Traffic Crash Report

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

Local Information

Local Report Number *: 1608776 6

Crash Severity: 3 (1 - Fatal, 2 - Injury, 3 - PDO)

Hit/Skip: 2 (1 - Solved, 2 - Unsolved)

■ Photos Taken ■ OH-2 ☐ OH-1P ☐ OH-3 ☐ Other

☐ PDO Under State Reportable Dollar Amount

☐ Private Property

Reporting Agency NCIC *: 09901

Reporting Agency Name *: Fairfield Police Department

Number of Units: 02

Unit in error: 01 (98 - Animal, 99 - Unknown)

County *: 09

■ City * ☐ Village * ☐ Township *

City, Village, Township *: Fairfield

Crash Date *: 12/06/2016

Time of Crash: 0549

Day of Week: TUE

Degrees / Minutes / Seconds — Latitude 0 / " Longitude 0 / "

OR

Decimal Degrees — Latitude 39.874523 Longitude -84.354975

Roadway Division: ☐ Divided ■ Undivided

Divided Lane Direction of Travel: N - Northbound, E - Eastbound, S - Southbound, W - Westbound

Number of Thru Lanes: 04

Road Types or Milepost [2]: 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

Location Route Type [1]: SR

Location Route Number: 4

Loc Prefix: N,S, E,W

Location Road Name: By-Pass

Location Road Type [2]

Route Types [1]: IR - Interstate Route (inc. turnpike), US - US Route, SR - State Route, CR - Numbered County Route, TR - Numbered Township Route

Distance From Reference: 100 ☐ Miles ■ Feet ☐ Yards

Dir From Ref: N (N,S, E,W)

OF

Reference Route Type [1]: SR

Reference Route Number: 4

Ref Prefix: N,S, E,W

Reference Name (Road, Milepost, House #): Dixie

Reference Road Type [2]: HW

Reference Point Used: 1 - Intersection, 2 - Mile Post, 3 - House Number

Crash Location: 01 - Not an Intersection, 02 - Four-way Intersection, 03 - T-Intersection, 04 - Y-Intersection, 05 - Traffic Circle/Roundabout, 06 - Five-point, or more, 07 - On Ramp, 08 - Off Ramp, 09 - Crossover, 10 - Driveway/Alley Access, 11 - Railway Grade Crossing, 12 - Shared-Use Paths or Trails, 99 - Unknown

☐ Intersection Related

Location of First Harmful Event: 1 - On Roadway, 2 - On Shoulder, 3 - In Median, 4 - On Roadside, 5 - On Gore, 6 - Outside Trafficway, 9 - Unknown

Road Contour: 1 - Straight Level, 2 - Straight Grade, 3 - Curve Level, 4 - Curve Grade, 9 - Unknown

Road Conditions — Primary: 02 — Secondary: 01 - Dry, 02 - Wet, 03 - Snow, 04 - Ice, 05 - Sand, Mud, Dirt, Oil, Gravel, 06 - Water (Standing, Moving), 07 - Slush, 08 - Debris*, 09 - Rut, Holes, Bumps, Uneven Pavement*, 10 - Other, 99 - Unknown

* Secondary Condition Only

Manner of Crash Collision/Impact: 7 — 1 - Not Collision Between Two Motor Vehicles In Transport, 2 - Rear-End, 3 - Head-On, 4 - Rear-to-Rear, 5 - Backing, 6 - Angle, 7 - Sideswipe, Same Direction, 8 - Sideswipe, Opposite Direction, 9 - Unknown

Weather: 4 — 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 - Other/Unknown

Road Surface: 2 — 1 - Concrete, 2 - Blacktop, Bituminous, Asphalt, 3 - Brick/Block, 4 - Slag, Gravel, Stone, 5 - Dirt, 6 - Other

Light Conditions — Primary: 4 — Secondary: 1 - Daylight, 2 - Dawn, 3 - Dusk, 4 - Dark - Lighted Roadway, 5 - Dark - Roadway Not Lighted, 6 - Dark - Unknown Roadway Lighting, 7 - Glare*, 8 - Other, 9 - Unknown

* Secondary Condition Only

☐ School Zone Related

School Bus Related: ☐ Yes, School Bus Directly Involved ☐ Yes, School Bus Indirectly Involved

☐ Work Zone Related

☐ Workers Present ☐ Law Enforcement Present (Officer/Vehicle) ☐ Law Enforcement Present (Vehicle Only)

Type of Work Zone: 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 First Work Zone Warning Sign, 2 - Advance Warning Area, 3 - Transition Area, 4 - Activity Area, 5 - Termination Area

Narrative

SEE OH-2

Diagram

Write an "N" on the compass diagram to indicate the direction of north.

