



Traffic Crash Report

Local Report Number *

1 6 0 2 0 6 4 5

Crash Severity

2 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 Property

Reporting Agency NCIC *

0 0 9 0 1

Reporting Agency Name *

Fairfield Police Department

Number of Units

0 2

Unit in error

0 1 98 - Animal
99 - UnknownCounty *
0 9City *
 Village *
 Township *

City, Village, Township *

Fairfield

Crash Date *

0 3 1 8 2 0 1 6

Time of Crash

1 8 2 8

Day of Week

F R I

Degrees / Minutes / Seconds

Latitude 0 / / Longitude 0 / /

Decimal Degrees

Latitude 3 9 . 3 3 3 8 3 2 Longitude 7 8 4 . 5 1 9 7 3 4

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 ²AL - 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 ¹

Location Route Number

Loc Prefix N, S, E, W

Location Road Name

Holden

Location Road Type ²

B L

Route Types ¹IR - Interstate Route (inc. turnpike) CR - Numbered County Route
US - US Route TR - Numbered Township Route
SR - State RouteDistance From Reference
 Miles
 Feet
 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 #)

Port Union

Reference Road Type ²

R D

Reference Point Used
1 - Intersection
2 - Mile Post
3 - House NumberCrash Location
0 201 - Not an Intersection 06 - Five-point, or more 11 - Railway Grade Crossing
02 - Four-way Intersection 07 - On Ramp 12 - Shared-Use Paths or Trails
03 - T-Intersection 08 - Off Ramp 99 - Unknown
04 - Y-Intersection 09 - Crossover
05 - Traffic Circle/Roundabout 10 - Driveway/Alley Access

Intersection Related

Location of First Harmful Event
1 - On Roadway 5 - On Gore
2 - On Shoulder 6 - Outside Trafficway
3 - In Median 9 - Unknown
4 - On RoadsideRoad Contour
1 - Straight Level 4 - Curve Grade
2 - Straight Grade 9 - Unknown
3 - Curve LevelRoad Conditions
Primary 0 1
Secondary01 - 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

Manner of Crash Collision/Impact

6 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/UnknownRoad Surface
2 1 - Concrete 4 - Slag, Gravel, Stone
2 - Blacktop, Bituminous, Asphalt 5 - Dirt
3 - Brick/Block 6 - OtherLight Conditions
1 Primary Secondary1 - Daylight 5 - Dark - Roadway Not Lighted 9 - Unknown
2 - Dawn 6 - Dark - Unknown Roadway Lighting
3 - Dusk 7 - Glare*
4 - Dark - Lighted Roadway 8 - Other

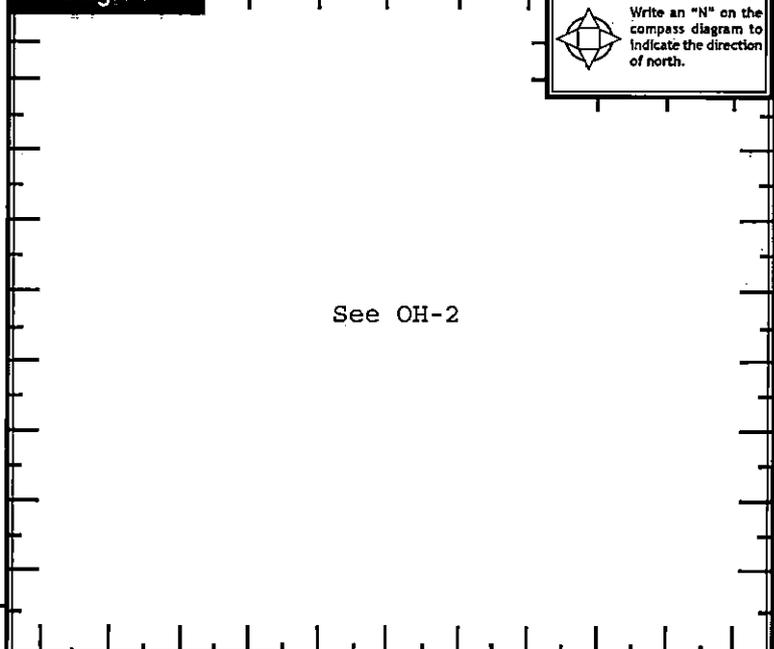
* Secondary Condition Only

School Bus Related
 School Zone Related
 Yes, School Bus Directly Involved
 Yes, School Bus Indirectly InvolvedWork Zone Related
 Workers Present
 Law Enforcement Present (Officer/Vehicle)
 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 MedianLocation 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

Narrative

On 3-18-16 at about 6:28 p.m. Unit 1 was northbound on Holden Blvd. approaching the intersection of Port Union Rd. in the left turn lane. Unit 2 was southbound on Holden Blvd. approaching the intersection of Port Union Rd. in the right straight through lane. The light was green for both directions. Unit 1 turned left in front of Unit 2 causing Unit 2 to strike Unit 1.

