

TRAFFIC CRASH REPORT

03053004

VEH. FIRE

P



10-90-417

CRASH SEVERITY
1 FATAL 3
2 INJURY 0
3 UNKOWN 0

PRIVATE PROPERTY
1 NOT NOTED
2 NOTED
3 UNRECORDED

PHOTOS TAKEN
ON-1 ON-2 ON-3 ON-4

04P90

STATE Highway Patrol

01 99

05302003

1810 FRI

WASHINGTON

72

CRASH OCCURRED ON FREQD CRASH LOCATION TR 80 (OHIO TURNPIKE)	TYPE LOC 3	TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 UNNAMED STREET	ROAD DESIGNATION 84.5 WB
ALL INFORMATION LIMIT REFERENCE OR PHONE REFERENCE .5 F M.P. 84	REF POINT 06	REFERENCE POINT USED 01 STATE LANE 02 INTERSECTION 2 STRETS 03 COUNTY LANE	04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 PLACE NAME W/O REFERENCE 07 PLACE NAME W/O REFERENCE 08 DRIVEWAY 09 STREET ON ROUTE W/O REFERENCE

Name (Last, First, Middle) [REDACTED] 10042071 N

Address (Street, City, State, Zip Code) [REDACTED]

Home Phone # [REDACTED]

Work Phone # [REDACTED]

DL STATE [REDACTED] LP STATE [REDACTED]

INSURED TAKEN BY [REDACTED] 1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY [REDACTED] MARKED TAKEN TO [REDACTED]

OWNER NAME (IF SAID, WRITE "SAID") GROVE BIBLE CHURCH SAINT JOHNS MI

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWNS SERVICE

1980 TMC MC-9 WHITE SILVER MADISON'S

OWNER CHASSIS [REDACTED] OWNER DESCRIPTION [REDACTED]

Name (Last, First, Middle) [REDACTED]

Address (Street, City, State, Zip Code) [REDACTED]

DL STATE [REDACTED] LP STATE [REDACTED]

INSURED TAKEN BY [REDACTED] 1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY [REDACTED] MARKED TAKEN TO [REDACTED]

OWNER NAME (IF SAID, WRITE "SAID") [REDACTED] Address (Street, City, State, Zip Code) [REDACTED]

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWNS SERVICE

OWNER CHASSIS [REDACTED] OWNER DESCRIPTION [REDACTED]

Name (Last, First, Middle) [REDACTED]

Address (Street, City, State, Zip Code) [REDACTED]

DL STATE [REDACTED] LP STATE [REDACTED]

INSURED TAKEN BY [REDACTED] 1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY [REDACTED] MARKED TAKEN TO [REDACTED]

OWNER NAME (IF SAID, WRITE "SAID") [REDACTED] Address (Street, City, State, Zip Code) [REDACTED]

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWNS SERVICE

OWNER CHASSIS [REDACTED] OWNER DESCRIPTION [REDACTED]

Name (Last, First, Middle) [REDACTED]

Address (Street, City, State, Zip Code) [REDACTED]

DL STATE [REDACTED] LP STATE [REDACTED]

INSURED TAKEN BY [REDACTED] 1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY [REDACTED] MARKED TAKEN TO [REDACTED]

OWNER NAME (IF SAID, WRITE "SAID") [REDACTED] Address (Street, City, State, Zip Code) [REDACTED]

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWNS SERVICE

OWNER CHASSIS [REDACTED] OWNER DESCRIPTION [REDACTED]

Name (Last, First, Middle) [REDACTED]

Address (Street, City, State, Zip Code) [REDACTED]

DL STATE [REDACTED] LP STATE [REDACTED]

INSURED TAKEN BY [REDACTED] 1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY [REDACTED] MARKED TAKEN TO [REDACTED]

OWNER NAME (IF SAID, WRITE "SAID") [REDACTED] Address (Street, City, State, Zip Code) [REDACTED]

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWNS SERVICE

Motorist/Non-Motorist

Occupant

- 01 FRONT - LEFT (MC DRIVER)
- 02 FRONT - MIDDLE
- 03 FRONT - RIGHT
- 04 REAR - LEFT (MC PASS)
- 05 REAR - MIDDLE
- 06 REAR - RIGHT
- 07 THIRD - LEFT (MC PASSENGER/SEAT CAR)
- 08 THIRD - MIDDLE
- 09 THIRD - RIGHT
- 10 BUSINESS SECTOR OF CAB
- 11 ENCLOSED CARGO AREA
- 12 UNENCLOSED CARGO AREA
- 13 TRAILING UNIT
- 14 EXTENSION
- 15 OTHER
- 16 NON-HUMANITY
- 17 UNKNOWN

