



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL INFORMATION					LOCAL REPORT NUMBER *								
<input type="checkbox"/> PHOTOS TAKEN <table border="0"> <tr> <td><input checked="" type="checkbox"/> OH-2</td> <td><input type="checkbox"/> OH-3</td> </tr> <tr> <td><input type="checkbox"/> OH-1P</td> <td><input type="checkbox"/> OTHER</td> </tr> </table> <input type="checkbox"/> SECONDARY CRASH <table border="0"> <tr> <td><input type="checkbox"/> Private Property</td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	<input type="checkbox"/> Private Property		REPORTING AGENCY NAME * NCIC * GARFIELD HEIGHTS 0 1 8 2 0			HIT/SKIP 1 - Solved 2 - Unsolved	MIN/MOD AC UNITS 0 2	UNIT IN CD/DO 9 9 98-ANIMAL 99-UNKNOWN
<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3												
<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER												
<input type="checkbox"/> Private Property													
COUNTY * 1 8	LOCALITY * 1	LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS			CRASH DATE/TIME * 0 1 1 1 2 0 2 6 1 1 8 0 0		CRASH SEVERITY 4						
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME McCracken	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 4 1 4 2 2 5 9 7						
	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 12901	ROAD TYPE	LONGITUDE DECIMAL DEGREES 8 1 5 9 3 2 9 2						
REFERENCE POINT 3	DIRECTION 1-NORTH 2-SOUTH 3-EAST 4-WEST	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROUTE TYPE 6	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED							
DISTANCE 0 0 0 0 0 0 0 0 0	DISTANCE 1 Miles 2 - Feet 3 - Yards					NUMBER OF APPROACHES							
LOCATION OF FIRST HARMFUL EVENT 0 1		MANNER OF CRASH COLLISION/IMPACT 6		DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN 2 - DIVIDED FLUSH MEDIAN (<4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN (>4 FEET) 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	CONDITIONS 3	SURFACE 2					
<input type="checkbox"/> LIGHT CONDITION 3 <ul style="list-style-type: none"> 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 		WEATHER 2 <ul style="list-style-type: none"> 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 		1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN							
NARRATIVE UNIT 1 WAS TRAVELING WESTBOUND ON MCCRACKEN RD. UNIT 1 STOPPED AND WENT TO REVERSE INTO 12901 MCCRACKEN RD. UNIT 2 WAS TRAVELING BEHIND UNIT 1. UNIT 2 WENT TO PASS UNIT 1 ON THE LEFT WHEN UNIT 1 TURNED LEFT INTO EASTBOUND LANES TO BACK UP. UNIT 1 STRUCK THE REAR RIGHT WHEEL WELL OF UNIT 2.													
 Not To Scale													
CRASH REPORTED DATE/TIME 0 1 1 1 2 0 2 6 1 1 8 0 0		DISPATCH DATE/TIME 0 1 1 1 2 0 2 6 1 1 8 0 1		ARRIVAL DATE/TIME 0 1 1 1 2 0 2 6 1 1 8 1 0		SCENE CLEARED DATE/TIME 0 1 1 1 2 0 2 6 1 1 8 5 4		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)					
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 1 0		TOTAL MINUTES 6 3		OFFICER'S NAME * C. Cramer							
						CHECKED BY OFFICER'S NAME * V. Walker							
				OFFICER'S BADGE NUMBER * 0 5 1		CHECKED BY OFFICER'S BADGE NUMBER * L 1 5							





MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

2 0 2 6 0 0 9 9

M O T O R I S T / N O N - M O T O R I S T	UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER	
	0 1	FENNER DARIN						0 7 1 3 1 9 8 9	3 6	M	
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE
4560 RIVER STONE TRAIL DOUGLASVILLE GA 30135											
INJURIES 5		INJURED TAKEN BY 	EMS AGENCY (NAME) 	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) 	SAFETY EQUIPMENT USED 0 4	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 	OFFENSE DESCRIPTION 	CITATION NUMBER				
OL CLASS 		ENDORSEMENT SELECT UP TO 2 	RESTRICTION SELECT UP TO 3 	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED 	CONDITION 1	STATUS 1	ALCOHOL TEST 	DRUG TEST(S) 		
M O T O R I S T / N O N - M O T O R I S T		ALCOHOL 	MARIJUANA 	OTHER DRUG 					RESULT SELECT UP TO 4 		
UNIT # 0 2		NAME: LAST, FIRST, MIDDLE WILLIAMSON ISAIAH JAMES						DATE OF BIRTH 0 8 2 9 1 9 9 6	AGE 2 9	GENDER M	
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE
13413 EDGEWOOD AVE CLEVELAND OH 44105											
INJURIES 5		INJURED TAKEN BY 	EMS AGENCY (NAME) 	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) 	SAFETY EQUIPMENT USED 0 4	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 	OFFENSE DESCRIPTION 	CITATION NUMBER				
OL CLASS 4		ENDORSEMENT SELECT UP TO 2 	RESTRICTION SELECT UP TO 3 	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED 	CONDITION 1	STATUS 1	ALCOHOL TEST 	DRUG TEST(S) 		
M O T O R I S T / N O N - M O T O R I S T		ALCOHOL 	MARIJUANA 	OTHER DRUG 					RESULT SELECT UP TO 4 		
UNIT # 		NAME: LAST, FIRST, MIDDLE 						DATE OF BIRTH 	AGE 	GENDER 	
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE
INJURIES 		INJURED TAKEN BY 	EMS AGENCY (NAME) 	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) 	SAFETY EQUIPMENT USED 	DOT-COMPLIANT MC HELMET 	SEATING POSITION 	AIR BAG USAGE 	EJECTION 	TRAPPED 	
OL STATE 		OPERATOR LICENSE NUMBER 		OFFENSE CHARGED 	LOCAL CODE 	OFFENSE DESCRIPTION 	CITATION NUMBER				
OL CLASS 		ENDORSEMENT SELECT UP TO 2 	RESTRICTION SELECT UP TO 3 	DRIVER DISTRACTED BY 	ALCOHOL / DRUG SUSPECTED 	CONDITION 	STATUS 	ALCOHOL TEST 	DRUG TEST(S) 		
M O T O R I S T / N O N - M O T O R I S T		ALCOHOL 	MARIJUANA 	OTHER DRUG 					RESULT SELECT UP TO 4 		
INJURIES 		SEATING POSITION 	AIR BAG 	OL CLASS 	OL RESTRICTION(S) 	DRIVER DISTRACTION 	TEST STATUS				
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN					
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED					
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE						
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO - D)	4 - FARM WAIVER	4 - TEST GIVEN, RESULTS KNOWN						
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M / C MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - EXCEPT CLASS A & CLASS B BUS						
	6 - SECOND - RIGHT SIDE	6 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS B & CLASS B BUS	6 - COMMUNICATION DEVICE						
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7 - THIRD - MIDDLE		7 - EXCEPT TRACTOR-TRAILER	7 - TALKING ON HAND-HELD COMMUNICATION DEVICE						
1 - NOT TRANSPORTED /TREATED AT SCENE	8 - THIRD - MIDDLE			8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE						
2 - EMS	9 - THIRD - RIGHT SIDE			9 - LEARNER'S PERMIT RESTRICTIONS	9 - PASSENGER						
3 - POLICE	10 - SLEEPER SECTION OF TRUCK CAB	1 - NOT EJECTED	H - HAZMAT	10 - LIMITED TO DAYLIGHT ONLY	10 - OTHER DISTRACTION INSIDE THE VEHICLE						
9 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	2 - PARTIALLY EJECTED	M - MOTORCYCLE	11 - LIMITED TO EMPLOYMENT	8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE						
	3 - TOTALLY EJECTED	3 - TOTALLY EJECTED	P - PASSENGER	12 - LIMITED - OTHER	12 - LIMITED - OTHER						
	4 - NOT APPLICABLE		N - TANKER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	9 - OTHER / UNKNOWN						
	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	Q - MOTOR SCOOTER	14 - MILITARY VEHICLES ONLY							
	13 - TRAILING UNIT	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	15 - MOTOR VEHICLES WITHOUT AIR BRAKES							
	14 - RIDING ON VEHICLE EXTERIOR	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	16 - OUTSIDE MIRROR							
	15 - NON-MOTORIST FORWARD FACING	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	17 - PROSTHETIC AID							
	99 - OTHER / UNKNOWN		X - TANKER / HAZMAT	18 - OTHER							
SAFETY EQUIPMENT											CONDITION
1 - NONE USED				1 - APPARENTLY NORMAL	3 - URINE						
2 - SHOULDER BELT ONLY USED				2 - PHYSICAL IMPAIRMENT	4 - OTHER						
3 - LAP BELT ONLY USED				3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)							
4 - SHOULDER & LAP BELT USED				4 - ILLNESS							
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING				5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.							
6 - CHILD RESTRAINT SYSTEM - REAR FACING				6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL							
7 - BOOSTER SEAT				9 - OTHER / UNKNOWN							
8 - HELMET USED											
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)											
10 - REFLECTIVE CLOTHING											
11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY											
99 - OTHER / UNKNOWN											
GENDER											DRUG TEST RESULT(S)
F - FEMALE											1 - AMPHETAMINES
M - MALE											2 - BARBITURATES
U - OTHER/UNKNOWN											3 - BENZODIAZEPINES
											4 - CANNABINOIDS
											5 - COCAINE
											6 - OPIATES / OPIOIDS
											7 - OTHER
											8 - NEGATIVE RESULTS



