



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

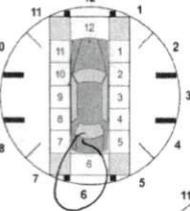
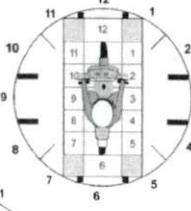
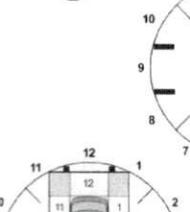
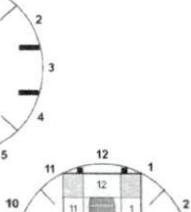
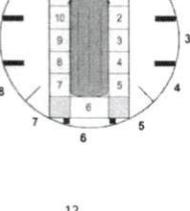
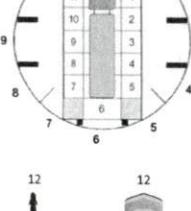
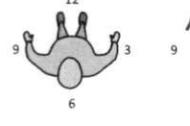
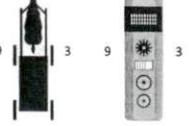
LOCAL INFORMATION				LOCAL REPORT NUMBER*				
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		REPORTING AGENCY NAME* Fairfield Police Department		NCIC*	2 2 0 5 1 8 7 2	UNIT IN ERROR 98 - ANIMAL 0 1 99 - UNKNOWN		
COUNTY* 0 9	LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* City of Fairfield			CRASH DATE / TIME* 07202022 1849	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY		
ROUTE TYPE S R	ROUTE NUMBER 4	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME South Gilmore	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 3 9 3 3 2 5 0 5	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE L D	LONGITUDE DECIMAL DEGREES - 8 4 5 2 1 9 1 7
ROUTE TYPE S R	ROUTE NUMBER 4	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE L D	LONGITUDE DECIMAL DEGREES - 8 4 5 2 1 9 1 7			
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 5 0	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 2	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 OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA				
DISTANCE FROM REFERENCE 5 0	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS	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 OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	NUMBER OF APPROACHES 4				
LOCATION OF FIRST HARMFUL EVENT 0 1 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 6 1 - NOT COLLISION 2 - TWO MOTOR VEHICLES IN TRANSPORT 3 - REAR-END 4 - HEAD-ON	ROADWAY ROADWAY DIVIDED				
MANNER OF CRASH COLLISION/IMPACT 6 1 - NOT COLLISION 2 - TWO MOTOR VEHICLES IN TRANSPORT 3 - REAR-END 4 - HEAD-ON			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 0 1	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		WEATHER 0 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL	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 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	CONDITIONS 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		
NARRATIVE On 07/20/22 at 6:49 P.M. Unit 1 was traveling north east on South Gilmore Rd. Unit 1 failed to assure clear distance ahead and rear ended Unit 2, who was stopped at a traffic light.				 Indicate the north direction with an "N" on the compass diagram.				
				See OH-2				
CRASH REPORTED DATE / TIME 07202022 1849		DISPATCH DATE / TIME 07202022 1851		ARRIVAL DATE / TIME 07202022 1855		SCENE CLEARED DATE / TIME 07202022 1955	REPORT TAKEN BY	
TOTAL TIME ROADWAY CLOSED 1 0		OTHER INVESTIGATION TIME 3 0		TOTAL MINUTES 9 4		OFFICER'S NAME* D. Miller	<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)	
						OFFICER'S BADGE NUMBER* 1 6 7	CHECKED BY OFFICER'S NAME* <i>Sgt. Aaron Meyer</i> CHECKED BY OFFICER'S BADGE NUMBER* <i>132</i>	