- SAFETY EQUIPMENT
- 01 NONE USED
- 02 SHOULDER BELT ONLY
- 03 LAP BELT ONLY
- 04 SHOULDER/LAP BELT
- 05 CHILD SAFETY SEAT
- 06 MC HOLDER USED
- 07 USE UNKNOWN
- NON-SAFETYBELT
- 08 NONE USED
- 09 BELTLY USED
- 10 PROTECTIVE PADS
- 11 PROTECTIVE CLOTHING
- 12 UNKNOWN
- 13 OTHER
- 14 UNKNOWN

- AIR BAG
- 1 NOT DEPLOYED
- 2 DEPLOYED-FRONT
- 3 DEPLOYED-SIDE
- 4 DEPLOYED BOTH
- 5 NOT APPLICABLE
- 6 UNKNOWN

- AIR BAG SWITCH
- 1 NOT PRESENT
- 2 IN ON POSITION
- 3 IN OFF POSITION
- 4 UNKNOWN

- EJECTION
- 1 NOT EJECTED
- 2 TOTALLY EJECTED
- 3 PARTIALLY EJECTED
- 4 NOT APPLICABLE
- 5 UNKNOWN

- TRAPPED
- 1 NOT TRAPPED
- 2 EXTRICATED BY MECHANICAL MEANS
- 3 FREED BY NON-MECHANICAL MEANS
- 4 UNKNOWN

- EXHAUSTED
- 1 NO INJURY
- 2 POSSIBLE
- 3 NON-INCAPACITATING
- 4 INCAPACITATING
- 5 FATAL INJURY
- 6 UNKNOWN

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MSY701

Top Copy - ODPB Bottom Copy - Agency

TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

CHI-P Rev. (1/87)

10-90-417
011P90
Reporting Agency: STATE HIGHWAY FEDERAL
Date of Report: 05302003

01
[Redacted]
[Redacted]
0809198517 F

Address (Street, City, State, Zip Code): [Redacted] SI Falls ME [Redacted]

Named Taker By: 1 None 4 Other
 Transported By: 2 EMS 3 Unknown
 Named Taker To: 3 Police

01
[Redacted]
[Redacted]
0125198716 M

Address (Street, City, State, Zip Code): [Redacted] BATH ME [Redacted]

Named Taker By: 1 None 4 Other
 Transported By: 2 EMS 3 Unknown
 Named Taker To: 3 Police

01
[Redacted]
[Redacted]
0125198815 F

Address (Street, City, State, Zip Code): [Redacted] LANSING ME [Redacted]

Named Taker By: 1 None 4 Other
 Transported By: 2 EMS 3 Unknown
 Named Taker To: 3 Police

01
[Redacted]
[Redacted]
0408198518 F

Address (Street, City, State, Zip Code): [Redacted] LANSING ME [Redacted]

Named Taker By: 1 None 4 Other
 Transported By: 2 EMS 3 Unknown
 Named Taker To: 3 Police

01
[Redacted]
[Redacted]
0424198716 F

Address (Street, City, State, Zip Code): [Redacted] DEWITT ME [Redacted]

Named Taker By: 1 None 4 Other
 Transported By: 2 EMS 3 Unknown
 Named Taker To: 3 Police

01
[Redacted]
[Redacted]
0421198518 F

Address (Street, City, State, Zip Code): [Redacted] SI JOLLA ME [Redacted]

Named Taker By: 1 None 4 Other
 Transported By: 2 EMS 3 Unknown
 Named Taker To: 3 Police

01
[Redacted]
[Redacted]
1224198319 F

Address (Street, City, State, Zip Code): [Redacted] LANSING MI [Redacted]

Named Taker By: 1 None 4 Other
 Transported By: 2 EMS 3 Unknown
 Named Taker To: 3 Police