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 0 2 6 0 0 9 9

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE Eli Tylan				DATE OF BIRTH 0 7 1 6 2 0 2 5	AGE 0	GENDER M		
	ADDRESS: STREET, CITY, STATE, ZIP 12901 McCracken Rd GARFIELD HTS OH 44125				CONTACT PHONE - INCLUDE AREA CODE _____					
INJURIES 4		INJURED TAKEN BY 2	EMS AGENCY (NAME) GHFD	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) Marymount	SAFETY EQUIPMENT USED 0 6	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 6	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE MCNEAR ZAKIYYAH MONIQUE LASHAY				DATE OF BIRTH 0 6 1 0 1 9 9 8	AGE 2 7	GENDER F		
	ADDRESS: STREET, CITY, STATE, ZIP 10706 LANGTON AVE GARFIELD HTS OH 44125				CONTACT PHONE - INCLUDE AREA CODE _____					
INJURIES 4		INJURED TAKEN BY 9	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 3	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH _____	AGE _____	GENDER _____		
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE _____					
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED _____	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION _____	AIR BAG USAGE _____	EJECTION _____	TRAPPED _____
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH _____	AGE _____	GENDER _____		
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE _____					
INJURIES		SAFETY EQUIPMENT USED			SEATING POSITION		AIR BAG USAGE			
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		1 - NONE USED - - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN			1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN		1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN			
INJURED TAKEN BY		_____			_____		EJECTION			
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		_____			_____		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE			
GENDER		_____			_____		TRAPPED			
F - FEMALE M - MALE U - OTHER/UNKNOWN		_____			_____		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS			
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH _____	AGE _____	GENDER _____		
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE _____				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH _____	AGE _____	GENDER _____		
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE _____				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH _____	AGE _____	GENDER _____		
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE _____				

LOCAL REPORT NUMBER 20260099	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 01 D 11 Y 2026
IN COUNTY OF 18	CRASH LOCATION	

Unit 2 operator and passenger stated Unit 1 had slowed down and stopped prior to stopping again in front of 12901 McCracken Rd. Both stated Unit 1 had allowed another vehicle to pass it so Unit 2 operator believed Unit 1 was just stopped on the side of the roadway. Unit 2 operator and passenger stated that the child did not seem to be inside Unit 1 the time of the accident.

The accident occurred right in front of the residence of the owner of Unit 1, and child's

Unit 1 operator stated that he had his turn signal on indicating he was turning into the driveway. Unit 1 operator believed Unit 2 was traveling at a high rate of speed.

OFFICER'S SIGNATURE
X

BADGE NUMBER
051