

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

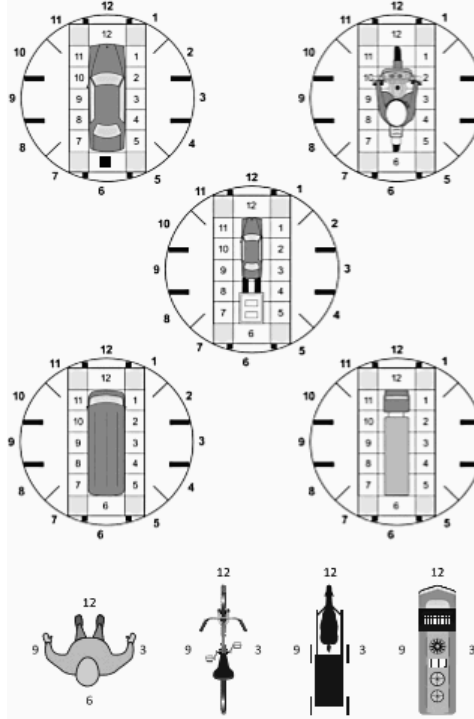
LOCAL REPORT NUMBER *

| | | | | | | | | | | | |
|---|--|---|--|--|-------------------------------|--|--|---|--|---|--|
| <input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH | | <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> Private Property | LOCAL INFORMATION REPORTING AGENCY NAME * GARFIELD HEIGHTS | | 2 0 2 5 0 7 4 3 | | | | | | |
| COUNTY * 1 8 | | LOCALITY * 1 | | LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS | | CRASH DATE/TIME * 0 4 0 2 2 0 2 5 0 5 4 1 | | CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY | | | |
| ROUTE TYPE S R | | ROUTE NUMBER 4 8 0 | | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | LOCATION ROAD NAME TRANSPORTATION | | ROAD TYPE B L | | ATTITUDE (NORMAL DEGREE) 4 1 . 4 1 4 4 3 5 | |
| ROUTE TYPE | | ROUTE NUMBER | | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | | ROAD TYPE | | LONGITUDE DECIMAL DEGREES 8 1 . 6 1 6 8 0 1 | |
| REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1 | | DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 4 | | ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | | ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY | | INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES | | ROADWAY <input type="checkbox"/> ROADWAY DIVIDED | |
| DISTANCE 5 0 | | DISTANCE 3 | | MANNER OF CRASH COLLISION/IMPACT 2 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 - OTHER / UNKNOWN | | DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (24 FEET) 3 - DIVIDED, DEPRESSIONED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN | | | |
| <input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE | | WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER or MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER | | LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | | CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN | | CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN | | SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN | |
| LIGHT CONDITION 2 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN | | WEATHER 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN | | NARRATIVE BOTH UNIT 1 AND UNIT 2 WERE MERGING ONTO THE I-480 EAST ON RAMP. UNIT 2 WAS STOPPED AT THE YIELD SIGN ATTEMPTING TO MERGE ONTO THE I-480 EAST ON RAMP. UNIT 1 WAS FOLLOWING UNIT 2 TOO CLOSE AND DID NOT REALIZE UNIT 2 HAD STOPPED, STRIKING UNIT 2 IN THE REAR. | | Diagram showing the crash location at the intersection of Transportation Blvd and I-480 East On Ramp. A compass rose indicates North is towards the top right. | | | | | |