SEATBELT POSITION	SAFETY EQUIPMENT	SEAT BELT	AIR BAG SWITCH	REINFORCED	TRAPPED	INJURED
01 FRONT - LEFT (MC DRIVER)	01 SEATBELT	5	3	1	1	1
02 FRONT - MIDDLE	01 NECK LIMIT	5	3	1	1	1
03 FRONT - RIGHT	02 SHOULDER BELT ONLY	5	3	1	1	1
04 SECONDS - LEFT (MC PASS)	03 LAP BELT ONLY	5	3	1	1	1
05 SECONDS - MIDDLE	04 SHOULDER/LAP ONLY	5	3	1	1	1
06 SECONDS - RIGHT	05 CHILD SAFETY SEAT	5	3	1	1	1
07 THIRD - LEFT	06 MC HELMET USED	5	3	1	1	1
08 (MC PASSENGER/BACK CTR)	07 USE UNKNOWN	5	3	1	1	1
09 THIRD - MIDDLE	08 NONE USED	5	3	1	1	1
10 THIRD - RIGHT	09 HELMET USED	5	3	1	1	1
11 SECONDS SECONDS DR CTR	10 PROTECTIVE PADS	5	3	1	1	1
12 EMPLOYED CARGO AREA	11 REFLECTIVE CLOTHING	5	3	1	1	1
13 UNEMPLOYED CARGO AREA	12 LIGHTS	5	3	1	1	1
14 TRUCKS UNIT	13 OTHER	5	3	1	1	1
15 SECONDS	14 UNKNOWN	5	3	1	1	1
16 OTHER		5	3	1	1	1
17 OTHER		5	3	1	1	1

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TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

CR-1-P (Rev. 11/99)

Report # 10-90-417 OHP # 0HP90 Reporting Agency # STATE HIGHWAY PATROL Date of Crash 05/30/03

Name (Last, First, Middle) [REDACTED] Home Phone # [REDACTED] Injured Person # 0924196042 F
 Address (Street, City, State, Zip Code) [REDACTED] OVID MI [REDACTED] Injured Taken To [REDACTED]
 Blamed Taken By: 1 None 4 Other Transported By [REDACTED]
 2 EMS 3 Unknown 3 Police

Name (Last, First, Middle) [REDACTED] Home Phone # [REDACTED] Injured Person # 0313194558 F
 Address (Street, City, State, Zip Code) [REDACTED] LAINGSBURG MI [REDACTED] Injured Taken To [REDACTED]
 Blamed Taken By: 1 None 4 Other Transported By [REDACTED]
 2 EMS 3 Unknown 3 Police

Name (Last, First, Middle) [REDACTED] Home Phone # [REDACTED] Injured Person # 0723195943 M
 Address (Street, City, State, Zip Code) [REDACTED] DEWITT MI [REDACTED] Injured Taken To [REDACTED]
 Blamed Taken By: 1 None 4 Other Transported By [REDACTED]
 2 EMS 3 Unknown 3 Police

Name (Last, First, Middle) [REDACTED] Home Phone # [REDACTED] Injured Person # 0910195052 M
 Address (Street, City, State, Zip Code) [REDACTED] LAINGSBURG MI [REDACTED] Injured Taken To [REDACTED]
 Blamed Taken By: 1 None 4 Other Transported By [REDACTED]
 2 EMS 3 Unknown 3 Police

Name (Last, First, Middle) [REDACTED] Home Phone # [REDACTED] Injured Person # 0924198715 F
 Address (Street, City, State, Zip Code) [REDACTED] DEWITT MI [REDACTED] Injured Taken To [REDACTED]
 Blamed Taken By: 1 None 4 Other Transported By [REDACTED]
 2 EMS 3 Unknown 3 Police

Name (Last, First, Middle) [REDACTED] Home Phone # [REDACTED] Injured Person # 0122198815 F
 Address (Street, City, State, Zip Code) [REDACTED] OVID MI [REDACTED] Injured Taken To [REDACTED]
 Blamed Taken By: 1 None 4 Other Transported By [REDACTED]
 2 EMS 3 Unknown 3 Police

Name (Last, First, Middle) [REDACTED] Home Phone # [REDACTED] Injured Person # 0227198419 M
 Address (Street, City, State, Zip Code) [REDACTED] ST. JOHNS MI [REDACTED] Injured Taken To [REDACTED]
 Blamed Taken By: 1 None 4 Other Transported By [REDACTED]
 2 EMS 3 Unknown 3 Police