UNIT

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)	DAMAGE																											
0 1	Sau, Jolie			DAMAGE SCALE																											
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)			4098 Fairfield Falls Ct. Liberty Twp. OH 45011	1 - NONE 3 - FUNCTIONAL DAMAGE																											
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	2 - MINOR DAMAGE 4 - DISABLING DAMAGE																											
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE																											
O, H	JMU1964	1F TYR2CM3HKA51558	2011	Ford																											
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR	VEHICLE MODEL																											
	Founders	IT0H279545	White	Transit																											
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME																												
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE																													
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS	HAZARDOUS MATERIAL																												
0 5		0 2	<input type="checkbox"/> MATERIAL RELEASED	CLASS #																											
UNIT TYPE	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 UNIT TRUCK	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			
0	# OF TRAILING UNITS																														
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?												0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN																	
2	1 - YES 2 - NO 9 - OTHER / UNKNOWN											0	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION																	
AUTONOMOUS MODE LEVEL												2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION																		
0 1	1 - NONE	2 - TAXI	3 - ELECTRONIC RIDE SHARING	4 - SCHOOL TRANSPORT	5 - BUS - TRANSIT/COMMUTER	6 - BUS - CHARTER/TOUR	7 - BUS - INTERCITY	8 - BUS - SHUTTLE	9 - BUS - OTHER	10 - AMBULANCE	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	1 - NO CARGO BODY TYPE / NOT APPLICABLE	2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	4 - LOGGING	5 - CARGO VAN/ENCLOSED BOX	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 - DUMP	16 - CONCRETE MIXER	17 - AUTO TRANSPORTER	18 - GARBAGE/REFUSE	19 - DUMP	20 - SAFETY SERVICE PATROL	99 - OTHER / UNKNOWN										
VEHICLE DEFECTS	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	11 -	12 -	13 -	14 -	15 -	16 -	17 -	18 -	19 -	20 -	99 - OTHER / UNKNOWN										
NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK	2 - INTERSECTION - UNMARKED CROSSWALK	3 - TRAVEL LANE - OTHER LOCATION	4 - MIDDLEBLOCK - MARKED CROSSWALK	5 - SIDEWALK	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	13 -	14 -	15 -	16 -	17 -	18 -	19 -	20 -	99 - OTHER / UNKNOWN										
ACTION	1 - NON-CONTACT	2 - NON-COLLISION	3 - STRIKING	0 1	4 - PRE-CRASH	5 - BOTH STRIKING ACTIONS	6 - STRUCK & STRUCK	7 - STRIKING	8 - STRUCK	9 - OTHER / UNKNOWN	10 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	12 - MAKING LEFT TURN	13 - MAKING U-TURN	14 - ENTERING TRAFFIC LANE	15 - LEAVING TRAFFIC LANE	16 - PARKED	17 - NEGOTIATING A CURVE	18 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - WALKING, RUNNING, JOGGING, PLAYING	20 - PARKED	21 - STANDING OUTSIDE DISABLED VEHICLE	22 - STANDING	23 - DRIVING	24 - APPROACHING OR LEAVING VEHICLE	25 -					
CONTRIBUTING CIRCUMSTANCES	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 / ACDA	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	24 - OTHER IMPROPER ACTION	25 -						
SEQUENCE OF EVENTS												NON-COLLISION																			
1 2 0	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	25 -						
4	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	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	55 -
5	1 - STATED / ESTIMATED SPEED	2 - CALCULATED / EDR	3 - UNDETERMINED																												
6	1 - 0	1	3 - 5																												
FIRST HARMFUL EVENT												MOST HARMFUL EVENT																			

