of Public Safety TRAFFIC CRASH OH-2 OH-3	CEPORT *DENOTES MAIN LOCAL INFORMATION	NDATORY FIELD FOR SUPPLEM	ENT REPORT	2023-	OCAL REPORT NUMBER				
PHOTOS TAKEN OH-2 NOTHER	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR								
SECONDARY CRASH PRIVATE PROPERTY	NCIC* 1 5 0 7	1 - SOLVED LJ 2 - UNSOLVED	03 0	1 98 - ANIMAL 199 - UNKNOWN					
COUNTY* LOCALITY* LOCATION: CITY, 4 5 1 2-VILLAGE HEATH		CRASH DATE / TIME * CRASH SEVERITY							
3-TOWNSHIP	ROAD TYPE	08152023 0714 2 2 - SERIOUS INJURY SUSPECTED							
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST	HOPEWELL		D R	4.0,036	MINOR INJURY				
	REFERENCE ROAD NAME (ROAD, N	MILEPOST HOUSE #)	ROAD TYPE	LONGITUDE		SUSPECTED - INJURY POSSIBLE			
2 - SOUTH 3 - EAST	LICKING VIEW		D R	-82,415		- PROPERTY DAMAGE ONLY			
REFERENCE POINT DIRECTION	ROUTE TYPE	ROAD TYPE			INTERSECTION RELATED				
2 MILE POST 2 COUTU			MANAGEMENT OF A STATE OF THE ST						
3- HOUSE # 4 3- EAST	STATE ROUTE BL -	-BOULEVARD MP-MILEPOST S	T - STREET	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES					
DISTANCE DISTANCE CR - PROMINE FROM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE I		E - TERRACE L - TRAIL	ROADWAY					
1-MILES TR-1	NUMBERED TOWNSHIP DR -	- DRIVE PI - PIKE V	VA - WAY	ROADWAY DIV	TIDED				
		- HEIGHTS PL - PLACE			E NATURALISMAN	WANTED LINE OF THE COM			
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 9 - CROSSOVER	1 - NOT 0	NER OF CRASH COLLISION/IMPA COLLISION 4 - REAR-TO-REAR	UT .	DIRECTION OF TRAVE 1 - NORTH	Of National Association of the Control of the Contr	75.50-50-50 M-65			
0 1 2 - ON SHOULDER 10 - DRIVEWAY/A 3 - IN MEDIAN 11 - RAILWAY GR	TWO	VEEN 5-BACKING MOTOR CLESIN 6-ANGLE		2 - SOUTH	(<4 FEET	1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN			
4 - ON ROADSIDE 12-SHARED USI	E PATHS OR TRAN	SPORT 7-SIDESWIPE, SAME		3 - EAST 4 - WEST	(≥4 FEET)			
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	2 - REAR 3 - HEAD	*	1	3 - DIVIDED, DEPRESSED MED 4 - DIVIDED, RAISED MEDIAN					
7 - ON RAMP 14-TOLL BOOTH 8 - OFF RAMP 99-OTHER/UNK					(ANY TYPI 9 - OTHER/UN	***			
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WO	RK ZONE	CONTOUR	CONDITIONS	SURFACE			
1-1	ANE CLOSURE	1 - BEFORE THE 1ST \ WARNING SIGN	WORK ZONE	1 1	1	2 ,			
3-W	ANE SHIFT/CROSSOVER VORK ON SHOULDER	2 - ADVANCE WARNIN	a median determine the	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE			
