



## TRAFFIC CRASH REPORT

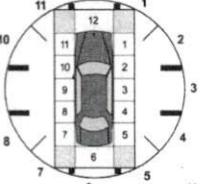
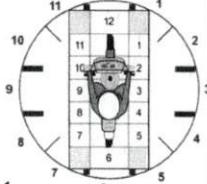
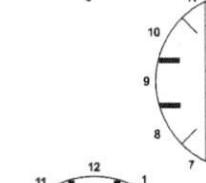
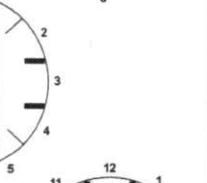
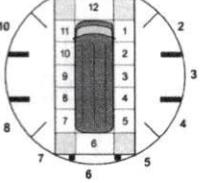
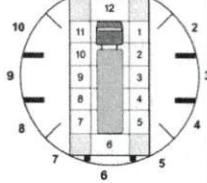
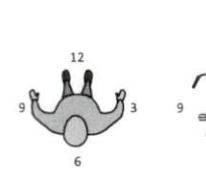
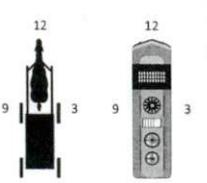
\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL INFORMATION				LOCAL REPORT NUMBER*				
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		REPORTING AGENCY NAME* NCIC* Fairfield Police Department 009001		2 2 0 4 7 5 2 1		HIT/SKIP NUMBER OF UNITS UNIT IN ERROR 1 1-SOLVED 0 2 0 1 98-ANIMAL 2-UNSOLVED 99-UNKNOWN		
COUNTY* 0 9	LOCALITY* 1-CITY 2-VILLAGE 3-TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield				CRASH DATE / TIME* 07042022 1108		
ROUTE TYPE [ ]		ROUTE NUMBER [ ]	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST [ ]	LOCATION ROAD NAME South Gilmore	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 39.306339		
ROUTE TYPE [ ]		ROUTE NUMBER [ ]	PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST [ ]	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 6325	ROAD TYPE [ ]	LONGITUDE DECIMAL DEGREES -84.526227		
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 AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED [ ] WITHIN INTERSECTION OR ON APPROACH [ ] WITHIN INTERCHANGE AREA    NUMBER OF APPROACHES ROADWAY [ ] ROADWAY DIVIDED			
DISTANCE FROM REFERENCE [ ]		DISTANCE UNIT OF MEASURE 1-MILES 2-FEET 3-YARDS [ ]	MANNER OF CRASH COLLISION/IMPACT 1-NOT COLLISION 2-BEFORE 3-BETWEEN 4-TWO MOTOR VEHICLES IN 5-TRANSPORT 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-HEAD-ON 5				DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST [ ]	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
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		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 WARNING SIGN 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA [ ]	CONTOUR 1 [ ]	CONDITIONS 1 [ ]	SURFACE 2 [ ]	
LIGHT CONDITION 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN 1		WEATHER 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 0 1 [ ]				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 [ ]	
NARRATIVE On 07/04/2022 at 11:08 A.M., unit 1 was backing northbound out of a parking space in the private parking lot of 6325 South Gilmore Rd., when it struck unit 2, which was parked to the northeast of unit 1. The driver of unit 1 left the scene without stopping.  A witness obtained the license plate for unit 1.  The driver of unit 1 was located a short time later and advised that he was not aware that he caused any damage to unit 2.								
SEE OH-2								
CRASH REPORTED DATE / TIME 07042022 1132				DISPATCH DATE / TIME 07042022 1135		ARRIVAL DATE / TIME 07042022 1136	SCENE CLEARED DATE / TIME 07042022 1155	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 QDPS)
TOTAL TIME ROADWAY CLOSED TOTAL TIME ROADWAY CLOSED 3 0		OTHER INVESTIGATION TIME TOTAL MINUTES 5 0	OFFICER'S NAME* C. Singleton		CHECKED BY OFFICER'S NAME* S [ ]		CHECKED BY OFFICER'S BADGE NUMBER* 103 [ ]	
HSY7001 OH1 1/19 [760-0820] PAGE 1 OF 6								



