

# TRAFFIC CRASH REPORT



CRASH REPORT # 1 0 - 0 0 5

CRASH SEVERITY 2 1 FATAL 3 PDO 2 INJURY 4 UNKNOWN

PRIVATE PROPERTY YES

HITS/SKIP 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED

PHOTOS TAKEN YES

OH-2 OH-3 OH-1P OTHER

REPORTING AGENCY BUTLER TOWNSHIP POLICE DEPT.

# UNITS 0 2

UNIT ERROR 0 1 98 = ANIMAL 99 = UNKNOWN

DATE OF CRASH 0 1 0 9 2 0 1 0

TIME OF CRASH 1 3 3 4 DAY OF WEEK S A T

CITY BUTLER (TOWNSHIP OF) COUNTY # 5 7

LATITUDE LONGITUDE

CRASH OCCURRED ON PREFIX N CRASH LOCATION DIXIE DRIVE TYPE LOC 1 TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET

LOCAL IDENTIFIER 10-009-153

AT REFERENCE DIST REFERENCE DR PREFIX @ REFERENCE SUDACHI DRIVE REF POINT 0 2

REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION 2 STREETS 06 MILE POST 03 COUNTY LINE 04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 09 DRIVEWAY 10 STREET OR ROUTE NO. REFERENCE 07 CORPORATE LIMIT

UNIT # 0 1 # OF OCC 0 1 NAME (LAST, FIRST, MIDDLE) JONATHAN FUGATE

ADDRESS (STREET, CITY, STATE, ZIP CODE) 402 DAMIAN STREET DAYTON OH 45414

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE#

0 1 0 7 1 9 5 8 5 2 M 937-454-5521

DL STATE OH DL# LP STATE OH LP# CFG2433 INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") SAME ADDRESS (STREET, CITY, STATE, ZIP CODE) 402 DAMIAN STREET DAYTON OH 45414

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

1 9 9 5 CHEVY 1500 GRN/WHT ALLSTATE OLD YELLOW 937-454-5521

OFFENSE CHARGED 4511.21A OFFENSE DESCRIPTION ACDA CITATION # 3 8 7 1 1 LOCAL CODE X IF YES

UNIT # 0 2 # OF OCC 0 1 NAME (LAST, FIRST, MIDDLE) ANNA TRACY

ADDRESS (STREET, CITY, STATE, ZIP CODE) 1071 WOODLAND MEADOW VANDALIA OH 45377

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #

1 0 1 8 1 9 5 9 5 0 F 937-898-5969

DL STATE OH DL# LP STATE OH LP# EWD4728 INJURED TAKEN BY 2 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY BUTLER TWP. FIRE DEPT. INJURED TAKEN TO MIAMI VALLEY HOSPITAL

OWNER NAME (IF SAME, WRITE "SAME") SAME ADDRESS (STREET, CITY, STATE, ZIP CODE) 1071 WOODLAND MEADOW VANDALIA OH 45377

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

2 0 0 9 TOYOTA YARIS RED UNITED SERVICES BUSY BEE 937-898-5969

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE X IF YES

UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX

INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

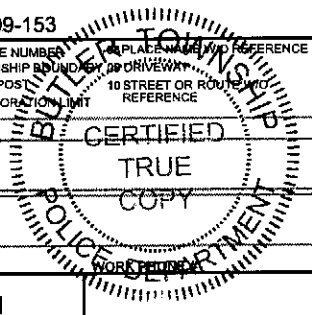
UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX

INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

SEATING POSITION 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 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 HELMET USED 07 USE UNKNOWN NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	AIR BAG 1 NOT-DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 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	INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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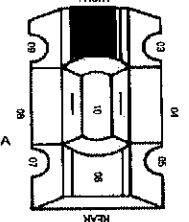
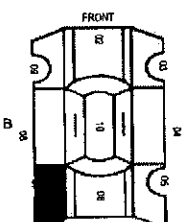
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SUPPLEMENT \* X IF YES