| CRASH REPORTED DATE/TIME 0 4 0 2 2 0 2 5 0 5 4 1 | | DISPATCH DATE/TIME 0 4 0 2 2 0 2 5 0 5 4 2 | | ARRIVAL DATE/TIME 0 4 0 2 2 0 2 5 0 5 4 6 | | SCENE CLEARED DATE/TIME 0 4 0 2 2 0 2 5 0 6 2 6 | | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | | | |
| TOTAL TIME ROADWAY CLOSED 0 | | OTHER INVESTIGATION TIME | | TOTAL MINUTES 4 4 | | OFFICER'S NAME * B. Paul | | CHECKED BY OFFICER'S NAME* D. Simia | | <input type="checkbox"/> SUPPLEMENT (CORRECTION = ADDITION) | |
| | | | | OFFICER'S BADGE NUMBER* 0 5 7 | | CHECKED BY OFFICER'S BADGE NUMBER* S 2 3 | | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---------------------------|-------------------------|--|--|--|
| OWNER | UNIT # 01 | OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver) MACDONALD MARTN R | OWNER PHONE: INCLUDE AREA CODE (Same As Driver) | | | | | | |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver) 5165 E 115TH ST GARFIELD HTS OH 44125 | | | | | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | | | | | | |
| VEHICLE | LP STATE OH | LICENSE PLATE # JLQ9515 | VEHICLE IDENTIFICATION # 1GNDT113W2X2120256 | VEHICLE YEAR 1999 | VEHICLE MAKE Chevrolet | | | | |
| | INSURANCE VERIFIED | INSURANCE COMPANY NATIONWIDE | INSURANCE POLICY # 9234J315586 | VEHICLE COLOR BLU | VEHICLE MODEL Blazer | | | | |
| | TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # | TOWED BY: COMPANY NAME | | | | | |
| | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT | | # OCCUPANTS 01 | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD | | | | | |
| | VEHICLE WEIGHT GVWR/GVWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | | | | | | | | |
| | UNIT TYPE 01 | | # of TRAILING UNITS 0 | | | | | | |
| | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 | | AUTONOMOUS MODE LEVEL 0 | | | | | | |
| | SPECIAL FUNCTION 01 | | | | | | | | |
| | CARGO BODY TYPE 01 | | | | | | | | |
| | VEHICLE DEFECTS | | | | | | | | |
| EVENT(S) | NON-MOTORIST LOCATION AT IMPACT 01 | | | | | | | | |
| | ACTION 3 | | PRE-CRASH ACTION 01 | | | | | | |
| | CONTRIBUTING CIRCUMSTANCES 08 | | | | | | | | |
| | SEQUENCE OF EVENTS | | | | | | | | |
| | EVENTS | | | | | | | | |
| | COLLISION WITH FIXED OBJECT - STRUCK | | | | | | | | |
| | DETECTED SPEED | | | | | | | | |
| | UNIT SPEED | | | | | | | | |
| | POSTED SPEED | | | | | | | | |
| | FIRST HARMFUL EVENT 1 | | | | | MOST HARMFUL EVENT 1 | | | |