Diagram

Report Taken By
 Police Agency Motorist

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

Date Crash Reported
0 3 1 8 2 0 1 6Time Crash Reported
1 8 2 9Dispatch Time
1 8 3 1Arrival Time
1 8 4 2Time Cleared
1 9 0 9Other Investigation Time
2 0Total Minutes
4 7Officer's Name *
P. O. R. FeltsOfficer's Badge Number
125Checked By
Sgt. #88

Page 1 of 5



Unit

Local Report Number
16020645

Unit Number 01	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Conner, Renel J. Jr.	Owner Phone Number - Inc. area code (<input type="checkbox"/> Same As Driver) (513) 805-2223	Damage Scale 4	Damaged Area
Owner-Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 3484 Wood Ct. Hamilton, Ohio 45011				
LP State OH	License Plate Number GMG3034	Vehicle Identification Number 5XXGM4A71FG468798	# Occupants 02	
Vehicle Year 2015	Vehicle Make Kia	Vehicle Model Optima	Vehicle Color Black	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company Erie	Policy Number Q075607676	Towed By Fox Towing	
Carrier Name, Address, City, State, Zip			Carrier Phone- include area code	

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
HM Class Number			

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 <input type="checkbox"/> In Emergency Response	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 Axle, 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		

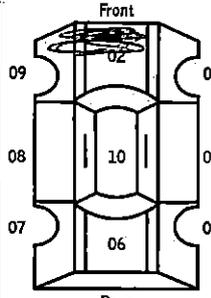
Special Function 01 01 - None 02 - Taxi 03 - Rental Truck (Over 10k Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other 09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip. 17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area 05 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 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
Impact Area 05		

Pre-Crash Actions 06 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
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Contributing Circumstances Primary 02 Secondary 00 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 00 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 20 2 00 3 00 4 00 5 00 6 00 First Harmful Event 1 Most Harmful Event 1 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 or Support 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 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 15 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed 35	Traffic Control 04 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 2 To 4 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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Unit Number 02	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) Teaford, Macey L.	Owner Phone Number - Inc. area code (<input checked="" type="checkbox"/> Same As Driver) (359) 916-0713	Damage Scale 4	Damaged Area 
Owner-Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 8535 Pheasant Dr. Florence, Ky. 41042				
LP State KY	License Plate Number 014MMC	Vehicle Identification Number K M H D U 4 A D 7 A U 8 3 1 5 1 6	# Occupants 02	
Vehicle Year 2010	Vehicle Make Hyundai	Vehicle Model Elantra	Vehicle Color Silver	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company State Farm	Policy Number 0628805B12170	Towed By Marcells Towing	
Carrier Name, Address, City, State, Zip				Carrier Phone- include area code

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	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
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Motorist / Non-Motorist / Occupant

Local Report Number
1 6 0 2 0 6 4 5

Unit Number 01	Name: Last, First, Middle Conner, Renisha Brana	Date of Birth 10271994	Age 21	Gender F F - Female M - Male
Address, City, State, Zip 3484 Wood Ct. Hamilton, Ohio 45011			Contact Phone- include area code (513) 374-6853	

Motorist/Non-Motorist

Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 01	Air Bag Usage 3	Ejection 1	Trapped 1		
OL State OH	Operator License Number TY444107	OL Class 4	No <input type="checkbox"/> Valid OL	M/C <input type="checkbox"/> End.	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 type="checkbox"/> Local Code) 331.17a	Offense Description Right of Way-Turning Left			Citation Number 229278		Hands-Free <input type="checkbox"/> Device Used	Driver Distracted By 1				

Unit Number 02	Name: Last, First, Middle Teaford, Macey L.	Date of Birth 08171993	Age 22	Gender F F - Female M - Male
Address, City, State, Zip 8535 Pheasant Dr. Florence, Ky. 41042			Contact Phone- include area code (359) 916-0713	

Motorist/Non-Motorist

Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 01	Air Bag Usage 2	Ejection 1	Trapped 1		
OL State KY	Operator License Number T09934157	OL Class 4	No <input type="checkbox"/> Valid OL	M/C <input type="checkbox"/> End.	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 type="checkbox"/> Local Code)	Offense Description			Citation Number		Hands-Free <input type="checkbox"/> 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 Non-Motorist 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
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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
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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: Last, First, Middle Render, Demarrio	Date of Birth 11182014	Age 1	Gender M F - Female M - Male
Address, City, State, Zip 3484 Wood Ct. Hamilton, Ohio 45011			Contact Phone- include area code (513) 374-6853	