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

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER)																																																																							
0 1	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 O H	LICENSE PLATE # EJA4997	VEHICLE IDENTIFICATION # 4T13Z1F13C93U552517	VEHICLE YEAR 2003	VEHICLE MAKE Toyota																																																																						
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY State Farm	INSURANCE POLICY # 9199685A1835	COLOR Silver	VEHICLE MODEL Sienna																																																																						
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME																																																																							
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input checked="" type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 0 2	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																																																																						
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LOCAL REPORT NUMBER 2 2 0 4 7 5 2 1	
DAMAGE DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL 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 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
<input type="checkbox"/> ONE-WAY	<input type="checkbox"/> ROUNDABOUT
<input type="checkbox"/> TWO-WAY	<input type="checkbox"/> STOP SIGN
	<input type="checkbox"/> SIGNAL
	<input type="checkbox"/> YIELD SIGN
	<input type="checkbox"/> FLASHER
	<input type="checkbox"/> NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
<input type="checkbox"/> 1	<input type="checkbox"/> NOT INVOLVED
	<input type="checkbox"/> INVOLVED-ACTIVE CROSSING
	<input type="checkbox"/> INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 2	TO 1
1 - NORTH	5 - NORTHEAST
2 - SOUTH	6 - NORTHWEST
3 - EAST	7 - SOUTHEAST
4 - WEST	8 - SOUTHWEST
9 - OTHER/ UNKNOWN	
UNIT SPEED	DETECTED SPEED
5   1   1	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
	



## UNIT

LOCAL REPORT NUMBER												
2	2	0	4	7	5	2	1					
<b>DAMAGE</b>												
<b>DAMAGE SCALE</b>												
<u>2</u>		1 - NONE			3 - FUNCTIONAL DAMAGE			5 - SEVERE DAMAGE			7 - CRITICAL DAMAGE	
		2 - MINOR DAMAGE			4 - DISABLING DAMAGE			6 - DESTROYED			8 - UNKNOWN	
<b>DAMAGED AREA(S)</b> INDICATE ALL THAT APPLY												
						<img alt="Diagram of a vehicle showing damage						



# MOTORIST / Non-MOTORIST

MOTORIST / NON-MOTORIST	LOCAL REPORT NUMBER										
	2 2 0 4 7 5 2 1										
	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER						
	0 1	Gressler, Lawrence	0 9 1 4 1 9 4 2	7 9	M						
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE									
	5440 Vonderhaar Ct. Fairfield, Ohio 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										
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				
MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER						
	0 2										
	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"/>					
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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"/>					
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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-TALKING ON HANDS-FREE COMMUNICATION DEVICE						
INJURED TAKEN BY	6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID OL	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)	1-NOT EJECTED	7-INTERMEDIATE LICENSE RESTRICTIONS	7-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE							
2-EMS	8-THIRD - MIDDLE	2-PARTIALLY EJECTED	8-HAZMAT	8-OTHER							
3-POLICE	9-THIRD - RIGHT SIDE	3-TOTALLY EJECTED	M-MOTORCYCLE								
9-OTHER / UNKNOWN	10-SLEEPER SECTION OF TRUCK CAB	4-NOT APPLICABLE	P-PASSENGER								
SAFETY EQUIPMENT	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1-NOT TRAPPED	N-TANKER								
1-NONE USED	12-PASSENGER IN UNENCLOSED CARGO AREA	2-EXTRICATED BY MECHANICAL MEANS	Q-MOTOR SCOOTER								
2-SHOULDER BELT ONLY USED	13-TRAILING UNIT	3-FREED BY NON-MECHANICAL MEANS	R-THREE-WHEEL MOTORCYCLE								
3-LAP BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		S-SCHOOL BUS								
4-SHOULDER & LAP BELT USED	15-NON-MOTORIST		T-DOUBLE & TRIPLE TRAILERS								
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	99-OTHER / UNKNOWN		X-TANKER / HAZMAT								
6-CHILD RESTRAINT SYSTEM - REAR FACING		TRAPPED	GENDER								
7-BOOSTER SEAT		1-NOT TRAPPED	F-FEMALE								
8-HELMET USED		2-EXTRICATED BY MECHANICAL MEANS	M-MALE								
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		3-FREED BY NON-MECHANICAL MEANS	U-OTHER / UNKNOWN								
10-REFLECTIVE CLOTHING			CONDITION								
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY			1-APPARENTLY NORMAL								
99-OTHER / UNKNOWN			2-PHYSICAL IMPAIRMENT								
			3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)								
			4-ILLNESS								
			5-FELL ASLEEP, FAINTED, FATIGUED, ETC.								
			6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL								
			9-OTHER / UNKNOWN								
			DRUG TEST TYPE								
			1-AMPHETAMINES								
			2-BARBITURATES								
			3-BENZODIAZEPINES								
			4-CANNABINOID								
			5-COCAIN								
			6-OPIATES / OPIOIDS								
			7-OTHER								
			8-NEGATIVE RESULTS								