OWNER UNIT # 0 1 2	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 O H	LICENSE PLATE # FYV1776	VEHICLE IDENTIFICATION # J T D K N 3 D U 5 C 5 5 0 0 2 6 6	VEHICLE YEAR 2 0 1 2	VEHICLE MAKE Toyota
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Liberty Mutual	INSURANCE POLICY # AOV-281-507336-7029	COLOR White	VEHICLE MODEL Prius
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	
INTERLOCK DEVICE EQUIPPED		#OCCUPANTS 0 2	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD <input checked="" type="checkbox"/> PLACARD
UNIT TYPE 0 1		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		
# OF TRAILING UNITS 0		7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED 11 - ALL-TERRAIN VEHICLE (ATV / UTV)		
1 - MOTORCYCLE 2-WHEELED 2 - SNOWMOBILE 3 - SINGLE UNIT TRUCK 4 - SEMI-TRACTOR 5 - FARM EQUIPMENT 6 - MOTORHOME		12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 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 99 - UNKNOWN OR HIT/SKIP		23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 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 0				
1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 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		
1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - CARGO VAN/ENCLOSED BOX 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL		
1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 15 - OTHER / UNKNOWN		
1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		1 - INTERSECTION - OTHER 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION		
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS		
1 - NON-CONTACT 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		12 - FIRST RESPONDER AT INCIDENT SCENE 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - PARKED 16 - SLOWING OR STOPPED IN TRAFFIC 17 - MAKING RIGHT TURN 18 - MAKING LEFT TURN 19 - WORKING 20 - DRIVERLESS		
1 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 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 24 - OTHER IMPROPER ACTION		
SEQUENCE OF EVENTS 1 2 0		NON-COLLISION 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE		
1 - 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		
21 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT		22 - WORK ZONE MAINTENANCE EQUIPMENT 25 - DITCH 26 - FENCE 27 - MAILBOX 28 - TREE 29 - FIRE HYDRANT		
25 - WORK ZONE MAINTENANCE EQUIPMENT 26 - DITCH 27 - FENCE 28 - MAILBOX 29 - TREE 30 - FIRE HYDRANT		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 SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT		
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 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		
1 - FIRST HARMFUL EVENT 1		1 - MOST HARMFUL EVENT 1		

LOCAL REPORT NUMBER 2 2 0 5 1 8 7 2	
DAMAGE DAMAGE SCALE 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 15 - VEHICLE NOT AT SCENE DIAGRAM 99 - UNKNOWN 13 - TOP	
TRAFFIC TRAFFIC WAY FLOW 1 - ONE-WAY 2 - TWO-WAY [2]	
TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD 4	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING [1] 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 [8] TO [5]	
UNIT SPEED 0	DETECTED SPEED 1
POSTED SPEED 3 5	