MOTORIST - MOTORIST

Occupant

<b>UNIT NUMBERS</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="2"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/>	<b>SEQUENCE OF EVENTS</b> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="0"/>	<b>POSTED SPEED</b> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="0"/>	<b>DRUG TEST STATUS</b> <input type="text" value="1"/> <input type="text" value="1"/>
<b>NON-MOTORIST LOCATION</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>MOTORIST</b> 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING/STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN	<b>NON-COLLISION</b> 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO/EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION <b>COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED</b>	<b>TRAFFIC CONTROL</b> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="2"/>	<b>DRUG TEST TYPE</b> <input type="text" value="1"/> <input type="text" value="1"/>
01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION/NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN	<b>MOST DAMAGED AREA</b> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/>	<b>NON-MOTORIST</b> 15 ENTERING/CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="1"/>	<b>DIRECTION</b> FROM TO FROM TO <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="2"/>	<b>DRUG TEST 1&amp;2 RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>TYPE OF UNIT</b> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="0"/> <input type="text" value="1"/>	<b>POINT OF IMPACT</b> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/>	<b>MOTORIST</b> 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FLOWED TOO CLOSELY/ACDA 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTION 18 FATIGUE/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN <b>NON-MOTORIST</b> 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	<b>FIRST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>CONDITION</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="0"/> <input type="text" value="2"/>
<b>MOTORIST</b> 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 09 SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK; 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOBTAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRIPLER 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS <b>NON-MOTORIST</b> 35 ANIMAL W/DRIVER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER NON-MOTORIST 42 UNKNOWN	<b>ACTION</b> <input type="text" value="3"/> <input type="text" value="4"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>MOST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>ALCOHOL/DRUG SUSPECTED</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text" value="1"/>
<b>IN EMERGENCY RESPONSE</b> <input type="text"/> <input type="text"/>	<b>STRIKING VEHICLE: OVERRIDE/ UNDERIDE</b> <input type="text" value="1"/> <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>SPEED DETECTED</b> <input type="text" value="2"/> <input type="text" value="1"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>ROAD CONTOUR</b> <input type="text" value="1"/>
<b>DAMAGE SCALE</b> <input type="text" value="4"/> <input type="text" value="4"/>	<b>ROAD CONDITIONS</b> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/>	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 CRASH 11 OTHER DEFECTS	<b>SPEED</b> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="5"/> <input type="text"/>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS ** 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN ** SECONDARY ROAD CONDITIONS ONLY
<b>SUPPLEMENTAL NOTES</b>		<b>LOCAL REPORT #</b> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/>			

**Narrative**

UNIT #1 WAS TRAVELING SOUTHBOUND ON NORTH DIXIE DRIVE IN THE RIGHT LANE AND WHEN AT NORTH DIXIE DRIVE AND SUDACHI DRIVE, FAILED TO STOP WITHIN THE ASSURED CLEAR DISTANCE AHEAD AND COLLIDED WITH THE REAR OF UNIT #2 WHICH WAS TRAVELING SOUTHBOUND ON NORTH DIXIE DRIVE IN THE RIGHT LANE AND WAS STOPPED IN TRAFFIC.

**Diagram**

**SEE OH-2  
FOR DIAGRAM**

**MANNER OF COLLISION OR IMPACT**

1

- 1 NOT COLLISION BETWEEN TWO 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