SEATBELT POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG POSITION	EJECTION	TRAPPED	EJECTED
04 01 FRONT - LEFT (MC DRIVER)	01 01 NONE USED	5 1 NOT DEPLOYED	3 1 IN POSITION	1 1 NOT EJECTED	1 1 NOT TRAPPED	1 1 NOT EJECTED BY MECHANICAL MEANS
04 01 FRONT - MIDDLE	01 02 SEATBELT BELY ONLY	3 1 DEPLOYED-PRETR	3 2 IN CR POSITION	1 2 TOTALLY EJECTED	1 2 EJECTED BY MECHANICAL MEANS	1 2 PARTIALLY EJECTED
04 01 FRONT - REAR	01 03 LAP BELT ONLY	3 2 DEPLOYED-BOB	3 3 NOT PRESENT	1 3 PARTIALLY EJECTED	1 3 TRAPPED BY NON-MECHANICAL MEANS	1 3 NOT APPLICABLE
04 01 SECOND - LEFT (MC PASS)	01 04 SHOULDER/LAP BELT	3 4 DEPLOYED BOTH	1 4 UNKNOWN	1 4 NOT APPLICABLE	1 4 UNKNOWN	1 4 UNKNOWN
04 01 SECOND - MIDDLE	01 05 CHILD SAFETY SEAT	3 1 NOT APPLICABLE				
04 01 SECOND - REAR	01 06 MC HELMET USED	3 4 UNKNOWN				
06 01 3RD - LEFT (MC PASSENGER/ICE CAR)	01 07 USE UNKNOWN	3 3				
06 01 3RD - MIDDLE	01 08 NON-NECESSARY	3 3				
06 01 3RD - REAR	01 09 NONE USED	3 3				
07 01 SLEEPER SECTION OF CAB	01 10 PROTECTIVE PAD	3 3				
07 01 ENCLOSED CABIN AREA	01 11 REFLECTIVE CLOTHING	3 3				
07 01 UNENCLOSED CABIN AREA	01 12 LEATHER	3 3				
07 01 TROUSER UNIT	01 13 OTHER	3 3				
07 01 EXTENDER	01 14 UNKNOWN	3 3				
07 01 OTHER						
07 01 NON-MECHANICAL						
07 01 UNKNOWN						

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TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

OH-1-R (Rev. 10/99)

