



Traffic Crash Report

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| Local Report Number * | Crash Severity | Hit/Skip |
| 16007770 | 2 1 - Fatal 2 - Injury 3 - PDO | 1 1 - Solved 2 - Unsolved |

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| <input type="checkbox"/> Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other | <input type="checkbox"/> PDO Under State Reportable Dollar Amount | <input type="checkbox"/> Private Property | Reporting Agency NCIC * 00901 | Reporting Agency Name * Fairfield Police Department | Number of Units 01 | Unit in error 01 98 - Animal 99 - Unknown |
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| County * 09 | <input type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township * | City, Village, Township * Fairfield | Crash Date * 01312016 | Time of Crash 0618 | Day of Week SUN |
|----------------|--|--|--------------------------|-----------------------|--------------------|

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| Degrees / Minutes / Seconds Latitude 0 / / | Longitude 0 / " | OR | Decimal Degrees Latitude 39.311896 | Longitude -84.553935 |
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| Roadway Division <input type="checkbox"/> Divided <input type="checkbox"/> Undivided | Divided Lane Direction of Travel N - Northbound E - Eastbound S - Southbound W - Westbound | Number of Thru Lanes 02 | Road Types or Milepost 2 AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail |
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| Location Route Type 1 | Location Route Number | Loc Prefix N,S,E,W | Location Road Name AUGUSTA | Location Road Type 2 BL | Route Types 1 IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route TR - Numbered Township Route SR - State Route |
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|--|----------------------|------------------------|------------------------|--------------------|--|-----------------------|
| Distance From Reference <input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards | Dir From Ref N,S,E,W | Reference Route Type 1 | Reference Route Number | Ref Prefix N,S,E,W | Reference Name (Road, Milepost, House #) 1902 | Reference Road Type 2 |
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| Reference Point Used 3 1 - Intersection 2 - Mile Post 3 - House Number | Crash Location 01 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 | <input type="checkbox"/> Intersection Related | Location of First Harmful Event 6 1 - On Roadway 5 - On Gore 2 - On Shoulder 6 - Outside Trafficway 3 - In Median 9 - Unknown 4 - On Roadside |
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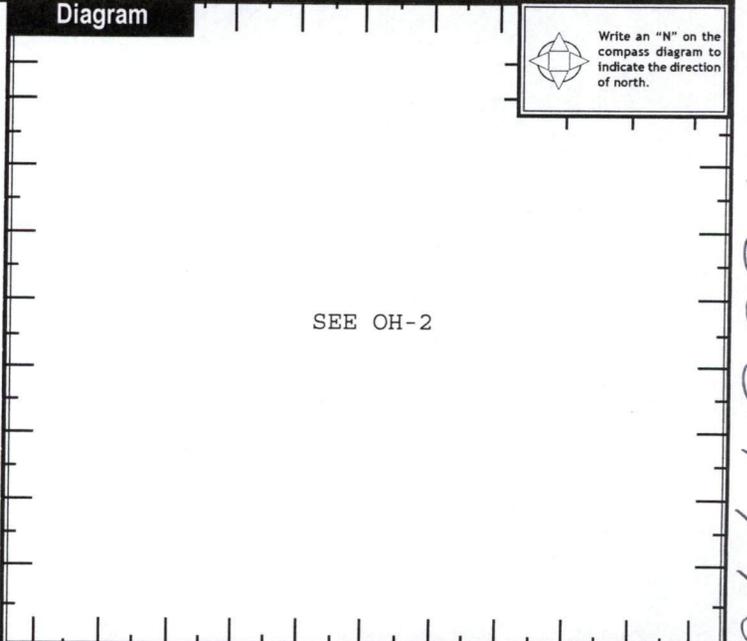
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| Road Contour 2 1 - Straight Level 4 - Curve Grade 2 - Straight Grade 9 - Unknown 3 - Curve Level | Road Conditions Primary 01 Secondary | 01 - Dry 05 - Sand, Mud, Dirt, Oil, Gravel 09 - Rut, Holes, Bumps, Uneven Pavement* 02 - Wet 06 - Water (Standing, Moving) 10 - Other 03 - Snow 07 - Slush 99 - Unknown 04 - Ice 08 - Debris* | * Secondary Condition Only |
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| Manner of Crash Collision/Impact 1 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 1 1 - Clear 4 - Rain 7 - Severe Crosswinds 2 - Cloudy 5 - Sleet, Hail 8 - Blowing Sand, Soil, Dirt, Snow 3 - Fog, Smog, Smoke 6 - Snow 9 - Other/Unknown |
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| Road Surface 2 1 - Concrete 4 - Slag, Gravel, Stone 2 - Blacktop, Bituminous, Asphalt 5 - Dirt 3 - Brick/Block 6 - Other | Light Conditions 4 Primary Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway | 5 - Dark - Roadway Not Lighted 9 - Unknown 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other | <input type="checkbox"/> School Bus Related <input type="checkbox"/> School Zone Related * Secondary Condition Only |
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| <input type="checkbox"/> Work Zone Related | <input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only) | Type of Work Zone 1 - Lane Closure 4 - Intermittent or Moving Work 2 - Lane Shift/Crossover 5 - Other 3 - Work on Shoulder or Median | Location of Crash in Work Zone 1 - Before the First Work Zone Warning Sign 4 - Activity Area 2 - Advance Warning Area 5 - Termination Area 3 - Transition Area |
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Narrative
On 01-31-16 at 6:18 a.m., Unit 1 was traveling east on Augusta Blvd. The driver of Unit 1 stated that a deer ran out on the road causing him to swerve, drive off the left side of the road in to the yard of 1902 Augusta Blvd and struck a large tree located in the front yard. The owner of 1902 Augusta Blvd is Darlene Campbell (513-617-5041)