SEE OH-2

Report Taken By: ■ Police Agency ☐ Motorist

☐ Supplement (Correction or Addition to an Existing Report Sent to ODPS)

Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
12/06/2016	0549	0550	0553	0633	20	60

Officer's Name *: D. Setterstrom

Officer's Badge Number: 121

Checked By: Sgt

HSY7001 OH1 (Rev 01/12)

Unit

Local Report Number: 1 6 0 8 7 7 6 6

Unit Number: 0 1

Owner Name: Last, First, Middle (☐ Same As Driver)

Owner Phone Number - Inc. area code (☐ Same As Driver)

Damage Scale: 9
1 - None
2 - Minor
3 - Functional
4 - Disabling
9 - Unknown

Damaged Area: Front 02, 09, 03, 08, 10, 04, 07, 06, 05, Rear

Owner-Address: City, State, Zip (☐ Same As Driver)

LP State | License Plate Number | Vehicle Identification Number | # Occupants

Vehicle Year | Vehicle Make | Vehicle Model | Vehicle Color

☐ Proof of Insurance Shown | Insurance Company | Policy Number | Towed By

Carrier Name, Address, City, State, Zip | Carrier Phone- include area code

US DOT

HM Placard ID No.

HM Class Number

Vehicle Weight GVWR/GCWR
1 - Less Than or Equal to 10k Lbs.
2 - 10,001 to 26,000 Lbs
3 - More Than 26,000 Lbs.

☐ Hazardous Material Released

Cargo Body Type: 9 9
01 - No Cargo Body Type/Not Applicable
02 - Bus/Van (9-15 Seats, Inc Driver)
03 - Bus (16+ Seats, Inc Driver)
04 - Vehicle Towing Another Vehicle
05 - Logging
06 - Intermodal Container Chassis
07 - Cargo Van/Enclosed Box
08 - Grain, Chips, Gravel
09 - Pole
10 - Cargo Tank
11 - Flat Bed
12 - Dump
13 - Concrete Mixer
14 - Auto Transporter
15 - Garbage/Refuse
99 - Other/Unknown

Trafficway Description: 1
1 - Two-Way, Not Divided
2 - Two-Way, Not Divided, Continuous Left Turn Lane
3 - Two-Way, Divided, Unprotected(Painted or Grass >4 Ft.) Median
4 - Two-Way, Divided, Positive Median Barrier
5 - One-Way Trafficway

☐ Hit / Skip Unit

Non-Motorist Location Prior to Impact
01 - Intersection - Marked Crosswalk
02 - Intersection - No Crosswalk
03 - Intersection - Other
04 - Midblock - Marked Crosswalk
05 - Travel Lane - Other Location
06 - Bicycle Lane
07 - Shoulder/Roadside
08 - Sidewalk
09 - Median/Crossing Island
10 - Driveway Access
11 - Shared-Use Path or Trail
12 - Non-Trafficway Area
99 - Other/Unknown

Type of Use
1 - Personal
2 - Commercial
3 - Government

☐ In Emergency Response

Unit Type: 9 9
99 - Unknown or Hit / Skip

Passenger Vehicles (less than 9 passengers)
01 - Sub-Compact
02 - Compact
03 - Mid Size
04 - Full Size
05 - Minivan
06 - Sport Utility Vehicle
07 - Pickup
08 - Van
09 - Motorcycle
10 - Motorized Bicycle
11 - Snowmobile/ATV
12 - Other Passenger Vehicle

Med/Heavy Trucks or Combo Units > 10k lbs
13 - Single Unit Truck or Van 2axle, 6 tires
14 - Single Unit Truck; 3+ axles
15 - Single Unit Truck / Trailer
16 - Truck/Tractor (Bobtail)
17 - Tractor/Semi-Trailer
18 - Tractor/Double
19 - Tractor/Triples
20 - Other Med/Heavy Vehicle

