DAYLIGHT ONLY	3-URINE												
SAFETY EQUIPMENT		11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		11-LIMITED TO EMPLOYMENT	4-BREATH												
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA	1-NOT EJECTED	H-HAZMAT	12-LIMITED - OTHER	5-OTHER												
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT	2-PARTIALLY EJECTED	M-MOTORCYCLE	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)													
3-LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	3-TOTALLY EJECTED	P-PASSENGER	14-MILITARY VEHICLES ONLY													
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST	4-NOT APPLICABLE	N-TANKER	15-MOTOR VEHICLES WITHOUT AIR BRAKES													
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	99-OTHER / UNKNOWN		Q-MOTOR SCOOTER	16-OUTSIDE MIRROR													
6-CHILD RESTRAINT SYSTEM - REAR FACING			S-SCHOOL BUS	17-PROSTHETIC AID													
7-BOOSTER SEAT			T-DOUBLE & TRIPLE TRAILERS	18-OTHER													
8-HELMET USED			X-TANKER / HAZMAT														
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)																	
10-REFLECTIVE CLOTHING																	
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY																	
99-OTHER / UNKNOWN																	
INJURIES		EJECTION		OL ENDORSEMENT		TRAPPED		CONDITION		DRUG TEST TYPE							
1-NOT TRAPPED	2-EXTRICATED BY MECHANICAL MEANS	3-FREED BY NON-MECHANICAL MEANS	R-THREE-WHEEL MOTORCYCLE	S-SCHOOL BUS	T-DOUBLE & TRIPLE TRAILERS	X-TANKER / HAZMAT	1-NOT TRAPPED	2-EXTRICATED BY MECHANICAL MEANS	3-FREED BY NON-MECHANICAL MEANS	R-THREE-WHEEL MOTORCYCLE	S-SCHOOL BUS	T-DOUBLE & TRIPLE TRAILERS	X-TANKER / HAZMAT				
SAFETY EQUIPMENT		TRAPPED		GENDER		GENDER		CONDITION		DRUG TEST TYPE							
1-FEMALE	M-MALE	U-OTHER / UNKNOWN	F-FEMALE	M-MALE	U-OTHER / UNKNOWN	F-FEMALE	M-MALE	U-OTHER / UNKNOWN	F-FEMALE	M-MALE	U-OTHER / UNKNOWN	F-FEMALE	M-MALE	U-OTHER / UNKNOWN			
2-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	4-ILLNESS	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	7-OTHER	8-REFLECTIVE CLOTHING	9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	10-REFLECTIVE CLOTHING	11-LIGHTING - PEDESTRIAN / BICYCLE ONLY	12-HELMET USED	13-CHILD RESTRAINT SYSTEM - FORWARD FACING	14-CHILD RESTRAINT SYSTEM - REAR FACING	15-BOOSTER SEAT	16-HELMET USED			
99-OTHER / UNKNOWN	3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	4-ILLNESS	5-FELL ASLEEP, FAINTED, FATIGUED, ETC.	6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	7-OTHER	8-REFLECTIVE CLOTHING	9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	10-REFLECTIVE CLOTHING	11-LIGHTING - PEDESTRIAN / BICYCLE ONLY	12-HELMET USED	13-CHILD RESTRAINT SYSTEM - FORWARD FACING	14-CHILD RESTRAINT SYSTEM - REAR FACING	15-BOOSTER SEAT	16-HELMET USED			
SAFETY EQUIPMENT		GENDER		CONDITION		DRUG TEST RESULT(S)											
1-AMPHETAMINES	2-BARBITURATES	3-BENZODIAZEPINES	4-CANNABINOID	5-COCAIN	6-OPIATES / OPIOIDS	7-OTHER	8-NEGATIVE RESULTS										

LOCAL REPORT NUMBER	22-027325	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	4/18/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	Gray Road/ West Augusta Boulevard		
					
Not to Scale					
OFFICER'S SIGNATURE			BADGE NO. 169		