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| Report Taken By <input type="checkbox"/> Police Agency <input type="checkbox"/> Motorist | <input type="checkbox"/> Supplement (Correction or Addition to an Existing Report Sent to ODPS) | Date Crash Reported 01312016 | Time Crash Reported 0619 | Dispatch Time 0620 | Arrival Time 0626 | Time Cleared 0850 | Other Investigation Time | Total Minutes 144 |
|---|---|---------------------------------|-----------------------------|-----------------------|----------------------|----------------------|--------------------------|----------------------|

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| Officer's Name * Officer J. Drake | Officer's Badge Number 88 | Checked By Sgt. Valandingham | Page 1 of 4 |
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Unit

Local Report Number
1 6 0 0 7 7 7 0

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|---|--|--|----------------------------------|------------------|
| Unit Number 01 | Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) CANNON-GAINES, DAIYON D. | Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) (513) 801-6472 | Damage Scale 4 | Damaged Area |
| Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 6058 EDMORR WAY FAIRFIELD, OHIO 45014 | | | | |
| LP State OH | License Plate Number GFC7846 | Vehicle Identification Number JHU D C 5 4 8 8 5 5 0 0 2 6 7 5 | # Occupants 02 | |
| Vehicle Year 2005 | Vehicle Make ACURA | Vehicle Model RSX | Vehicle Color SILVER | |
| <input checked="" type="checkbox"/> Proof of Insurance Shown | Insurance Company GEICO | Policy Number 4169563626 | Towed By MARCELL'S | |
| Carrier Name, Address, City, State, Zip | | | Carrier Phone- include area code | |

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| US DOT | Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More Than 26,000 Lbs. | Cargo Body Type 01 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 |
| HM Placard ID No. | <input type="checkbox"/> Hazardous Material Released | <input type="checkbox"/> Hit / Skip Unit | | |

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| Non-Motorist Location Prior to Impact 01 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 1 - Personal 2 - Commercial 3 - Government | Unit Type 03 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 |
| <input type="checkbox"/> Has HM Placard | | | | | |

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| Special Function 01 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 03 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 | Action 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown |
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| Pre-Crash Actions 01 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown | 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 |
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| Contributing Circumstances 17 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 | Motorist 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 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 |
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| Sequence of Events 1 18 2 09 3 48 4 01 5 01 6 01 First Harmful Event 3 Most Harmful Event 3 99 - Unknown | 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 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 |
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| Unit Speed 25 | Posted Speed 25 | Traffic Control 01 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 4 To 3 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown |
|-------------------------|---------------------------|--|--|



Motorist / Non-Motorist / Occupant

Local Report Number
 1 6 0 0 7 7 7 0

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Unit Number: 01 | Name: Cannon-Gaines, Daiyon D. | Date of Birth: 11/08/1993 | Age: 22 | Gender: M (Male)

Address: 6058 Edmorr Way Fairfield, OH 45014 | Contact Phone: (513) 801-6472

Injuries: 3 | Injured Taken By: 2 | EMS Agency: Fairfield Lifesquad | Medical Facility Injured Taken To: Mercy Fairfield | Safety Equipment Used: 99 | DOT Compliant Motorcycle Helmet: | Seating Position: 01 | Air Bag Usage: 2 | Ejection: 1 | Trapped: 1

OL State: OH | Operator License Number: TU080200 | OL Class: 4 | No Valid OL: | M/C End.: | Condition: 6 | Alcohol/Drug Suspected: 4 | Alcohol Test Status: 5 | Alcohol Test Type: 3 | Alcohol Test Value: | Drug Test Status: 5 | Drug Test Type: 3

Offense Charged: 331.34A (Local Code) | Offense Description: FAILURE TO CONTROL | Citation Number: 228782 | Hands-Free Device Used: | Driver Distracted By: 1

Unit Number: | Name: | Date of Birth: | Age: | Gender: (Female/Male)

Address: | 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: |

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: |

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

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| 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 | 99 - Unknown Safety Equipment Motorist 05 - Child Restraint System-Forward Facing 06 - Child Restraint System- Rear Facing 07 - Booster Seat 08 - Helmet Used | Non-Motorist 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc) 12 - Reflective Clothing 13 - Lighting 14 - Other |
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Seating Position