MOTORIST / Non-MOTORIST

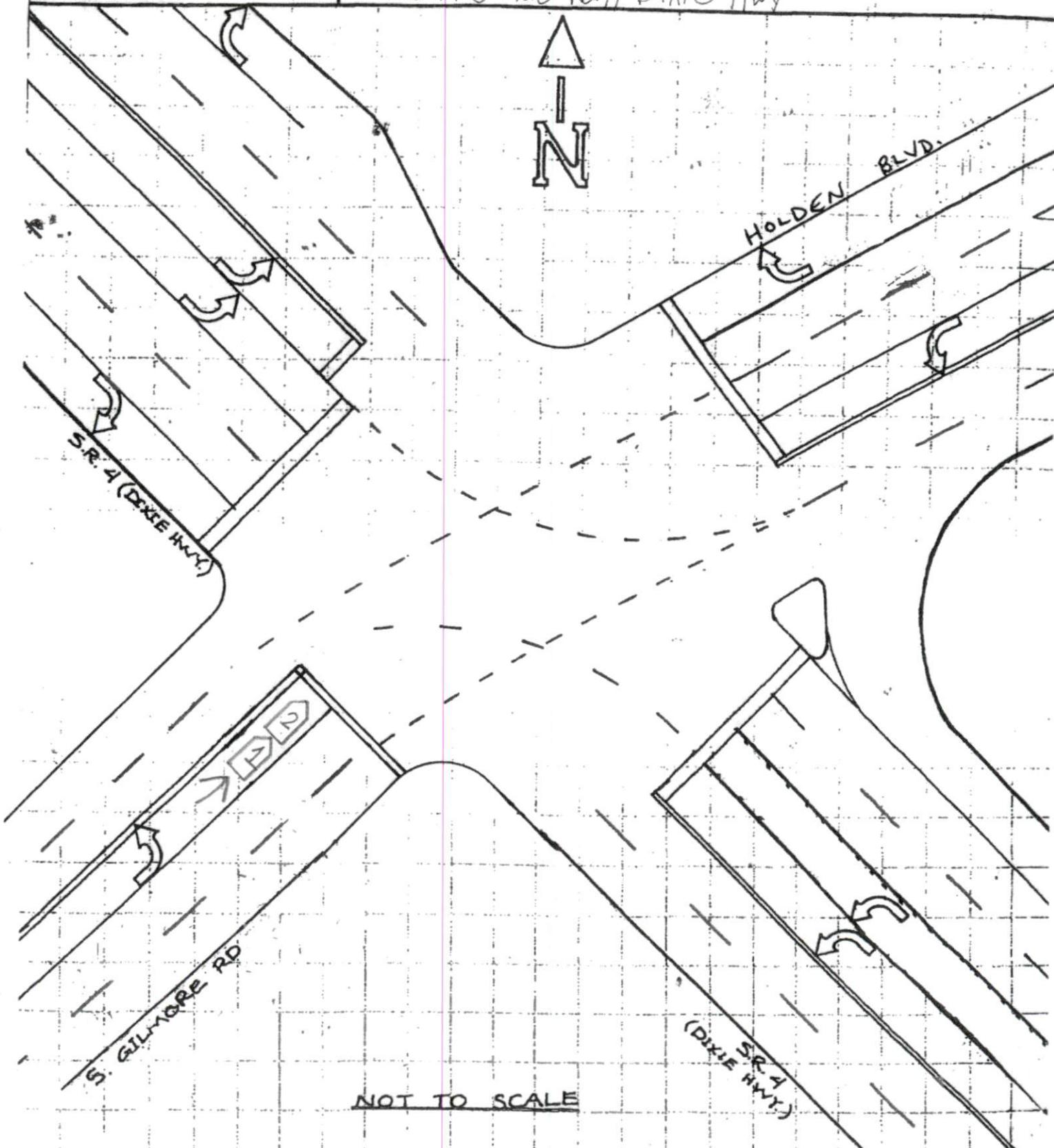
UNIT #		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE	GENDER			
0 1	Kanga, Noel				1	2	2	5	1	9	7	0	5 1	M
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE								
6836 Lakeside Dr. Apt 202C, West Chester, OH 45069														
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1					
OL STATE O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 333.03 A	LOCAL CODE <input checked="" type="checkbox"/>	OFFENSE DESCRIPTION ACDA			CITATION NUMBER 251761						
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	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	GENDER				
0 2	Yater, Michael				0	8	1	8	1	9	8	5	M	
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE								
1116 Hayes Ave. Hamilton, OH 45015														
INJURIES 4	INJURED TAKEN BY 2	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1					
OL STATE O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER						
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	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	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 <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER						
OL 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	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	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	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	5- TEST GIVEN, RESULTS UNKNOWN								
INJURED TAKEN BY				9- DEPLOYMENT UNKNOWN	6- NO VALID OL	6- EXCEPT CLASS A & CLASS B BUS								
1- NOT TRANSPORTED / TREATED AT SCENE				7- NOT DEPLOYED	7- EXCEPT TRACTOR-TRAILER	7- EXTRACTING ON HAND-HELD COMMUNICATION DEVICE								
2- EMS				8- DEPLOYED FRONT	8- INTERMEDIATE LICENSE RESTRICTIONS	8- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE								
3- POLICE				9- DEPLOYED SIDE	9- LEARNER'S PERMIT RESTRICTIONS	9- TEST REFUSED								
9- OTHER / UNKNOWN				10- DEPLOYED BOTH FRONT / SIDE	10- LIMITED TO DAYLIGHT ONLY	10- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE								
SAFETY EQUIPMENT				11- NOT APPLICABLE	11- LIMITED TO EMPLOYMENT	11- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE								
1- NONE USED				12- NOT DEPLOYED	12- LIMITED - OTHER	12- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE								
2- SHOULDER BELT ONLY USED				13- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE								
3- LAP BELT ONLY USED				14- PASSENGER IN UNENCLOSED CARGO AREA	14- MILITARY VEHICLES ONLY	14- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE								
4- SHOULDER & LAP BELT USED				15- FREED BY MECHANICAL MEANS	15- MOTOR VEHICLES WITHOUT AIR BRAKES	15- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE								
5- CHILD RESTRAINT SYSTEM - FORWARD FACING				16- FREED BY NON-MECHANICAL MEANS	16- OUTSIDE MIRROR	16- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE								
6- CHILD RESTRAINT SYSTEM - REAR FACING				17- NOT APPLICABLE	17- PROSTHETIC AID	17- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE								
7- BOOSTER SEAT				18- NOT APPLICABLE	18- OTHER	18- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE								
8- HELMET USED				19- NOT APPLICABLE	19- NOT APPLICABLE	19- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE								
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)				20- NOT APPLICABLE	20- NOT APPLICABLE	20- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE								
10- REFLECTIVE CLOTHING				21- NOT APPLICABLE	21- NOT APPLICABLE	21- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE								
