



# Traffic Crash Report

Local Report Number \*

1 6 0 5 3 7 1 6

Crash Severity

3 1 - Fatal  
2 - Injury  
3 - PDO

Hit/Skip

1 - Solved

2 - Unsolved

Local Information

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

PDO Under State Reportable Dollar Amount

 Private PropertyReporting Agency NCIC \*  
0 0 9 0 1Reporting Agency Name \*  
Fairfield Police DepartmentNumber of Units  
0 1Unit in error  
0 1 98 - Animal  
99 - UnknownCounty \*  
0 9 City \*  
 Village \*  
 Township \*

City, Village, Township \*

FAIRFIELD

Crash Date \*

0 7 2 6 2 0 1 6

Time of Crash

1 4 0 0

Day of Week

T U E

Degrees / Minutes / Seconds

Latitude

0 / 0 / 0

Longitude

0 / 0 / 0

Decimal Degrees

Latitude

3 9 . 3 2 2 6 3 4

Longitude

- 8 4 . 5 0 3 4 6 1

Roadway Division

 Divided  
 Undivided

Divided Lane Direction of Travel

 N - Northbound E - Eastbound  
 S - Southbound W - Westbound

Number of Thru Lanes

0 4

Road Types or Milepost<sup>2</sup>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 - TrailLocation Route Type<sup>1</sup>  
S RLocation Route Number  
4Loc Prefix  
N, S, E, WLocation Road Name  
DIXIELocation Road Type<sup>2</sup>  
H WRoute Types<sup>1</sup>IR - Interstate Route (inc. turnpike) CR - Numbered County Route  
US - US Route TR - Numbered Township Route  
SR - State RouteDistance From Reference  
 Miles  
 Feet  
 YardsDir From Ref  
 N, S, E, WReference Route Type<sup>1</sup>

Reference Route Number

Reference Name (Road, Milepost, House #)

Ref Prefix  
N, S, E, W

6400

Reference Road Type<sup>2</sup>Reference Point Used  
3 1 - Intersection  
2 - Mile Post  
3 - House NumberCrash Location  
1 0 01 - Not an intersection  
02 - Four-way intersection  
03 - T-Intersection  
04 - Y-Intersection  
05 - Traffic Circle/Roundabout06 - Five-point, or more  
07 - On Ramp  
08 - Off Ramp  
09 - Crossover  
10 - Driveway/Alley Access11 - Railway Grade Crossing  
12 - Shared-Use Paths or Trails  
99 - Unknown Intersection RelatedLocation of First Harmful Event  
2 1 - On Roadway  
2 - On Shoulder  
3 - In Median  
4 - On Roadside5 - On Gore  
6 - Outside Trafficway  
9 - UnknownRoad Contour  
1 1 - Straight Level  
2 - Straight Grade  
3 - Curve Level4 - Curve Grade  
9 - UnknownRoad Conditions  
0 2 Primary  
Secondary01 - Dry  
02 - Wet  
03 - Snow  
04 - Ice05 - 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

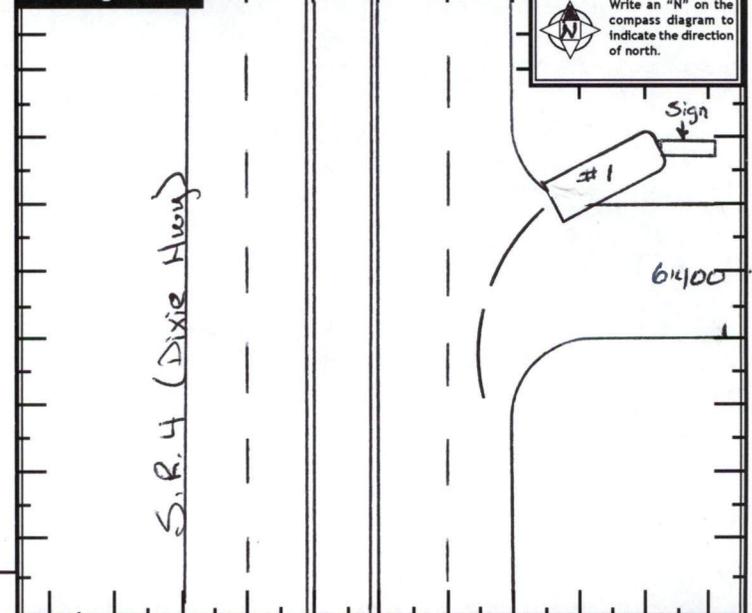
Manner of Crash Collision/Impact  
1 1 - Not Collision Between Two Motor Vehicles In Transport2 - Rear-End  
3 - Head-On  
4 - Rear-to-Rear5 - Backing  
6 - Angle  
7 - Sideswipe, Same Direction8 - Sideswipe, Opposite Direction  
9 - UnknownWeather  
4 1 - Clear  
2 - Cloudy  
3 - Fog, Smog, Smoke4 - Rain  
5 - Sleet, Hail  
6 - Snow7 - Severe Crosswinds  
8 - Blowing Sand, Soil, Dirt, Snow  
9 - Other/UnknownRoad Surface  
2 1 - Concrete  
2 - Blacktop, Bituminous, Asphalt  
3 - Brick/Block4 - Slag, Gravel, Stone  
5 - Dirt  
6 - OtherLight Conditions  
1 Primary  
Secondary1 - Daylight  
2 - Dawn  
3 - Dusk  
4 - Dark - Lighted Roadway5 - Dark - Roadway Not Lighted  
6 - Dark - Unknown Roadway Lighting  
7 - Glare\*  
8 - Other9 - Unknown  
\* Secondary Condition Only School Zone RelatedSchool 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 Median4 - Intermittent or Moving Work  
5 - OtherLocation of Crash in Work Zone  
1 - Before the First Work Zone Warning Sign  
2 - Advance Warning Area  
3 - Transition Area4 - Activity Area  
5 - Termination Area

Narrative

On July 26, 2016 at about 2:00 p.m. Unit 1 was traveling north on S.R.4 (Dixie Hwy.) and when at 6400 Dixie Hwy. attempted to turn into a private drive and went off the right side of the roadway and collided with a business sign belonging to Miles of Golf.