	OR MEDIAN NTERMITTENT OR MOVING WORK	3 - TRANSITION AREA 4 - ACTIVITY AREA	L	2 - STRAIGHT GRADE	DE 2-WET 2-BLACKTO BITUMIN ASSIGNMENT				
ACTIVE SCHOOL ZONE 5-0	THER	5 - TERMINATION ARE	EA	3 - CURVE LEVEL 4 - CURVE GRADE	ASPHALT 3 - BRICK/BLOCK				
LIGHT CONDITION	WEATHE	R	9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, 4 - SLA						
1 - DAYLIGHT 1 2 - DAWN/DUSK	1 - CLEAR 01 2 - CLOUDY	6 - SNOW 7 - SEVERE CROSSWINDS	OIL, GRAVEL STO						
3 - DARK – LIGHTED ROADWAY	8 - BLOWING SAND, SOIL, DIRT,	(AND, SOIL, DIRT, SNOW MOVING)			5 - DIRT 9 - OTHER/UNKNOWN				
4 - DARK — ROADWAY NOT LIGHTED 5 - DARK — UNKNOWN ROADWAY LIGHTING	4 - RAIN 5 - SLEET, HAIL	99 - OTHER / UNKNOWN							
9 - OTHER / UNKNOWN									
NARRATIVE Unit 1 was traveling west on	Hanawall Dr. Unit					Indicate the north direction with			
was traveling east on Hopew	•	_				an "N" on the compass diagram.			
traveling north on Licking Vie		at		ScenePD ™ - Evaluation Edition Evaluation Edition		_			
the stop sign. Unit 1 attempt		Fk	Evaluation uation Edition	Edition	Evaluation Edition				
Licking View Dr. and struck U			Evaluation	Evaluation Edition Edition Hopewell	Evaluation Edition				
forced Unit 2 to the right and	Unit 2 struck the f	ront Evaluation Edition	uation Edition	Ноде	Evaluation Edition				
of Unit 3. Unit 2 went off the			Evaluation	Evaluation Edition Edition	Edition				
and struck the stop sign. Uni	t 2 ended up in the	Evaluation Edition	Patrion Edition	200	Evaluation Edition				
ditch.		Eyske	Evaluation lation Edition	Evaluation Unit	2 Unit 2				
		Evaluation Edition	5	Unit 2 Evaluation	Evaluation Edition				
		Evaluation Edition	uation Edition	Evaluation Edition "Of the Life In	· · · · · · · · · · · · · · · · · · ·				
		_		Not To Scale Evaluation Evaluation Edition	Evaluation Edition Evaluation Edition				
		Evaluation Edition	Evaluation uation Edition	Edition					
CRASH REPORTED DATE / TIME D	ISPATCH DATE / TIME	ARRIVAL DATE / TIME		SCENE CLEARED	DATE/TIME R	EPORT TAKEN BY			
Superior of the Control of the Contr	52023 0719		7 2 0 0	8152023	I I	POLICE AGENCY			
TOTAL TIME OTHER TOTAL	OFFICER'S NAME*	C _H		CER'S NAME*		MOTORIST			
ROADWAY CLOSED INVESTIGATION TIME MINUTE	1 eterson		mart	Y OFFICER'S BADGE N	IIIMPED*	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)			
1,6,5	O 7 -		O 7	- 1	3 8	CONTRACTOR OF THE PROPERTY OF			