Bus/Van/Limo (9 or More Including Driver)
21 - Bus/Van (9-15 Seats, Inc Driver)
22 - Bus (16+ Seats, Inc Driver)

Non-Motorist
23 - Animal with Rider
24 - Animal with Buggy, Wagon, Surrey
25 - Bicycle/Pedacyclist
26 - Pedestrian/Skater
27 - Other Non-Motorist

☐ Has HM Placard

Special Function: 0 1
01 - None
02 - Taxi
03 - Rental Truck (Over 10k Lbs)
04 - Bus - School (Public or Private)
05 - Bus - Transit
06 - Bus - Charter
07 - Bus - Shuttle
08 - Bus - Other
09 - Ambulance
10 - Fire
11 - Highway/Maintenance
12 - Military
13 - Police
14 - Public Utility
15 - Other Government
16 - Construction Equip.
17 - Farm Vehicle
18 - Farm Equipment
19 - Motorhome
20 - Golf Cart
21 - Train
22 - Other (Explain in Narrative)

Most Damaged Area: 9 9
01 - None
02 - Center Front
03 - Right Front
04 - Right Side
05 - Right Rear
06 - Rear Center
07 - Left Rear
08 - Left Side
09 - Left Front
10 - Top and Windows
11 - Undercarriage
12 - Load/Trailer
13 - Total(All Areas)
14 - Other
99 - Unknown

Impact Area: 9 9

Action: 3
1 - Non-Contact
2 - Non-Collision
3 - Striking
4 - Struck
5 - Striking/Struck
9 - Unknown

Pre-Crash Actions: 0 8
99 - Unknown

Motorist
01 - Straight Ahead
02 - Backing
03 - Changing Lanes
04 - Overtaking/Passing
05 - Making Right Turn
06 - Making Left Turn
07 - Making U-Turn
08 - Entering Traffic Lane
09 - Leaving Traffic Lane
10 - Parked
11 - Slowing or Stopped in Traffic
12 - Driverless
13 - Negotiating a Curve
14 - Other Motorist Action

Non-Motorist
15 - Entering or Crossing Specified Location
16 - Walking, Running, Jogging, Playing, Cycling
17 - Working
18 - Pushing Vehicle
19 - Approaching or Leaving Vehicle
20 - Standing
21 - Other Non-Motorist Action

Contributing Circumstances

Primary: 0 2

Secondary:
99 - Unknown

Motorist
01 - None
02 - Failure to Yield
03 - Ran Red Light
04 - Ran Stop Sign
05 - Exceeded Speed Limit
06 - Unsafe Speed
07 - Improper Turn
08 - Left of Center
09 - Followed Too Closely/ACDA
10 - Improper Lane Change /Passing/Off Road
11 - Improper Backing
12 - Improper Start From Parked Position
13 - Stopped or Parked Illegally
14 - Operating Vehicle in Negligent Manner
15 - Swerving to Avoid (Due to External Conditions)
16 - Wrong Side/Wrong Way
17 - Failure to Control
18 - Vision Obstruction
19 - Operating Defective Equipment
20 - Load Shifting/Falling/Spilling
21 - Other Improper Action

Non-Motorist
22 - None
23 - Improper Crossing
24 - Darting
25 - Lying and/or Illegally in Roadway
26 - Failure to Yield Right of Way
27 - Not Visible (Dark Clothing)
28 - Inattentive
29 - Failure to Obey Traffic Signs /Signals/Officer
30 - Wrong Side of the Road
31 - Other Non-Motorist Action

Vehicle Defects
01 - Turn Signals
02 - Head Lamps
03 - Tail Lamps
04 - Brakes
05 - Steering
06 - Tire Blowout
07 - Worn or Slick tires
08 - Trailer Equipment Defective
09 - Motor Trouble
10 - Disabled From Prior Accident
11 - Other Defects