| | |
|--|--|
| LOCAL REPORT NUMBER 20250743 | |
| DAMAGE DAMAGE SCALE 2 | |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY | |
| INITIAL POINT OF CONTACT 12 | |
| TRAFFIC TRAFFICWAY FLOW 1 | |
| TRAFFIC CONTROL 5 | |
| RAIL GRADE CROSSING 1 | |
| UNIT / NON-MOTORIST DIRECTION FROM 1 TO 2 | |
| DETECTED SPEED 1 | |
| UNIT SPEED 10 | |
| POSTED SPEED 35 | |

| | | | | | |
|---|---|--|---|---|--|
| OWNER | UNIT # 0 2 | OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver) FERNANDEZ JEREMY | OWNER PHONE: INCLUDE AREA CODE (Same As Driver) | | |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver) 11311 BELLAIRE RD CLEVELAND OH 44111 | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | | |
| VEHICLE | LP STATE OH | LICENSE PLATE # JSW3028 | VEHICLE IDENTIFICATION # 1HGCP2F89AA120832 | VEHICLE YEAR 2010 | VEHICLE MAKE Honda |
| | INSURANCE VERIFIED | INSURANCE COMPANY PROGRESSIVE | INSURANCE POLICY # 988712801 | VEHICLE COLOR BLK | VEHICLE MODEL Accord |
| | TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # | TOWED BY: COMPANY NAME | |
| | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT | | # OCCUPANTS 0 1 | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD | |
| | VEHICLE WEIGHT GVWR/GVWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | | | | |
| | UNIT TYPE 0 1 # of TRAILING UNITS | | | | |
| | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 0 1 - YES 2 - NO 9 - OTHER / UNKNOWN | | AUTONOMOUS MODE LEVEL 0 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION | | |
| | SPECIAL FUNCTION 0 1 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMUTER | | 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN | | |
| | CARGO BODY TYPE 0 1 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS | | 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN | | |
| | VEHICLE DEFECTS 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS | | 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN | | |
| EVENT(S) | NON-MOTORIST LOCATION AT IMPACT 0 1 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK | | 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION | | 6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK |
| | ACTION 4 0 1 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN | | PRE-CRASH ACTION 0 1 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN | | 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS |
| | CONTRIBUTING CIRCUMSTANCES 0 1 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN | | 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/JACDA 9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING | | 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY |
| | SEQUENCE OF EVENTS 1 2 0 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT | | 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN | | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE |
| | COLLISION WITH FIXED OBJECT - STRUCK 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 |
| | FIRST HARMFUL EVENT 1 | | MOST HARMFUL EVENT 1 | | |

| | |
|--|--|
| LOCAL REPORT NUMBER 2 0 2 5 0 7 4 3 | |
| DAMAGE DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 2 | |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY  | |
| <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16] | |
| INITIAL POINT OF CONTACT 0 6 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN | |
| TRAFFIC TRAFFICWAY FLOW 1 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL 5 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL | |
| # OF THROUGH LANES ON ROAD 2 | RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION FROM 1 TO 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN | |
| UNIT SPEED 0 | DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| POSTED SPEED 3 5 | |



LOCAL REPORT NUMBER

2 0 2 5 0 7 4 3

| | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|--|--|--|--|--------------------------------|---------------------|---|--|--|--|--|--|------------------------|--|------------------------|--|---------------|--|--------------|--|-----------|--|---|
| MOTORIST / NON-MOTORIST | UNIT # 01 | | NAME: LAST, FIRST, MIDDLE MACDONALD MARTN R | | | | DATE OF BIRTH 08221968 | | | | AGE 56 | | GENDER M | | | | | | | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP 5165 E 115TH ST GARFIELD HTS OH 44125 | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | | | | | |
| | INJURIES 5 | | INJURED TAKEN BY 1 | | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED 04 | | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | | SEATING POSITION 01 | | AIR BAG USAGE 1 | | EJECTION 1 | | TRAPPED 1 | | | | |
| | OL STATE | | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | | LOCAL CODE <input type="checkbox"/> | | OFFENSE DESCRIPTION | | | | CITATION NUMBER | | | | | | | | |
| | OL CLASS 4 | | ENDORSEMENT SELECT UP TO 2 | | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY 1 | | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | | STATUS 1 | | ALCOHOL TEST TYPE 1 | | VALUE | | STATUS 1 | | TYPE 1 | | DRUG TEST(S) RESULT SELECT UP TO 4 |

| | | | | | | | | | | | | | | | |
|-------------------------|---|--------------------------------|---|---------------------|---|--|------------------------------|--|-------------------------|-----------|---------------------------|---------------|--------------|-----------|---|
| MOTORIST / NON-MOTORIST | UNIT # 0 2 | | NAME: LAST, FIRST, MIDDLE FERNANDEZ JEREMY | | DATE OF BIRTH 1 2 0 6 1 9 9 7 | | | | AGE 2 7 | | GENDER M | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP 11311 BELLAIRE RD CLEVELAND OH 44111 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | |
| | INJURIES 5 | INJURED TAKEN BY 1 | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 1 | | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | | |
| | OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | | | CITATION NUMBER | | | | |
| | OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | STATUS 1 | TYPE 1 | ALCOHOL TEST VALUE | | STATUS 1 | TYPE 1 | DRUG TEST(S) RESULT SELECT UP TO 4 |

[illegible][illegible]