**SCHOOL BUS RELATED**

1

- 1 NO
- 2 YES, DIRECTLY INVOLVED
- 3 YES, INDIRECTLY INVOLVED
- 4 UNKNOWN

**WORK ZONE RELATED**

1

- 1 NO
- 2 YES
- 3 UNKNOWN

**TYPE OF WORK ZONE**

- 1 LANE CLOSURE
- 2 LANE SHIFT/CROSSOVER
- 3 WORK ON SHOULDER OR MEDIAN
- 4 INTERMITTENT/ MOVING WORK
- 5 OTHER

**LOCATION OF CRASH IN WORK ZONE**

- 1 BEFORE FIRST WORK ZONE WARNING SIGN
- 2 ADVANCE WARNING AREA
- 3 TRANSITION AREA
- 4 ACTIVITY AREA

**WORKERS PRESENT**

- 1 NO
- 2 YES
- 3 UNKNOWN

**WEATHER**

0 2

- 01 CLEAR
- 02 CLOUDY
- 03 FOG, SMOG, SMOKE
- 04 RAIN
- 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)
- 06 SNOW
- 07 SEVERE CROSSWINDS
- 08 BLOWING SAND, SOIL, DIRT, SNOW
- 09 OTHER
- 10 UNKNOWN

**LIGHT CONDITIONS**

1

- 1 DAYLIGHT
- 2 DAWN
- 3 DUSK
- 4 DARK - LIGHTED ROADWAY
- 5 DARK - NOT LIGHTED
- 6 DARK - UNKNOWN LIGHTING
- 7 CLARE
- 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 DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER

Unit #

COMPANY (FROM SHIPPING PAPERS)

COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT

ICC MC

RUCD

TRAILER LP ST.

TRAILER LP YEAR

TRAILER LP #

PLACARD #

# DIA

**CARGO BODY TYPE**

- 01 NOT APPLICABLE
- 02 BUS (9-15 INCLUDING DRIVER)
- 03 VAN/ENCLOSED BOX
- 04 GRAIN/CHIPS/GRAVEL
- 05 POLE
- 06 CARGO TANK
- 07 FLATBED
- 08 DUMP
- 09 CONCRETE MIXER
- 10 AUTO TRANSPORTER
- 11 GARBAGE/REFUSE
- 12 OTHER
- 13 UNKNOWN