30 - GUARDRAIL FACE

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

5

30 - GUARDRAIL FACE

■ FIRST HARMFUL EVENT

1

■ MOST HARMFUL EVENT

3

OHIO DE OF PUBL SAFETY - SER	OHIO DEPARTMENT OF PUBLIC SAFETY MOTORIST / NON-MOTORIST MOTORIST						2 0 2 3 - 0 0 0 0 9 2 1 0							
UNIT#	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH AGE GENDE							
0 1	BENTLEY, JERRY B							0 9 / 1 6 / 1 9 4 0 8 2 1 1						
ADDRESS	: STREET, CITY, ST	ATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE										
SADDRESS 914 ETI INJURIES OL STATE O H	HEL AV HE	ATH, OH 43056												
INJURIES	INJURED I	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-Com	SEATING POSITION	ON AIR BAG US	AGE EJECTION	TRAPPED	
2 3	BY 2 Heath FD Licking Mer			morial		0 4	MC HELI		_ 2	_1	_1			
OL STATE	TE OPERATOR LICENSE NUMBER OFFENSE CHAI				RGED	LOCAL CODE	OFFENSE DESC	RIPTION	'	CITATION NUMBER				
O H				331.1	.7		X	331.17				145081523001		
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT	DIS	VER Tracted	_	OHOL / DRUG SUSPI		CONDITION	STATUS TYP	PE VALUE		RUG TEST(S YPE RESULT	T SELECT UP TO 4	
. 4			BY	1	=	LCOHOL MAF THER DRUG	RIJUANA	1 1	1 1		1	L		
UNIT #	NAME: LAST, F	FIRST MIDDLE			Ц°	THER DRUG				DATE OF BIRTH		AGE	GENDER	
0 2	1	R, CHRISTOPHER M							0 2 /	0 8 / 1	9 .7 .3	5 0	M	
	: STREET, CITY, ST									HONE - INCLUDE AREA				
ADDRESS ADDRESS ADDRESS ADDRESS OL STATE OL STATE	TAGE ST A	PT. F NEWARK, OH 4	13055											
o P injuries	INJURED I	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	2010	SEATING POSITION	ON AIR BAG US	AGE EJECTION	TRAPPED	
2 2	TAKEN BY 2 1	Heath FD		Lickin	ng Me	morial		USED O 4	MC HELI		1	1 1 1		
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATIO	CITATION NUMBER		
Е о н				CODE										
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER ALCOHOL / DRUG SUSPECTED CONTRACTED			CONDITION	TION ALCOHOL TEST STATUS TYPE VALUE			DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4			
	SELECT OF 10 2		BY	_	=	_	RIJUANA	1		VALUE	1		322201 07 10 4	
4				1	0	THER DRUG			1 1		ئے لیے	<u> </u>	<u> </u>	
UNIT#	NAME: LAST, F	•								DATE OF BIRTH		AGE	GENDER	
0,3 ROGERS, DENNIS EDWARD 0,6 ,/ ,2 ,9 ,/ ,1 ,9 ,5 ,2										7 1	М			
ADDRESS	: STREET, CITY, ST	·							CONTACT P	HONE - INCLUDE AREA	CODE	_		
INJURIES		F HEATH, OH 43056 EMS AGENCY (NAME)		INJUDED	TAIZENTO	: MEDICAL FACILITY	ALLES DITIO	SAFETY EQUIPMENT		SEATING POSITION	ON AIR BAG US	AGE EJECTION	TRAPPED	
ADDRESS 132 HI INJURIES 5	TAKEN BY	EMIS AGENCT (NAME)		INJUKED	IAKENTO	: WEDICAL FACILITY	(NAME, CITY)	USED 0 4	DOT-COM	PLIANT	AIR BAG US	AGE EJECTION	1	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAF	RGED	LOCAL	OFFENSE DESC	RIPTION			── └ ─ ── N NUMBER		
OL STATE							CODE							
OL CLASS	ENDORSEMENT	RESTRICTION SELECT		VER	ALC	OHOL / DRUG SUSPI	L LLL Ected	CONDITION		HOL TEST		RUG TEST(S		
	SELECT UP TO 2		BY	TRACTED	П	LCOHOL MAF	RIJUANA		STATUS TYF	PE VALUE			T SELECT UP TO 4	
_4				1	0	THER DRUG		1	1 1					
INJU 1 - FATAL	URIES	SEATING POSITION 1-FRONT-LEFT SIDE	1 - NOT DEP	IR BAG		OL CLASS 1 - CLASS A	S	OL RESTRIC 1-ALCOHOL INTER	and the second second second	1 - NOT DISTRACTED	Commence of the commence of th	TEST STA	TUS	
	SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOY			2 - CLASS B		2 - CDL INTRASTAT		2 - MANUALLY OPERATIO	NG AN 2 -	TEST REFUSED		
3 - SUSPECTED 4 - POSSIBLE II	MINOR INJURY	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLOY	ED SIDE 3 - CLASS C ED BOTH FRONT / SIDE 4 - REGULAR CLASS			3 - CORRECTIVE LE 4 - FARM WAIVER	NSES	DEVICE (TEXTING, TYPING,		3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE			
5 - NO APPAREI		4 - SECOND - LEFT SIDE	5 - NOT APP	PLICABLE (OHIO = D)			5 - EXCEPT CLASS	DIALING) 3 - TALKING ON HANDS-F	LKING ON HANDS-FREE 4 - TEST GIVEN, RESULTS KNOV					
INJUDED	(MOTORCYCLE PASSENGER)				MENT UNKNOWN 5 - M/C MOPED ONLY 6 - EXCEP				A	COMMUNICATION DE	VICE 5 - TEST GIVEN, RESULTS			
1 - NOT TRANSF		6 - SECOND - RIGHT SIDE				6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO	R-TRAILER	4 - TALKING ON HAND-HE COMMUNICATION DE	VICE	LCOHOL TE	ST TVDF	
/TREATED A	AT SCENE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	80000000000000000000000000000000000000	JECTION		OL ENDORSE	MENT	8 - INTERMEDIATE	LICENSE	5 - OTHER ACTIVITY WIT ELECTRONIC DEVICE	H AN	NONE	31 1176	
2 - EMS 3 - POLICE		8 - THIRD - MIDDLE	1 - NOT EJE 2 - PARTIAL	LY EJECTED		H - HAZMAT M - MOTORCYCLE		RESTRICTIONS 9 - LEARNER'S PER	MIT	6 - PASSENGER	2 -	BLOOD		
9 - OTHER / UN	KNOWN	9 - THIRD - RIGHT SIDE	3-TOTALLY	EJECTED		P - PASSENGER		RESTRICTIONS		7 - OTHER DISTRACTION INSIDE THE VEHICLE		URINE BREATH		
SAFETY E	QUIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APP	LICABLE		N - TANKER		10 - LIMITED TO DAY		8 - OTHER DISTRACTION		OTHER		
1 - NONE USED		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	T	RAPPED		Q - MOTOR SCOOTER R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE		THE VEHICLE 9 - OTHER / UNKNOWN		DRUG TEST	TYPE	
	BELT ONLY USED	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOT TRA 2 - EXTRICA			S - SCHOOL BUS		13 - MECHANICAL D (SPECIAL BRAK				NONE		
	4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED MECHA		VICAL MEANS X - TANKER / HAZMAT			CONTROLS, OR OTHER ADAPTIVE DEVICES)		CONDITION 1 - APPARENTLY NORMAL		2 - BLOOD				
	5 - CHILD RESTRAINT SYSTEM - CARGO AREA 3 - FREED		3 - FREED B	CHANICAL MEANS			14 - MILITARY VEHICLES ONLY		2 - PHYSICAL IMPAIRMENT		3 - URINE 4 - OTHER			
6 - CHILD REST	TRAINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR						15 - MOTOR VEHICLE AIR BRAKES	S WITHOUT	3 - EMOTIONAL (E.G., DEPI ANGRY, DISTURBED)	RESSED,	RUG TEST RE	SULT(S)	
REAR FACIN		(NON-TRAILING UNIT) 15 - NON-MOTORIST						16 - OUTSIDE MIRRO	R	4- ILLNESS		AMPHETAMINES		
7 - BOOSTER SI 8 - HELMET US		99 - OTHER / UNKNOWN						17 - PROSTHETIC AID		5- FELL ASLEEP, FAINTED, FATIGUED, ETC.		2 - BARBITURATES		
9 - PROTECTIV	E PADS USED							18 - OTHER		6- UNDER THE INFLUEN	CE ,	BENZODIAZEPIN CANNABINOIDS	ES	
(ELBOW, KN 10 - REFLECTIV										OF MEDICATIONS / DR / ALCOHOL	065	COCAINE		
11 - LIGHTING -	PEDESTRIAN									9-OTHER/UNKNOWN		OPIATES / OPIOID	OS .	
99 - OTHER / UN	CLE ONLY R / UNKNOWN											7 - OTHER 8 - NEGATIVE RESULTS		