Occupant

Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 06	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 06	Air Bag Usage 3	Ejection 1	Trapped 1
Unit Number 02	Name: Last, First, Middle Saunders, Lavion	Date of Birth 10032014	Age 1	Gender M F - Female M - Male					

Occupant

Address, City, State, Zip 5929 Heritage Knoll Terr. Fairfield, Ohio 45014			Contact Phone- include area code (513) 293-4010						
Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 06	DOT Compliant <input type="checkbox"/> Motorcycle Helmet	Seating Position 06	Air Bag Usage 1	Ejection 1	Trapped 1

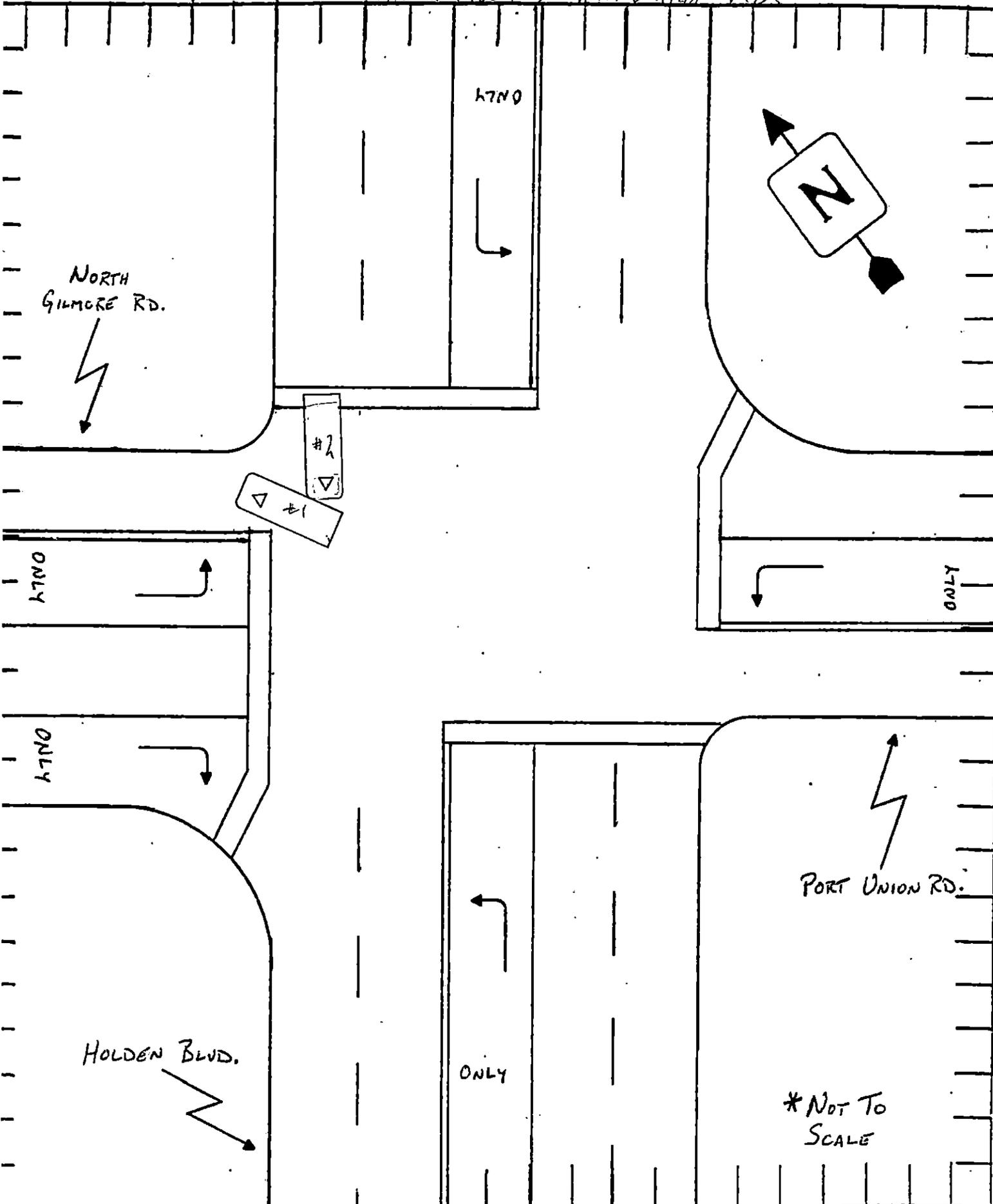
REPORT NUMBER 16-020645

FAIRFIELD P.D. 00901

M 3 10 18 16

COUNTY OF BUTLER

ACCIDENT LOCATION Holden Blvd. / Port Union Rd



OFFICERS SIGNATURE *[Signature]*

BADGE NO. 125

Date Sept 5 -