OHIO DEPARTMENT OF PUBLIC SAFETY TRAFFIC CRASH		OCAL REPORT NUMBE									
□ 0H-2 ▼ 0H-3	2024-	00003	3 4 6 0								
PHOTOS TAKEN OTHER SECONDARY CRASH PRIVATE PROPERTY	5 0 7	HIT/SKIP 1 - SOLVED	NUMBER OF UNITS 0 3	UNIT IN ERROR 98 - ANIMAL							
COUNTY* LOCALITY* LOCATION: CI		2 - UNSOLVED									
4 5 1 2-VILLAGE HEATH 04122024 1442 4 1-FATAL											
3 - TOWNSHIP 3 - TOWNSHIP ROUTE NUMBER PREFIX 1 - NORTH	ROAD TYPE	LATITUDE DE		2 - SERIOUS INJURY SUSPECTED							
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 2-SOUTH 2-A-WFST	4.0.0 3 0 8 8 6 3- MINOR INJURY SUSPECTED										
1,1201	30TH REFERENCE ROAD NAME (ROAD,	MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DE		4 - INJURY POSSIBLE					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	800			-82 4 4 3	3 7 3	5 - PROPERTY DAMAGE ONLY					
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD TYPE			INTERSECTION RELAT						
1-NORTH	- INTERSTATE ROUTE(TP) AL	- ALLEY HW - HIGHWAY RD	- ROAD	5-1	RSECTION OR ON APPRO	00 top 5					
3- HOUSE # L 3- EAST	PI BERNE OF ROOTE		- SQUARE - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES							
DISTANCE DISTANCE CR. NUMBERED COUNTY ROLLE CR - CIRCLE OV - OVAL TE - TERRACE											
1-MILES TR	FROM REFERENCE UNIT OF MEASURE 1 - MILES TR - NUMBERED TOWNSHIP DR - DRIVE PI - PIKE WA - WAY										
2 - FEET ROUTE HE - HEIGHTS PL - PLACE ROADWAY DIVIDED											
LOCATION OF FIRST HARMFUL EVE		NER OF CRASH COLLISION/IMPAC	т	DIRECTION OF TRAVE	01 National Report	AN TYPE					
1 - ON ROADWAY 9 - CROSSOVE 0 1 2 - ON SHOULDER 10 - DRIVEWAY	VALLEY ACCESS & BET	COLLISION 4-REAR-TO-REAR WEEN 5-BACKING MOTOR		1 - NORTH	1 - DIVIDED (< 4 FEE	FLUSH MEDIAN T)					
	GRADE CROSSING VEH	ICLES IN 6-ANGLE NSPORT 7-SIDESWIPE, SAME I	DIDECTION	3 - EAST	2 - DIVIDED	FLUSH MEDIAN					
5 - ON GORE TRAILS	4 - WEST 3 - DIVIDED, DEPRESSED MEDIA										
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE 3 - HEAD-ON 9 - OTHER / UNKNOWN 4 - DIVIDE 7 - ON RAMP 14-TOLL BOOTH (ANY 1											
8 - OFF RAMP 99-OTHER / U	NKNOWN				9 - OTHER/U	NKNOWN					
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WOR		CONTOUR	CONDITIONS	SURFACE					
T WARKERS DESCRIP	- LANE CLOSURE - LANE SHIFT/CROSSOVER	1 - BEFORE THE 1ST W WARNING SIGN	ORK ZONE	_1	_2	_2					
l :	-WORK ON SHOULDER OR MEDIAN	2 - ADVANCE WARNING 3 - TRANSITION AREA	AREA	1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE							