	SONIO DEPARTMENT OCCUPANT / WITNESS ANDENDUM						LOCAL REPORT NUMBER								
V/F	SPENDENT OCCUPANT / WITNESS ADDENDUM						2 0 2 3 - 0 0 0 0 9 2 1 0								
	NIT #	NABAT													
	NIT #		T, FIRST, MIDDLE		DATE OF BIRTH AGE GENDER O . 9 / 2 7 / 1 9 4 6 7 6 F										
			S, PATRICIA A	CONTACT PHONE - INCLUDE AREA CODE											
4	ADDRESS: STREET, CITY, STATE, ZIP 132 HILLVIEW CT HEATH, OH 43056								A A A A A A A A						
9 17		INJURED	EMS AGENCY (NAME)	SEATING POSITION AIR BAG USAGE EJECTION TRAPPED											
	5	TAKEN BY	EWIS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	IT (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT	. 0 . 3 .	. 1	1	. 1			
				DATE OF BIRTH AGE GENDE											
ľ	NIT #	NAME: LAS	T, FIRST, MIDDLE					DAI	F OL RIKIH		AGE	GENDER			
F	INDESS.	STREET, CITY,	STATE 7ID					CONTACT PHONE	- INCLUDE AREA CO						
OCCUPAN	DKESS.	STREET, CITT,	STATE, ZIP					CONTROLL	- INCLUDE AREA CO	DE.					
Š	JURIES	INJURED	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACILI	SEATING POSITION AIR BAG USAGE EJECTION TRAPPED									
		TAKEN BY TAKEN EMS AGENCY (NAME) TAKEN TAKEN			INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIP USED			DOT-COMPLIANT MC HELMET							
U	NIT #	NAME: LAS	T, FIRST, MIDDLE						E OF BIRTH		AGE	GENDER			
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AI	DDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE					
OCCUPAN															
in,	JURIES		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT O	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
١,	1	TAKEN BY					USED	MC HELMET			ļ. ,	1 1			
U	NIT #	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH	<u> </u>	AGE	GENDER			
١,									1 1 1		1 1	ļ			
A A	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN															
= IN	JURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
▮∟		BY					USED	MC HELMET							
		INJU	JRIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE				
1	- FATA	AL		1 - NONE US			T – LEFT SIDE								
2	2 - SUSPECTED SERIOUS INJURY				OCCUPANT (MOTORCYCLE DRIV PREIT ONLY USED 2 - FRONT – MIDDLE			2 - DEPLOYED FRONT							
	3 - SUSPECTED MINOR INJURY 2 - SHOULDE			FONLY USED	E 3 - DEPLOYED SIDE										
	4 - POSSIBLE INJURY			4 - SECOND - LEFT SID ER & LAP BELT USED (MOTORCYCLE PASS					PLOYED BOTH ONT/SIDE						
5	5 - NO APPARENT INJURY			ESTRAINT SYSTEM – 5 - SECOND – MIDDLE					T APPLICABLE						
	INJURED TAKEN BY FORWARD FACING 6 - SECOND - RIGHT S						DE 9 - DEPLOYMENT UNKNOWN								
1	1 - NOT TRANSPORTED 6 - CHILD RESTRAINT SY /TREATED AT SCENE REAR FACING						D – LEFT SIDE ORCYCLE SIDE	CAR)	EJECTION						
2	2 - EMS 7 - B00STER					1 - NOT EJ									
3	3 - POLICE 8 - HELMET			USED	9 - THIRD – RIGHT SIDE 10 - SLEEPER SECTION				IALLY EJECTED						
9				IVE PADS USED		ENGER IN OTH		3 - TOTALL	TOTALLY EJECTED						
	(ELBOW, KNEES, ETC.)						O AREA (NON-TE		4 - NOT APPLICABLE						
	10 - REFLECTIVE CLOTHING BUS, PICK-UP WITH CA 11 - LIGHTING - PEDESTRIAN 12 - PASSENGER IN UNI CASSE ABEL														
	/ BICYCLE ONLY 13 - TRAILING UNIT						1 - NOTTR	1 - NOTTRAPPED							
	99 - OTHER / UNKNOWN 14 - RIDING ON VEHICLE					EXTERIOR	CATED BY MECHANICAL								
							TRAILING UNIT)		MEANS	BY NON-ME	CHANIC	ΔΙ			
							MOTORIST R/UNKNOWN		MEANS		OHANIO	AL			
N/	AME: LAS	ST, FIRST, MIDD	LE					DAT	E OF BIRTH		AGE	GENDER			
		, SHERRY						0 5 / 0	5 / 1 9	6 4	5 9	F			
=		STREET, CITY,						CONTACT PHONE							
4	PLEAS	SANT ST	NEWARK, OH 430	55 											
	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER							
WITNESS JV	ADDRESS, COREST CITY OTHER TID							CONTACT DUONE WAYNE ARE							
AI.	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE							
								DATE OF PIDTH ACE CENSES							
N A	AME: 1 AS	ST, FIRST, MIDD	LE					DAT!	E OF BIRTH		AGE	GENDER			
	AME: LAS	ST, FIRST, MIDD	LE						E OF BIRTH		AGE	GENDER			
NESS		ST, FIRST, MIDD								DE	AGE	GENDER			