Miles of Golf  
6400 Dixie Hwy.  
Fairfield, OH 45014  
513-870-9057

Diagram

Report Taken By  
 Police Agency  Motorist Supplement (Correction or Addition to an Existing Report Sent to ODPS)

Date Crash Reported

0 7 2 6 2 0 1 6

Time Crash Reported

1 4 0 0

Dispatch Time

1 4 1 1

Arrival Time

1 4 2 6

Time Cleared

1 4 5 0

Other Investigation Time

1 5

Total Minutes

3 9

Officer's Name \*

P.O. RYAN FLEENOR

Officer's Badge Number

117

Checked By

Stacy Gamett #57

Page 1 of 3



# Unit

Local Report Number  
**16053716**

Unit Number <b>01</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>SCHILLER, ROBERT M.</b>	Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver ) <b>(513) 477-9431</b>	Damage Scale <b>4</b>	Damaged Area 
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Owner Address: City, State, Zip (  Same As Driver )  
**6551 KENWOOD RD. CINCINNATI, OH 45243**

LP State <b>OH</b>	License Plate Number <b>GPC-8904</b>	Vehicle Identification Number <b>1GND513S742441589</b>	# Occupants <b>01</b>
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Vehicle Year <b>2004</b>	Vehicle Make <b>CHEVROLET</b>	Vehicle Model <b>TRAILBLAZER</b>	Vehicle Color <b>MAROON</b>
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<input type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>FIREMANS FUND INS CO</b>	Policy Number <b>VZA12716373</b>	Towed By <b>FOX TOWING</b>
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Carrier Name, Address, City, State, Zip  
Carrier Phone- include area code

US DOT <b>HM Placard ID No.</b>	Vehicle Weight GVWR/GCWR <b>1</b> 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	Cargo Body Type <b>01</b> 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	Trafficway Description <b>1</b> 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
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Non-Motorist Location Prior to Impact <b>01</b> 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 <b>1</b> 1 - Personal 2 - Commercial 3 - Government  <input type="checkbox"/> In Emergency Response	Unit Type <b>06</b> 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) <b>Non-Motorist</b> 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
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Special Function <b>01</b> 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 <b>02</b> 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	Action <b>2</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions <b>05</b> 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown	Motorist 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 <b>17</b> Primary 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 99 - Unknown	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 <b>01</b> 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 <b>08</b> 2 <b>52</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b> First Harmful Event <b>1</b> Most Harmful Event <b>2</b> 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 <b>25</b>	Posted Speed <b>35</b>	Traffic Control <b>12</b> 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 <b>2</b> To <b>1</b> 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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# Motorist / Non-Motorist / Occupant

Local Report Number  
1 6 0 5 3 7 1 6

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number 01	Name: Last, First, Middle SCHILLER, MATTHEW JOSEPH	Date of Birth 11071995	Age 20	Gender M F - Female M - Male
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Address, City, State, Zip 6551 KENWOOD RD. CINCINNATI, OH 45243	Contact Phone- include area code (513) 470-4307
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number TX578924	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>	Condition 1	Alcohol/Drug Suspected 1	Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value	Drug Test Status 1	Drug Test Type 1

Offense Charged ( <input checked="" type="checkbox"/> Local Code ) 331.34 (a)	Offense Description FAILURE TO CONTROL	Citation Number 229823	Hands-Free <input type="checkbox"/> Device Used	Driver Distracted By 1
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Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
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Address, City, State, Zip	Contact Phone- include area code
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped		
OL State	Operator License Number	OL Class	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type

Offense Charged ( <input type="checkbox"/> Local Code )	Offense Description	Citation Number	Hands-Free <input type="checkbox"/> Device Used	Driver Distracted By
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<b>Injuries</b> 1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	<b>Injured Taken By</b> 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	<b>Safety Equipment Used</b> <b>Motorist</b> 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used <b>99 - Unknown Safety Equipment</b> <b>Non-Motorist</b> 05 - Child Restraint System-Forward Facing 06 - Child Restraint System- Rear Facing 07 - Booster Seat 08 - Helmet Used 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc) 12 - Reflective Clothing 13 - Lighting 14 - Other
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<b>Seating Position</b> 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	<b>Air Bag Usage</b> 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown
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<b>Ejection</b> 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	<b>Trapped</b> 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means	<b>Operator License Class</b> 1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - MC/Moped Only	<b>Condition</b> 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	<b>Alcohol/Drug Suspected</b> 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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<b>Alcohol Test Status</b> 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	<b>Alcohol Test Type</b> 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other	<b>Drug Test Status</b> 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	<b>Drug Test Type</b> 1 - None 2 - Blood 3 - Urine 4 - Other	<b>Driver Distracted By</b> 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	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
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Address, City, State, Zip	Contact Phone- include area code
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
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Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
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Address, City, State, Zip	Contact Phone- include area code
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
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