10-40-417
OH P90
STATE HIGHWAY PATROL
05302003

01 [REDACTED]
[REDACTED]
0110198419M

ADDRESS (STREET, CITY, STATE, ZIP CODE) BILOE CT

BLAMED TAKEN BY: 1 NONE 4 OTHER
 2 EMS 5 UNKNOWN
 3 POLICE

01 [REDACTED]
[REDACTED]
0304198419M

ADDRESS (STREET, CITY, STATE, ZIP CODE) LAINGSTOWN MT

BLAMED TAKEN BY: 1 NONE 4 OTHER
 2 EMS 5 UNKNOWN
 3 POLICE

NAME (LAST, FIRST, MIDDLE) _____
 ADDRESS (STREET, CITY, STATE, ZIP CODE) _____
 NAME (LAST, FIRST, MIDDLE) _____

ADDRESS (STREET, CITY, STATE, ZIP CODE) _____
 NAME (LAST, FIRST, MIDDLE) _____

ADDRESS (STREET, CITY, STATE, ZIP CODE) _____
 NAME (LAST, FIRST, MIDDLE) _____

ADDRESS (STREET, CITY, STATE, ZIP CODE) _____
 NAME (LAST, FIRST, MIDDLE) _____

ADDRESS (STREET, CITY, STATE, ZIP CODE) _____
 NAME (LAST, FIRST, MIDDLE) _____

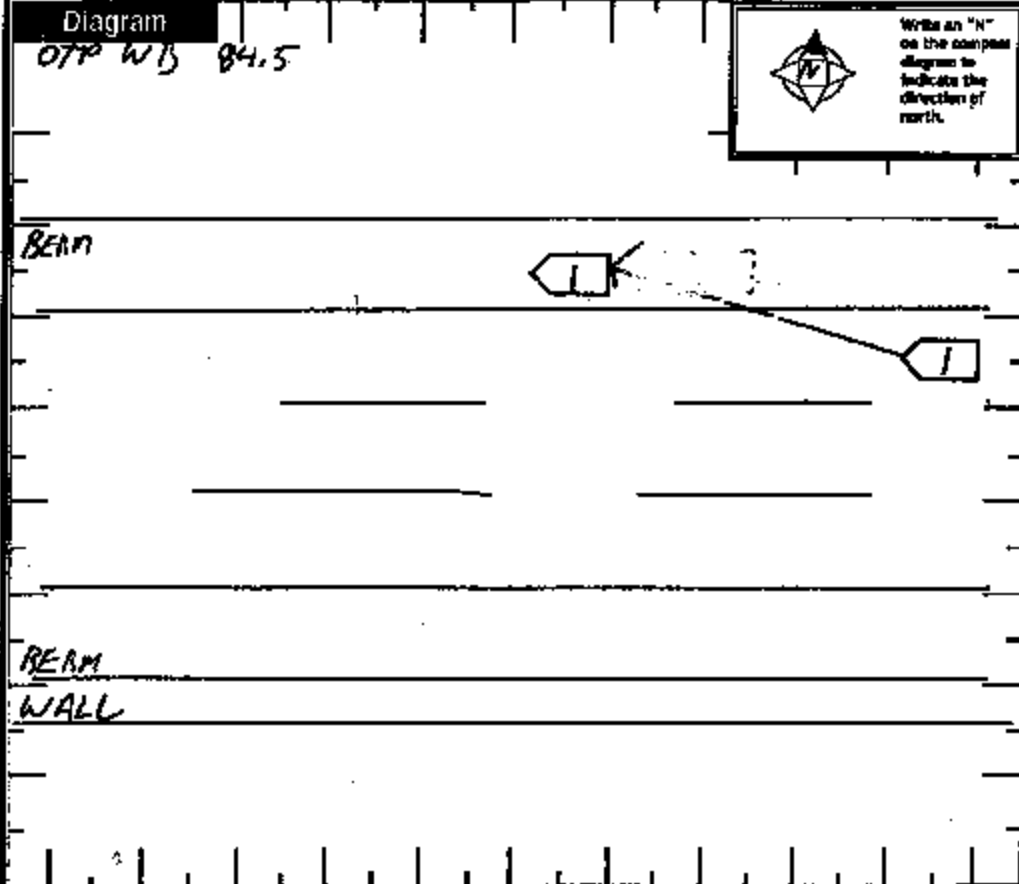
- | | | | | | | |
|---|---|---|--|---|---|---|
| <p>07 SEATBELT POSITION</p> <p>01 FRONT - LEFT (DRG DRIVER)</p> <p>02 FRONT - RIGHT</p> <p>03 FRONT - REAR</p> <p>04 SECOND - LEFT (MC PASSENGER)</p> <p>05 SECOND - RIGHT</p> <p>06 THIRD - LEFT</p> <p>07 THIRD - RIGHT (MC PASSENGER CAR)</p> <p>08 THIRD - MIDDLE</p> <p>09 THIRD - REAR</p> <p>10 SEATBELT POSITION OF CAR</p> <p>11 UNRECORDED CARGO AREA</p> <p>12 UNRECORDED CARGO AREA</p> <p>13 TRAILER UNIT</p> <p>14 OTHER</p> <p>15 OTHER</p> <p>16 Non-Mechanical</p> <p>17 UNKNOWN</p> | <p>SAFETY EQUIPMENT</p> <p>01 SEATBELT</p> <p>02 BOOM LINES</p> <p>03 SHOULDER BELT ONLY</p> <p>04 LAP BELT ONLY</p> <p>05 SHOULDER/LAP BELT</p> <p>06 CHILD SAFETY SEAT</p> <p>07 MC HOLDER UNDER</p> <p>08 Not Unknown</p> <p>09 Non-Mechanical</p> <p>10 None Used</p> <p>11 RELEASE STRAP</p> <p>12 PROTECTIVE PADS</p> <p>13 REFLECTIVE CLOTHING</p> <p>14 LIFELINE</p> <p>15 OTHER</p> <p>16 BACKPACK</p> | <p>AGE RANG</p> <p>1 Not Deployed</p> <p>2 Deployed-Front</p> <p>3 Deployed-Side</p> <p>4 Deployed Both</p> <p>5 PROXIMITY</p> <p>6 Not Applicable</p> <p>7 Unknown</p> | <p>AGE RANG DEVICES</p> <p>1 In On Position</p> <p>2 In Off Position</p> <p>3 Not Present</p> <p>4 Unknown</p> | <p>ERUCTION</p> <p>1 Not Ejected</p> <p>2 TOTALLY EJECTED</p> <p>3 PARTIALLY EJECTED</p> <p>4 NOT APPLICABLE</p> <p>5 Unknown</p> | <p>TRAPPED</p> <p>1 NOT TRAPPED</p> <p>2 ENTRAPPED BY MECHANICAL</p> <p>3 PRESS BY NON-MECHANICAL</p> <p>4 MEANS</p> <p>5 UNKNOWN</p> | <p>EXPOSURE</p> <p>1 No Injury</p> <p>2 POSSIBLE</p> <p>3 NON-IDENTIFYING</p> <p>4 IDENTIFYING</p> <p>5 FATAL INJURY</p> <p>6 UNKNOWN</p> |
|---|---|---|--|---|---|---|