4	- INTERMITTENT OR MOVING WORK	A STATE OF THE PARTY OF THE PAR		2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP, BITUMINOUS, ASPIHALT.							
ACTIVE SCHOOL ZONE 5	- OTHER	5 - TERMINATION AREA	Δ.	4 - CURVE GRADE 4 - ICE 3 - BRICK/BLOCK							
LIGHT CONDITION	WEATH			9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL,					
1 - DAYLIGHT 1 2 - DAWN/DUSK	1 - CLEAR 2 - CLOUDY	6 - SNOW 7 - SEVERE CROSSWINDS		6 - WATER (STANDING, 5 - DIRT							
3 - DARK – LIGHTED ROADWAY	3 - FOG, SMOG, SMOKE	8 - BLOWING SAND, SOIL, DIRT, S		MOVING) 7 - SLUSH 9 - OTHER/UNKNOW							
4 - DARK – ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	9 - FREEZING RAIN OR FREEZIN 99 - OTHER / UNKNOWN	IG DRIZZLE		9 - OTHER/UNKNOWN						
9 - OTHER / UNKNOWN											
NARRATIVE		-" ' '	1 1		N N	Indicate the north direction with					
Unit 1 was stopped for a red	•				\mathcal{A}	an "N" on the compass diagram.					
S. 30th St. Unit 2 was stopp		- 1		ScenePD ™ - Evaluation Edition							
on the west side of S. 30th S			Evaluation ion Edition	Evaluation Edition Edition							
south on S. 30th St. The light and Unit 2 received green light	•	C T Evaluation Edition	é	Evaluation	Evaluation Edition Evaluation Edition	tion					
traveling west through the i		Evaluation Edition	Evaluation ion Edition	Evaluation Edition	Not To Scale						
not stop for the red light an		L	ta. 📝	Evaluation Edition	Evaluation Edition Edition	tion					
collision caused Unit 3 to ve			Evaluation ion Edition	Evaluation Edition							
Unit 2 and also a utility pole				Unit 1	Evaluation Edition Evaluation Edition	tion					
Unit 2 and also a utility pole.											
				Evaluation Edition	Evaluation Edition Edition Park National E	sank					
		Evaluation Edition	Evaluation ion Edition	EUIIION	800 S. 30th S	st					
		-	Evaluation	Evaluation Edition	Evaluation Edition Edition						
		Evaluation Edition		, , , , ,							
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED I	DATE/TIME	REPORT TAKEN BY					
04122024 1442 041	22024 1443	04122024 14	I 4 6 0	4122024	1547	POLICE AGENCY					
TOTAL TIME OTHER TOT	AL OFFICER'S NAME*	Сне	CKED BY OFFI	CER'S NAME*		MOTORIST					
ROADWAY CLOSED INVESTIGATION TIME MINU	i ctci son		arkley	grassage garante terrelaktiva e	□	SUPPLEMENT (CORRECTION OR ADDITION					
6 1 6 1 6 1	O OFFICER'S BA	DGE NUMBER* 1 4 5 0		Y OFFICER'S BADGE N	IUMBER* 4 7	TO AN EXISTING REPORT SENT TO ODPS)					