**Weight (GVWR)**

- 1 LESS/EQUAL 10,000
- 2 10,001-25,000
- 3 MORE THAN 25,000

**CDL Class**

- 1 CLASS A
- 2 CLASS B
- 3 CLASS C
- 4 CLASS M
- 6 CLASS D

**Hazardous Materials Placard**

- 1 NO
- 2 YES
- 3 UNKNOWN

**Hazardous Materials Released**

- 1 NO
- 2 YES
- 3 NOT APPLICABLE
- 4 UNKNOWN

**Police Action**

DATE CRASH REPORTED

TIME REC CALL

DISPATCH

ARRIVED

CLEARED

OTHER

TOTAL MINUTES

0 1 0 9 2 0 1 0

1 3 3 4

1 3 3 4

1 3 3 7

1 4 4 4

7 0

OFFICER'S NAME \*

OFFICER J. CARTER

BADGE # \*

1 5

CHECKED BY

OFFICER K. SINK

DATE REPORT FILED\*

0 1 0 9 2 0 1 0

REPORT TAKEN BY

- 1 POLICE AGENCY
- 2 MOTORIST

REPORT TAKEN AT

- 1 SCENE
- 2 STATION
- 3 OTHER

SUPPLEMENT \*  
X IF YES

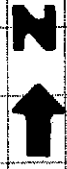
LOCAL REPORT #

1 0 - 0 0 5



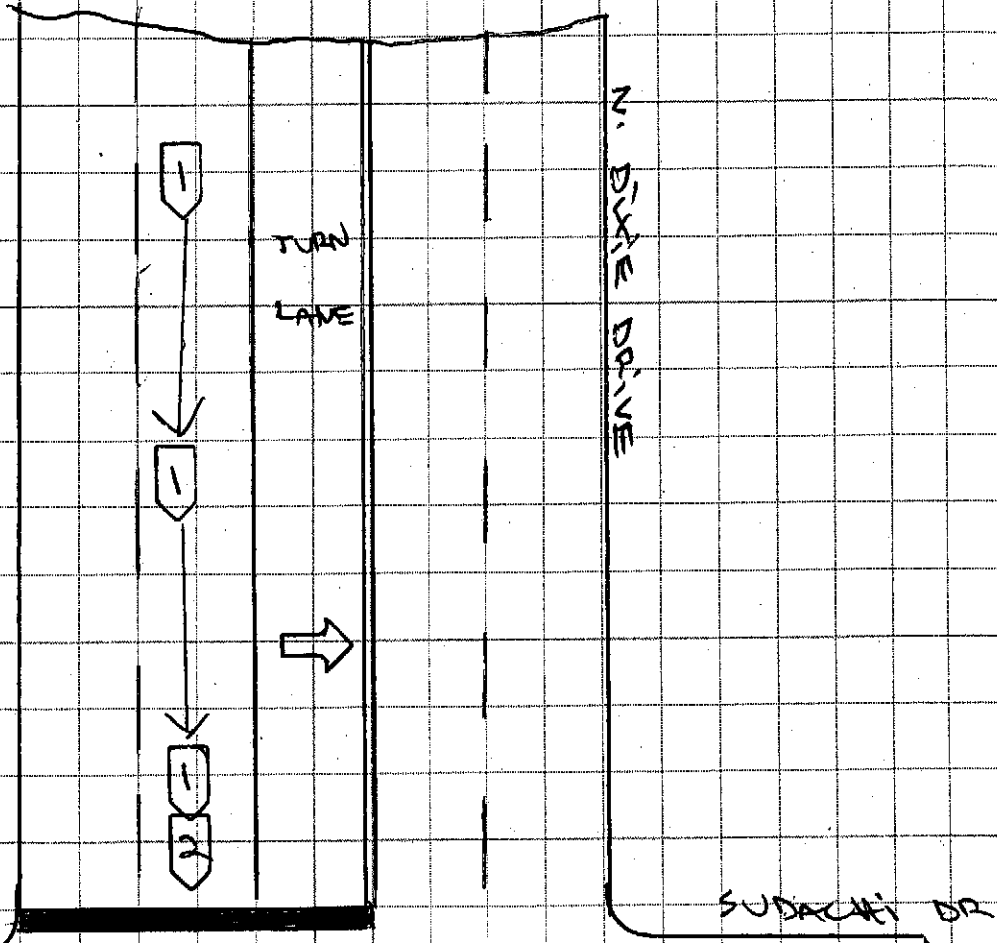
LOCAL REPORT NUMBER <b>10-005</b>	REPORTING AGENCY <b>BUTLER TWP. POLICE DEPT</b>	DATE OF CRASH <b>M 1 / D 9 / Y 10</b>
IN COUNTY OF <b>MONTGOMERY</b>	CRASH LOCATION <b>N. DIXIE DR / SUDACHI DR</b>	

DRAWING IS  
NOT TO SCALE



**LEGEND**

- ▲ TRAFFIC SIGNAL
- ◀ ○ ▶ SIGNAL
- ▼ SIGNAL
- ▭ CAR'S



OFFICER'S SIGNATURE  
**X [Signature]**

BADGE NUMBER  
**15**

LOCAL REPORT NUMBER 10-005	REPORTING AGENCY BUTLER TWP. POLICE DEPT.	DATE OF CRASH M 1 09 MO
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Jonathan Fugate (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

S. CARNER (OFFICERS NAME) AT N. DIXIE AT SUDUKH (LOCATION)

I was heading south on Dixie and the car was wollow the traffic and the lady came to a stop I could not turn either way and had to hit the lady from the rear I parked my truck and went to see how the lady was she said she was ok but when the officer came she said was not able to drive and left in the medic truck.

ADDRESS OF WITNESS 402 Damian st vandlia ohio 45377	PHONE 937 454-5521
SIGNATURE OF WITNESS X Jonathan Fugate	OFFICERS SIGNATURE <u>S. CARNER #15/</u>