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Notes

relative

UNIT # 1 WAS TRAVELING WEST ON OHIO TURNPIKE
I.M.A. 84.5. DRIVER NOTICED SMOKE COMING FROM REAR
AND PULLED VEHICLE TO THE BERM

NUMBER OF COLLISION OR IMPACT		SCHOOL BUS RELATED	
1	2	1 No	2 Yes, Directly Involved
1 Not Collision Between Two Vehicles In Transport		3 Yes, Indirectly Involved	
2 Rear-End		4 Unknown	
3 Head-On		Work Zone Related	
4 Rear-To-Rear		1	
5 Backing		1 No	
6 Angle		2 Yes	
7 Side-Swipe, Same Direction		3 Unknown	
8 Side-Swipe, Opposite Direction		Type Of Work Zone	
9 Unknown		1 Lane Closure	
Weather		2 Lane Shift/Changeover	
02		3 Work On Shoulders Or Medians	
01 Clear		4 Interchange/Move-Over Work	
02 Cloudy		5 Other	
03 Fog, Smog, Snow		Location Of Crash In Work Zone	
04 Rain		1 Before First Work Zone	
05 Sleet, Wet, Puddles From Drizzle		2 Advance Warning Area	
06 Snow		3 Transition Area	
07 Severe Clearing		4 Activity Area	
08 Blowing Sand, Soil, Dirt, Silt		Workers Present	
09 Other		1 No	
10 Unknown		2 Yes	
Light Conditions		3 Unknown	
1			
1 Daylight			
2 Dawn			
3 Dusk			
4 Dark - Limited Roadway			
5 Dark - Not Limited			
6 Dark - Unknown Lighting			
7 Clear			
8 Other			
9 Unknown			



Truck/Bus	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS OR A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.	A N D	THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING: A FATALITY OR AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT OR AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLED DAMAGE OR REQUIRED REPAIRS/REPAIRS BEFORE PROCEEDING UNDER ITS OWN POWER.
01	Company (From Shipping Papers)		Company Phone
	Address (Street, City, St., Zip Code)		

US DOT	PCMC	PLCC	TRAILER LP #	TRAILER LP Year	TRAILER LP #
Crash Body Type	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released	
03	3	1	1 No 2 Yes 3 Unknown	1 No 2 Yes 3 Not Applicable 4 Unknown	
01 Not Applicable	1 Less Than 10,000	1 Class A			
02 Bus (9-15 Including Driver)	2 10,001 - 25,000	2 Class B			
03 Van/Box Truck	3 More Than 25,000	3 Class C			
04 Garbage/Refuse		4 Class H			
05 Pole		5 Class D			
06 Cargo Tank					
07 Flatbed					
08 Dump					
09 Concrete Mixer					
10 Auto Transporter					
11 Garbage/Refuse					
12 Other					
13 Unknown					

Police Action

033020031810

DISPATCH: 1810 | ARRIVED: 1815 | CLEARED: 1945 | OTHER: 60 | 155

Officer's Name: TPR MH M'LAUGHLIN | 1243 | Dispatched By: Sgt Bowman 760 | Date Report Filed: 04/22/2003

REPORT TAKEN BY: 1 POLICE AGENCY | 2 MOTORIST | REPORT TAKEN AT: 1 SCENE | 2 STATION | 3 OTHER

10-90-417

LOCAL REPORT NUMBER 10-90-417	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF ACCIDENT M 5 10 30 1903
IN COUNTY OF SANDUSKY	ACCIDENT LOCATION IR 80 (OHIO TURNPIKE) M.P. 84.5	

OFFICER NOTES

UNIT # 1 1980 TMC BUS

DAMAGE : HEAT DISCOLORATION ON
LEFT REAR SIDE OF BUS, AIR FILTER
BURNT UP, ELECTRICAL WIRES BURNTLINDSEY VOLUNTEER FIRE DEPARTMENT
WAS CALLED TO SCENE

OFFICER'S SIGNATURE

TPR Tom Leighton

BADGE NO.

1293