54 - OTHER FIXED OBJECT

99 - OTHER / UNKNOWN

POSTED SPEED

2 5

28 - BRIDGE PARAPET

30 - GUARDRAIL FACE

J FIRST HARMFUL EVENT

29 - BRIDGE RAIL

35 - MEDIAN CONCRETE

1

36 - MEDIAN OTHER BARRIER

BARRIER

41 - OTHER POST, POLE

OR SUPPORT

42 - CULVERT

48 - TREE

49 - FIRE HYDRANT

0F 6

3 - UNDETERMINED

53 - TUNNEL

54 - OTHER FIXED OBJECT

99 - OTHER / UNKNOWN

POSTED SPEED

3 5

47 - MAILBOX

49 - FIRE HYDRANT

48 - TREE

41 - OTHER POST, POLE

OR SUPPORT

42 - CULVERT

28 - BRIDGE PARAPET

30 - GUARDRAIL FACE

J FIRST HARMFUL EVENT

29 - BRIDGE RAIL

35 - MEDIAN CONCRETE

36 - MEDIAN OTHER BARRIER

BARRIER

0F **6**

3 - UNDETERMINED

OHIO DEI OF PUBL SAFETY - SERV	OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST METT - SERVICE - PROTECTION						2 0 2 4 - 0 0 0 0 3 4 6 0									
UNIT#								DATE OF BIRTH AGE GENDER								
01	RARICK, BRENDA S							0 1 / 2 8 / 1 9 5 3 7 1 F								
2									CONTACT PHONE - INCLUDE AREA CODE							
INJURIES	AKE DR NEWARK, OH 43056 INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPME								T SEATING POSITION AIR BAG USAGE EJECTION TRAPPED							
2 4	TAKEN	Heath FD		INJUKED	TAKENTO	. WEDICAL PACILITY	(NAME, GITY)	USED 0 4		T-COMPLIA HELME	NT	1		1	1 1 .	
OL STATE	<u> </u>			OFFEN	SE CHAF	RGED	LOCAL	OFFENSE DESC	RIPTION	N			CITATION NUMBER			
ОН		PERATOR LICENSE NUMBER OFFENSE CHAI					CODE									
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED	ALC	DHOL / DRUG SUSPI	ECTED	CONDITION		ALCOHO TYPE	L TEST VALUE	STATUS	DRUG TYPE	TEST(S)	SELECT UP TO 4	
, 4 ,			BY	1	=	LCOHOL MAI THER DRUG	RIJUANA	1	1	1		1	1			
UNIT #	NAME: LAST, F	FIRST, MIDDLE								D	ATE OF BIRTH			AGE	GENDER	
0 2	LONG, AN	ΛY J							0 ,1	_. / _. 3	0 / 1	9 5	3 7	7 , 1 ,	, F	
ADDRESS:	: STREET, CITY, ST								CONTACT PHONE - INCLUDE AREA CODE							
2480 D	OUGLAS D	R ZANESVILLE, OH 4	13701													
2	TAKEN	EMS AGENCY (NAME)		INJURED '				USED		DOT-COMPLIANT			AIR BAG USAGE EJECTION TRAPPED			
5	BY							0 4	MC HELMET 0 1				1 1 1			
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	FENSE CHARGED LOCAL OFFENSI			OFFENSE DESC	CRIPTION	N		CITA	TION NU	IMBER		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT		VER	ALCO	DHOL / DRUG SUSPI	LLL ECTED	CONDITION		ALCOHO	L TEST VALUE	CTATHE		TEST(S	SELECT UP TO 4	
4	SELECT UP TO 2		BY	TRACTED .	=	_	RIJUANA	1	1	1	VALUE	STATUS 1	1	RESULI	SELECT UP TO 4	
UNIT #	NAME: LAST, F	EIDST MIDDLE			υ۰	THER DRUG			<u>-</u>		ATE OF BIRTH		<u> </u>	AGE	GENDER	
0.3		, DAVID LEROY							0.2			9 5	0 7	7 .4 .	M .	
	: STREET, CITY, ST.								0 2 / 1 5 / 1 9 5 CONTACT PHONE - INCLUDE AREA CODE							
		R RD S NEWARK, OH	43056											9 . 9		
≘	INJURED	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)			T Causiya	SEATING POSITI	ON AIR BA	G USAGE	EJECTION	TRAPPED	
<u> </u>	5 TAKEN BY							USED 0 4	DOT-COMPLIANT O 1 1				1			
OL STATE	OPERATOR LICENSE NUMBER OFFENSE CHAP				RGED LOCAL OFFENSE DESC			RIPTION			CITA	CITATION NUMBER				
ОН				313.0	1		X	313.01	14504122							
≥ OL CLASS	SELECT UP TO 2	RESTRICTION SELECT		VER Tracted		DHOL / DRUG SUSPI LCOHOL MAI	ECTED RIJUANA	CONDITION		ALCOHO TYPE	L TEST VALUE	STATUS		RESULT	SELECT UP TO 4	
4				1	=	THER DRUG	MOOANA	1	1	1 ,		1 ,	1			
INJU	JRIES	SEATING POSITION	A	IR BAG		OL CLAS	S	OL RESTRIC	TION(S) DF	RIVER DISTRA	TION	ī	EST STA	TUS	