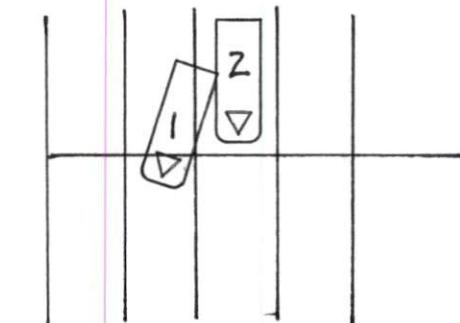


# OCCUPANT / WITNESS ADDENDUM

OCCUPANT	LOCAL REPORT NUMBER 2 2 0 4 7 5 2 1															
	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER								
1	Gressler, Tinnia			0 4 1	2 1 9	4 4	7 8	F								
ADDRESS: STREET, CITY, STATE, ZIP 5440 Vonderhaar Ct. Fairfield, Ohio 45014																
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-Compliant MC HELMET <table border="1"> <tr> <td>0</td> <td>3</td> <td>0</td> <td>1</td> <td>1</td> <td>1</td> </tr> </table>						0	3	0	1	1	1
0	3	0	1	1	1											
5				0 4												
UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER									
				0												
ADDRESS: STREET, CITY, STATE, ZIP																
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-Compliant MC HELMET <table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>											
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				0												
ADDRESS: STREET, CITY, STATE, ZIP																
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UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER									
				0												
ADDRESS: STREET, CITY, STATE, ZIP																
OCCUPANT	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	9 - DEPLOYMENT UNKNOWN													
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - BOOSTER SEAT	7 - THIRD - MIDDLE	1 - NOT EJECTED													
2 - EMS	8 - HELMET USED	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED													
3 - POLICE	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED													
9 - OTHER / UNKNOWN	10 - REFLECTIVE CLOTHING	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE													
GENDER		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	12 - PASSENGER IN UNENCLOSED CARGO AREA													
F - FEMALE	99 - OTHER / UNKNOWN	13 - TRAILING UNIT	1 - NOT TRAPPED													
M - MALE		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS													
U - OTHER / UNKNOWN		15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS													
		99 - OTHER / UNKNOWN														
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER								
	Campbell, Michael				0 7 2	5 1 9 6 5	5 6	M								
ADDRESS: STREET, CITY, STATE, ZIP 1416 Forester Dr. Cincinnati, Ohio 45240					CONTACT PHONE - INCLUDE AREA CODE											
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER								
					0											
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE											
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					0											
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE											

LOCAL REPORT NUMBER	22-047521	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	6325 South Gilmore Rd.	7/4/22

\* Not to Scale



\* private property parking lot

OFFICER'S SIGNATURE

C. Singleton

BADGE NO

89