Sequence of Events
1: 2 0 | 2: | 3: | 4: | 5: | 6:
99 - Unknown

First Harmful Event: 1
Most Harmful Event: 1

Non-Collision Events
01 - Overturn/Rollover
02 - Fire/Explosion
03 - Immersion
04 - Jackknife
05 - Cargo/Equipment Loss or Shift
06 - Equipment Failure (Blown Tire, Brake Failure, etc)
07 - Separation of Units
08 - Ran Off Road Right
09 - Ran Off Road Left
10 - Cross Median
11 - Cross Center Line Opposite Direction of Travel
12 - Downhill Runaway
13 - Other Non-Collision

Collision with Person, Vehicle or Object Not Fixed
14 - Pedestrian
15 - Pedalcycle
16 - Railway Vehicle (Train, Engine)
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 Movable Object

Collision With Fixed Object
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, Building, Tunnel
52 - Other Fixed Object

Unit Speed: 4 5
☐ Stated
☒ Estimated

Posted Speed: 5 0

Traffic Control: 0 3
01 - No Controls
02 - Stop Sign
03 - Yield Sign
04 - Traffic Signal
05 - Traffic Flashers
06 - School Zone
07 - Railroad Crossbucks
08 - Railroad Flashers
09 - Railroad Gates
10 - Construction Barricade
11 - Person (Flagger, Officer)
12 - Pavement Markings
13 - Crosswalk Lines
14 - Walk/Don't Walk
15 - Other
16 - Not Reported

Unit Direction
From 3 To 1
1 - North
2 - South
3 - East
4 - West
5 - Northeast
6 - Northwest
7 - Southeast
8 - Southwest
9 - Unknown

HSY8304 OH1U (Rev 01/12)

Unit

Local Report Number: 1 6 0 8 7 7 6 6

Unit Number	Owner Name: Last, First, Middle (☒ Same As Driver)	Owner Phone Number - inc. area code (☒ Same As Driver)	Damage Scale
0 2	McKinney, Artis J.	(513) 972-1591	4

Owner-Address: City, State, Zip (☒ Same As Driver)
5968 Belmont Ave Cincinnati, OH 45224

1 - None
2 - Minor
3 - Functional
4 - Disabling
9 - Unknown

Damaged Area: Front, Rear; 02, 03, 04, 05, 06, 07, 08, 09, 10

LP State	License Plate Number	Vehicle Identification Number	# Occupants
O H	GKB9795	1 G N D T 1 3 S 7 5 2 1 3 9 5 4 2	0 1

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
2 0 0 5	Chevrolet	Trail Blazer	Gray

☒ Proof of Insurance Shown	Insurance Company	Policy Number	Towed By
	United Ohio	NSA115395200	Fox

Carrier Name, Address, City, State, Zip

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Unit Direction
From: 2 To: 1
1 - North
2 - South
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5 - Northeast
6 - Northwest
7 - Southeast
8 - Southwest
9 - Unknown

HSY8304 OH1U (Rev 01/12)

Motorist / Non-Motorist / Occupant

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

Local Report Number: 1608776 6

Motorist/Non-Motorist

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
01				☐ F - Female M - Male

Address, City, State, Zip: | Contact Phone- include area code:

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	☐ DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
				99					

OL State	Operator License Number	OL Class	☐ No Valid OL	☐ M/C End.	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type
					7						

Offense Charged (☐ Local Code)	Offense Description	Citation Number	☐ Hands-Free Device Used	Driver Distracted By

Motorist/Non-Motorist

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
02	McKinney, Artis J.	04 10 1975	41	M F - Female M - Male

Address, City, State, Zip: 5968 Belmont Ave Cincinnati, OH 45224 | Contact Phone- include area code: (513) 972-1591

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	☐ DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
1				04		01	1	1	1

OL State	Operator License Number	OL Class	☐ No Valid OL	☐ M/C End.	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type
OH	RB442074	4			1	1	1	1		1	1

Offense Charged (☐ Local Code)	Offense Description	Citation Number	☐ Hands-Free Device Used	Driver Distracted By
				1

Injuries
1 - No Injury / None Reported
2 - Possible
3 - Non-Incapacitating
4 - Incapacitating
5 - Fatal

Injured Taken By
1 - Not Transported / Treated at Scene
2 - EMS
3 - Police
4 - Other
9 - Unknown