1 - FATAL	SERIOUS INJURY	1 - FRONT – LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP 2 - DEPLOY			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTER 2 - CDL INTRASTAT			NOT DISTRACTED MANUALLY OPERATI	NC AN	1 - NONE	GIVEN REFUSED		
	MINOR INJURY	2 - FRONT - MIDDLE	3 - DEPLOY			3 - CLASS C		3 - CORRECTIVE LE			ELECTRONIC COMMU DEVICE (TEXTING, T)	NICATION	3-TEST	GIVEN, CON	TAMINATED	
4 - POSSIBLE IN		3 - FRONT – RIGHT SIDE 4 - SECOND – LEFT SIDE		ED BOTH FRO	ONT / SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER	. 500		DIALING)			CLE / UNUSA	BLE ULTS KNOWN	
5 - NO APPAREN	NIINJURY	(MOTORCYCLE PASSENGER)	5 - NOT APP 9 - DEPLOY	'LICABLE MENT UNKNI	OWN	5 - M/C MOPED ONLY		5 - EXCEPT CLASS 6 - EXCEPT CLASS			TALKING ON HANDS- COMMUNICATION DE		5-TEST	GIVEN, RES		
INJURED 1 - NOT TRANSP	TAKEN BY	5 - SECOND – MIDDLE 6 - SECOND – RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO			TALKING ON HAND-H COMMUNICATION DE		UNKN			
/TREATED A		7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	Marian and the second	JECTION		OL ENDORSE	MENT	8 - INTERMEDIATE	LICENSE	5	OTHER ACTIVITY WI	TH AN	1 - NONE		T TYPE	
2 - EMS 3 - POLICE		8 - THIRD - MIDDLE	1 - NOT EJE 2 - PARTIAL	CTED .LY EJECTED		H - HAZMAT M - MOTORCYCLE		RESTRICTIONS 9 - LEARNER'S PER			ELECTRONIC DEVICE PASSENGER		2 - BL001			
9 - OTHER / UNK	KNOWN	9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION	3-TOTALLY	EJECTED		P - PASSENGER		RESTRICTIONS 10 - LIMITED TO DAY			OTHER DISTRACTION		3 - URINI 4 - BREA			
SAFETY E	QUIPMENT	OF TRUCK CAB	4 - NOT APP	LICABLE		N - TANKER Q - MOTOR SCOOTER		11 - LIMITED TO DA		8-	OTHER DISTRACTION		5 - OTHE			
1 - NONE USED		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA		RAPPED		R-THREE-WHEEL MC	TORCYCLE	12 - LIMITED - OTHI			THE VEHICLE OTHER / UNKNOWN		DRU	UG TEST	TYPE	
3 - LAP BELT ON	BELT ONLY USED NLY USED	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOT TRA 2 - EXTRICA			S - SCHOOL BUS	TRAILERS	13 - MECHANICAL D (SPECIAL BRAK CONTROLS, OR (ES, HAND		CONDITION		1 - NONE			
CARGO AREA		12 - PASSENGER IN UNENCLOSED CARGO AREA	MECHANICAL MEANS 3 - FREED BY			T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT		ADAPTIVE DEVI	CES) 1 - AP		APPARENTLY NORMA	ONDITION Ently normal		2 - BLOOD 3 - URINE		
FORWARD FA	FORWARD FACING 13 - TRAILING UNIT			N-MECHANICAL MEANS			14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT			2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED,		4 - OTHER				
6 - CHILD REST REAR FACIN	RESTRAINT SYSTEM – 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		RIOR			AIR BRAKES	ANGRY,		ANGRY, DISTURBED)	ncootu,	DRUG TEST RESULT(S)					
7 - BOOSTER SE	DOSTER SEAT 15 - NON-MOTORIST							16 - OUTSIDE MIRROR 17 - PROSTHETIC AID			4- ILLNESS 5- FELL ASLEEP, FAINTED,		1 - AMPHETAMINES 2 - BARBITURATES			
	3 - HELMET USED 99 - OTHER / UNKNOWN						17 - PRO 18 - OTH			F	FATIGUED, ETC.		2 - BARBITURATES 3 - BENZODIAZEPINES			
(ELBOW, KNI	PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)								6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS				4 - CANNABINOIDS			
	FLECTIVE CLOTHING HTING – PEDESTRIAN										ALCOHOL OTHER / UNKNOWN		5 - COCAINE 6 - OPIATES / OPIOIDS			
/ BICYCLE OF	EONLY												7 - 0THE	R		
44-01HER/UNK	HER / UNKNOWN												8 - NEGA	8 - NEGATIVE RESULTS		