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY				22- NOT APPLICABLE	22- NOT APPLICABLE	22- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE								
99- OTHER / UNKNOWN				23- NOT APPLICABLE	23- NOT APPLICABLE	23- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE								
TEST STATUS				TEST STATUS	TEST STATUS	TEST STATUS								
ALCOHOL TEST TYPE				ALCOHOL TEST TYPE	ALCOHOL TEST TYPE	ALCOHOL TEST TYPE								
1- NONE				1- NONE	1- NONE	1- NONE								
2- BLOOD				2- BLOOD	2- BLOOD	2- BLOOD								
3- URINE				3- URINE	3- URINE	3- URINE								
4- BREATH				4- BREATH	4- BREATH	4- BREATH								
5- OTHER				5- OTHER	5- OTHER	5- OTHER								
DRUG TEST TYPE				DRUG TEST TYPE	DRUG TEST TYPE	DRUG TEST TYPE								
1- NONE				1- NONE	1- NONE	1- NONE								
2- BLOOD				2- BLOOD	2- BLOOD	2- BLOOD								
3- URINE				3- URINE	3- URINE	3- URINE								
4- OTHER				4- OTHER	4- OTHER	4- OTHER								
DRUG TEST RESULT(S)				DRUG TEST RESULT(S)	DRUG TEST RESULT(S)	DRUG TEST RESULT(S)								
1- AMPHETAMINES				1- AMPHETAMINES	1- AMPHETAMINES	1- AMPHETAMINES								
2- BARBITURATES				2- BARBITURATES	2- BARBITURATES	2- BARBITURATES								
3- BENZODIAZEPINES				3- BENZODIAZEPINES	3- BENZODIAZEPINES	3- BENZODIAZEPINES								
4- CANNABINOID				4- CANNABINOID	4- CANNABINOID	4- CANNABINOID								
5- COCAINE				5- COCAINE	5- COCAINE	5- COCAINE								
6- OPIATES / OPIOIDS				6- OPIATES / OPIOIDS	6- OPIATES / OPIOIDS	6- OPIATES / OPIOIDS								
7- OTHER				7- OTHER	7- OTHER	7- OTHER								
8- NEGATIVE RESULTS				8- NEGATIVE RESULTS	8- NEGATIVE RESULTS	8- NEGATIVE RESULTS								



OCCUPANT / WITNESS ADDENDUM

		LOCAL REPORT NUMBER								
		2 2 0 5 1 8 7 2								
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
	1	Sau, David			0 9 0 5 1 9 6 9	5 2	M			
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE								
4098 Fairfield Falls Ct. Liberty Twp. OH 45011										
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED					
5					0 4	<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION 0 3	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
	2	Yater, Sophia			1 1 0 3 2 0 1 2	9	F			
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE								
1116 Hayes Ave. Hamilton, OH 45015										
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED					
5					0 4	<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION 0 6	AIR BAG USAGE 0 1	EJECTION 1	TRAPPED 1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
						0				
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE								
1116 Hayes Ave. Hamilton, OH 45015										
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
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
						0				
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE								
1116 Hayes Ave. Hamilton, OH 45015										
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			
NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH						AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE								
NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH						AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE								
NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH						AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE								

LOCAL REPORT NUMBER PD-22-051872	REPORTING AGENCY FAIRFIELD P.D.	DATE OF CRASH M 7 D 20 Y 2022
IN COUNTY OF BUTLER	CRASH LOCATION South Gilmore Rd. // Dixie Hwy	



OFFICER'S SIGNATURE

X PO [Signature]

BADGE NUMBER

167