Safety Equipment Used
Motorist
01 - None Used - Vehicle Occupant
02 - Shoulder Belt Only Used
03 - Lap Belt Only Used
04 - Shoulder and Lap Belt Used
05 - Child Restraint System-Forward Facing
06 - Child Restraint System- Rear Facing
07 - Booster Seat
08 - Helmet Used
99 - Unknown Safety Equipment
Non-Motorist
09 - None Used
10 - Helmet Used
11 - Protective Pads Used (Elbows, Knees, Etc)
12 - Reflective Clothing
13 - Lighting
14 - Other

Seating Position
01 - Front - Left Side (Motorcycle Driver)
02 - Front - Middle
03 - Front - Right Side
04 - Second - Left Side (Motorcycle Passenger)
05 - Second - Middle
06 - Second - Right Side
07 - Third - Left Side (Motorcycle Side Car)
08 - Third - Middle
09 - Third - Right Side
10 - Sleeper Section of Cab (Truck)
11 - Passenger In Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cap)
12 - Passenger in Unenclosed Cargo Area
13 - Trailing Unit
14 - Riding on Vehicle Exterior (Non-Trailing Unit)
15 - Non-Motorist
16 - Other
99 - Unknown

Air Bag Usage
1 - Not Deployed
2 - Deployed Front
3 - Deployed Side
4 - Deployed Both Front/Side
5 - Not Applicable
9 - Deployment Unknown

Ejection
1 - Not Ejected
2 - Totally Ejected
3 - Partially Ejected
4 - Not Applicable

Trapped
1 - Not Trapped
2 - Extricated by Mechanical Means
3 - Extricated by Non-Mechanical Means

Operator License Class
1 - Class A
2 - Class B
3 - Class C
4 - Regular Class (Ohio is "D")
5 - MC/Moped Only

Condition
1 - Apparently Normal
2 - Physical Impairment
3 - Emotional (Depressed, Angry, Disturbed)
4 - Illness
5 - Fell Asleep, Fainted, Fatigued
6 - Under The Influence of Medications, Drugs, Alcohol
7 - Other

Alcohol/Drug Suspected
1 - None
2 - Yes - Alcohol Suspected
3 - Yes - HBD Not Impaired
4 - Yes - Drugs Suspected
5 - Yes - Alcohol and Drugs Suspected

Alcohol Test Status
1 - None Given
2 - Test Refused
3 - Test Given, Contaminated Sample/Unusable
4 - Test Given, Results Known
5 - Test Given, Results Unknown

Alcohol Test Type
1 - None
2 - Blood
3 - Urine
4 - Breath
5 - Other

Drug Test Status
1 - None Given
2 - Test Refused
3 - Test Given, Contaminated Sample/Unusable
4 - Test Given, Results Known
5 - Test Given, Results Unknown

Drug Test Type
1 - None
2 - Blood
3 - Urine
4 - Other

Driver Distracted By
1 - No Distraction Reported
2 - Phone
3 - Texting/E-mailing
4 - Electronic Communication Device
5 - Other Electronic Device (Navigation Device, Radio, DVD)
6 - Other Inside the Vehicle
7 - External Distraction

Occupant

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
				☐ F - Female M - Male

Address, City, State, Zip: | Contact Phone- include area code:

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	☐ DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped

Occupant

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	☐ DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped

LOCAL REPORT NUMBER	16-087766	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	12-06-16
IN COUNTY OF	Butler	ACCIDENT LOCATION	By-Pass 4 @ 100ft north of Dixie Hwy		

On 12-06-16, at about 5:49 a.m. Unit 2 was traveling north on By-Pass 4 at about 35mph when Unit 1, which was merging into traffic off of Dixie Hwy, failed to yield to Unit 2. As a result, the driver's front of Unit 1 struck the passenger rear of Unit 2 causing it to spin 180 degrees and go off the right side of the road. Unit 2 then struck (2) street signs, a construction barrel and went down the embankment.

The driver of Unit 1 left the scene without exchanging information or notifying police.

The damaged signs are owned by the City of Fairfield, 5250 Pleasant Ave Fairfield, OH 45014, 513-867-5300.