Ũ	OCCUPANT / WITNESS ADDENDUM							2024	- 0 0	ORT NUMBER	4 6	0			
	UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GI						
j,	ADDRESS: STREET, CITY, STATE, ZIP														
OCCUPANT	ADDRESS	: STREET, CITY,	STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE										
	INJURIES	INJURED	EMS AGENCY (NAME)	L											
ı	INJUNIES	TAKEN BY	LING AGENCY (NAME)		INJURED TAKEN TO: M edical F acilit	IT (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	AIN DAG OSAGE	Lacorion	IKAITED				
٥	UNIT #	NAME: AS	T, FIRST, MIDDLE					DATI	E OF BIRTH		AGE	GENDER			
		INAME: EAS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						- O. D.K						
ANT	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COI	<u> </u>					
OCCUPAN								1 1 1	1 1		1	1 1			
ĕ	INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED			DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
		BY					MC HELMET								
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DATI	AGE	GENDER					
OCCUPAN	ADDRESS	: STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
	INJURIES	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	T SEATING POSITION AIR BAG USAGE EJECTION TR									
ı	INJURIES	TAKEN BY	EWS AGENCY (NAME)		INJURED TAKEN TO: WEDICAL FACILITY	IY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION AIR BAG USAG		EJECTION	TRAPPED			
٥	IINIT #	NAMELIAS	T EIDST MIDDLE						F OF RIDTH		AGE	GENDER			
	UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER						
ANT	ADDRESS	: STREET, CITY,	STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE										
OCCUPANT															
0	INJURIES INJURED EMS AGENCY (NAME)				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED			DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
		BY						☐ MC HELMET							
	3 FATA		IRIES		EQUIPMENT USED		SEATING POS T – LEFT SIDE	ITION		AIR BAG US	SAGE				
	1 - FATA		RIOUS INJURY	1 - NONE US VEHICLE	OCCUPANT	1 - NOT DEPLOYED ER) 2 - DEPLOYED FRO									
			NOR INJURY	2 - SHOULDE	DER BELT ONLY USED 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SI 4 - SECOND - LEFT SI				3 - DEPLOYED SIDE						
	4 - POS	SIBLE INJU	RY						4 - DEPLOYED BOTH						
	5 - NO A	APPARENT I	NJURY		ER & LAP BELT USED ESTRAINT SYSTEM –		ORCYCLE PASS ND – MIDDLE	ENGER)	FRONT/SIDE 5 - NOT APPLICABLE						
ľ					D FACING		ND - RIGHT SIL								
	1 - NOT TRANSPORTED 6 - CHILD RE /TREATED AT SCENE REAR FA				STRAINT SYSTEM -		D – LEFT SIDE ORCYCLE SIDE								
	2 - EMS 7 - BOOSTER						D – MIDDLE	0 ,,	1 - NOT EJ		/N				
	3 - POLICE 8 - HELMET				USED		D – RIGHT SIDE PER SECTION (2 - PARTIALLY EJECTED					
	2 STITE IN STITUTE OF THE STITE			IVE PADS USED	11 - PASS	ENGER IN OTH	ER ENCLOSED	3 - TOTALL	TOTALLY EJECTED						
	(ELBOW,				KNEES, ETC.)		O AREA (NON-TE PICK-UP WITH CAI		4 - NOT APPLICABLE						
					G – PEDESTRIAN		ENGER IN UNE	NCLOSED	TRAPPED						
				/ BICYCLI		LING UNIT		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL			`				
	99 - OTHER /				JNKNOWN	14 - RIDING ON VEHICLE		EXTERIOR	MEANS			AL,			
							MOTORIST		3 - FREED BY NON-MECHANICAI MEANS			AL			
٤						99 - OTHE	R / UNKNOWN					l			
SS		ST, FIRST, MIDD	LE HELLE ANN					DATI	E OF BIRTH R / 1 9	9.0	AGE 3 3	GENDER F			
WITNESS		: STREET, CITY,						CONTACT PHONE							
≥	615 SAFFRON DR SUNBURY, OH 43074														
,,	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER						
WITNESS		ANDRESS, CORPET CITY CLATE TID													
MI	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
5	NAME: LAST, FIRST, MIDDLE							DATI	E OF BIRTH		AGE	GENDER			
ESS								DATE OF BIRTH							
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE	- INCLUDE AREA COI	DE					
>															