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

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| 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 |
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| 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 |
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Unit Number: 01 | Name: Hartleroad, Emily N. | Date of Birth: 07/31/1999 | Age: 16 | Gender: F (Female)

Address: 30 N. Riverveiw Dr. Hamilton, OH 45011 | Contact Phone: (513) 969-3886

Injuries: 1 | Injured Taken By: 1 | EMS Agency: | Medical Facility Injured Taken To: | Safety Equipment Used: 04 | DOT Compliant Motorcycle Helmet: | Seating Position: 03 | Air Bag Usage: 2 | Ejection: 1 | Trapped: 1

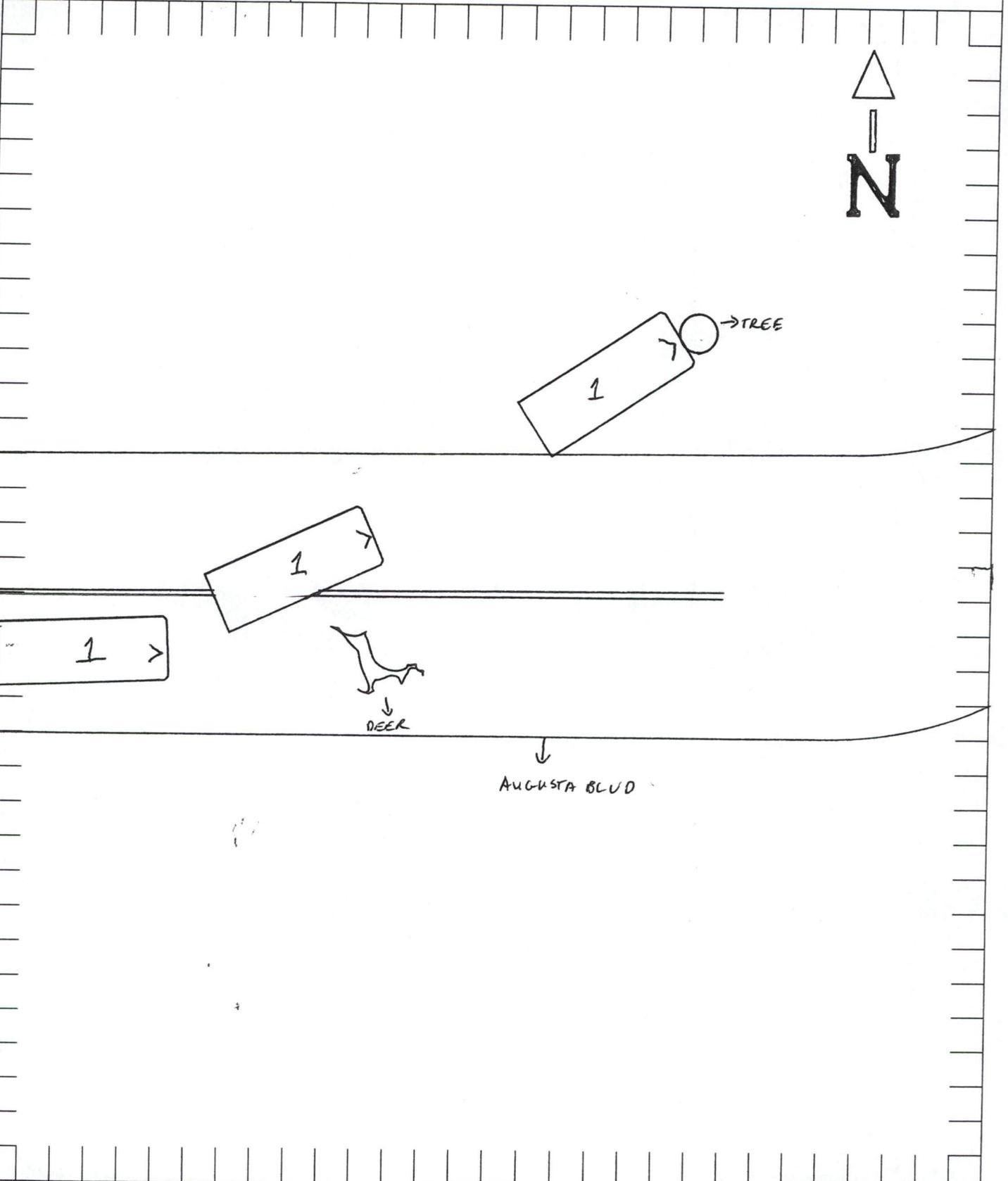
Unit Number: | Name: | Date of Birth: | Age: | Gender: (Female/Male)

Address: | 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: |

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| LOCAL REPORT NUMBER 16-007770 | REPORTING AGENCY Fairfield Police Department | DATE OF ACCIDENT 01-31-16 |
| IN COUNTY OF Butler | ACCIDENT LOCATION 1902 Augusta Blvd. | |



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| OFFICER'S SIGNATURE P.O. J. Drake | BADGE NO. 88 |
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