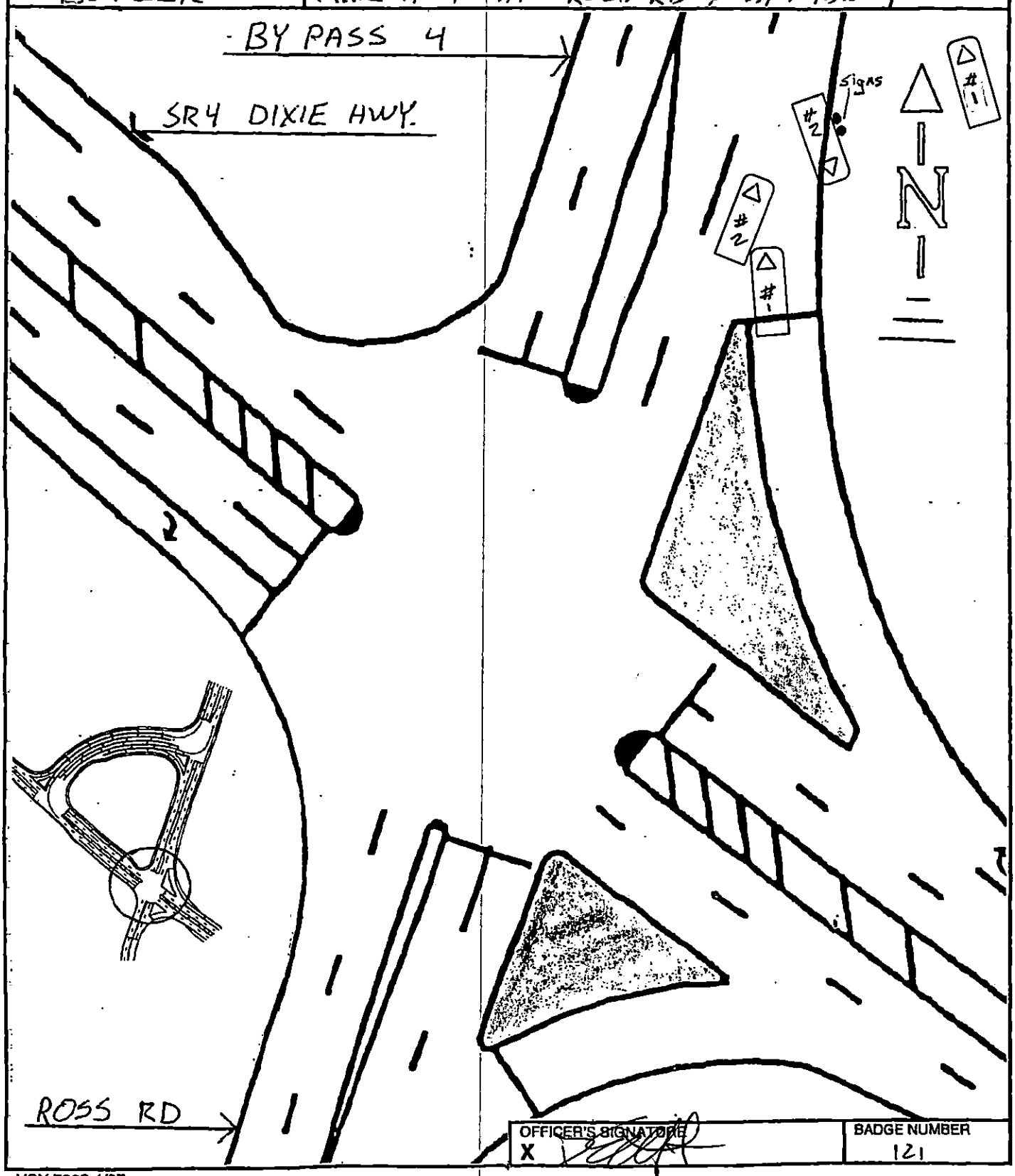
	OFFICER'S SIGNATURE	BADGE NO.
	D. Setterstrom	121

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION • SERVICE • PROTECTION

OHIO TRAFFIC CRASH REPORT
DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
16-087766	FAIRFIELD PD	M 12 D 06 Y 16
IN COUNTY OF	**CRASH LOCATION**	
BUTLER	DIXIE HWY AT ROSS RD & BY PASS 4	



OFFICER'S SIGNATURE	BADGE NUMBER
X	121

HSY 7002 4/07