

FLORIDA TRAFFIC CRASH REPORT LONG FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH
RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

DO NOT WRITE IN THIS SPACE

Time & Location	DATE OF CRASH 10/23/2002	TIME OF CRASH 8:31 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	TIME OFFICER NOTIFIED 3:43 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	TIME OFFICER ARRIVED 9:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	INVEST. AGENCY REPORT NUMBER 1457564	HSM CRASH REPORT NUMBER 70919834	
	COUNTY / CITY CODE 13/51	FEET or MILE(S) 5 <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W	CITY OR TOWN Gulf Breeze			(Check if in City or Town) COUNTY US	
	AT NODE NO. or FEET or MILE(S)	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES 4	<input checked="" type="checkbox"/> 1. DIVIDED <input type="checkbox"/> 2. UNDIVIDED Gulf Breeze Parkway ON STREET, ROAD OR HIGHWAY		
AT THE INTERSECTION OF (street road or highway)				FROM INTERSECTION OF (street road or highway)			

Section 1	DRIVER 1. Phantom ACTION 2. Hit & Run 3. N/A	YEAR 2002	MAKE Dodge	TYPE 01	USE 04	VEH. LICENSE NUMBER DBV 583	STATE FL	VEHICLE IDENTIFICATION NUMBER 39947-23948-23956	<input checked="" type="checkbox"/> 18. Undercarriage <input checked="" type="checkbox"/> 19. Overtum <input checked="" type="checkbox"/> 20. Windshield <input type="checkbox"/> 21. Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)	
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST. MPH 86		Posted Speed 65	EST. VEHICLE DAMAGE 13000	1. Disabling <input type="checkbox"/> 2. Functional <input type="checkbox"/> 3. No Damage <input checked="" type="checkbox"/>	

Pedestrian	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) Spencer & Associates	POLICY NUMBER 23534	VEHICLE REMOVED BY: Superior Towing	1. Tow Rotation List <input type="checkbox"/>		3. Driver <input type="checkbox"/>		2. Tow Owner's Request <input type="checkbox"/>		4. Other <input type="checkbox"/>	
	NAME OF VEHICLE OWNER (Check Box If Same As Driver) <input checked="" type="checkbox"/> Lee Thomlin			CURRENT ADDRESS (Number and Street) 1388 Country Club Road			CITY AND STATE Gulf Breeze FL			ZIP CODE 32561	
	NAME OF OWNER (Trailer or Towed Vehicle)			CURRENT ADDRESS (Number and Street)			CITY AND STATE			ZIP CODE	
	NAME OF MOTOR CARRIER (Commercial Vehicle Only)			CURRENT ADDRESS (Number and Street)			CITY, STATE AND ZIP CODE			US DOT or ICC MC IDENTIFICATION NUMBERS	
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN Lee Thomlin			CURRENT ADDRESS (Number and Street) 1388 Country Club Road			CITY, STATE & ZIP CODE Gulf Breeze FL 32561			DATE OF BIRTH 05/08/77		
DRIVER LICENSE NUMBER 5519878654		STATE FL	DL TYPE 3	REQ. END. 2	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS 5	ALC/DRUG PHYS. DEF. RES. 1 5 2 3	RACE 1	SEX 4	INJ. 1 1	S. EQUIP. EJECT. 1 2
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No <input type="checkbox"/>		PLACARDED 1 Yes 2 No <input type="checkbox"/>	IF YES INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.			WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No <input type="checkbox"/>	RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No <input type="checkbox"/>		DRIVER'S PHONE NO. (429) 5554231		

Section 2	DRIVER 1. Phantom ACTION 2. Hit & Run 3. N/A	YEAR 1966	MAKE Ford	TYPE 01	USE 04	VEH. LICENSE NUMBER IGH 583	STATE FL	VEHICLE IDENTIFICATION NUMBER 356848-38122954-846385	<input checked="" type="checkbox"/> 18. Undercarriage <input checked="" type="checkbox"/> 19. Overtum <input checked="" type="checkbox"/> 20. Windshield <input type="checkbox"/> 21. Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)					
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST. MPH 70		Posted Speed 65	EST. VEHICLE DAMAGE 5000	1. Disabling <input type="checkbox"/> 2. Functional <input type="checkbox"/> 3. No Damage <input checked="" type="checkbox"/>					
Pedestrian	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) Florida Insurance Inc.		POLICY NUMBER 135342		VEHICLE REMOVED BY:		1. Tow Rotation List <input type="checkbox"/>		3. Driver <input type="checkbox"/>		2. Tow Owner's Request <input type="checkbox"/>		4. Other <input type="checkbox"/>	
	NAME OF VEHICLE OWNER (Check Box If Same As Driver) <input type="checkbox"/> Chris Bone			CURRENT ADDRESS (Number and Street) 19483 Main Street.			CITY AND STATE Tampa Bay FL			ZIP CODE 34925				
	NAME OF OWNER (Trailer or Towed Vehicle)			CURRENT ADDRESS (Number and Street)			CITY AND STATE			ZIP CODE				
	NAME OF MOTOR CARRIER (Commercial Vehicle Only)			CURRENT ADDRESS (Number and Street)			CITY, STATE AND ZIP CODE			US DOT or ICC MC IDENTIFICATION NUMBERS				
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN Chris Bone			CURRENT ADDRESS (Number and Street) 19483 Main Street.			CITY, STATE & ZIP CODE Tampa Bay FL 34925			DATE OF BIRTH					
DRIVER LICENSE NUMBER 353423354		STATE FL	DL TYPE 3	REQ. END. 2	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS 4	ALC/DRUG PHYS. DEF. RES. 1 1 5 1	RACE 1	SEX 1	INJ. 3 2	S. EQUIP. EJECT. 3 1			
WAS HAZARDOUS MATERIAL BEING TRANSPORTED 1 Yes 2 No <input type="checkbox"/>		PLACARDED 1 Yes 2 No <input type="checkbox"/>	IF YES INDICATE NAME OR FOUR DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.			WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No <input type="checkbox"/>	RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No <input type="checkbox"/>		DRIVER'S PHONE NO. (534) 555 1324					

Code Information	VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Driver/Ped.)	PHYSICAL DEFECTS	ALCOHOL/DRUG USE	LOCATION IN VEHICLE
	01 Automobile 02 Van 03 Light Truck / P.U. - 2 or 4 rear tires 04 Medium Truck - 4 rear tires 05 Heavy Truck - 2 or more rear axles 06 Truck Tractor (Cab-Booltail) 07 Motor Home (RV) 08 Bus (driver, seats for 9-15) 09 Bus (driver + seats for over 15) 10 Bicycle 11 Motorcycle 12 Moped 13 All Terrain Vehicle 14 Train 15 Low Speed Vehicle 77 Other	01 Private Transportation 02 Commercial Passengers 03 Commercial Cargo 04 Public Transportation 05 Public School Bus 06 Private School Bus 07 Ambulance 08 Law Enforcement 09 Fire/ Rescue 10 Military 11 Other Government 12 Dump 13 Concrete Mixer 14 Garbage or Refuse 15 Cargo Van 77 Other	01 Single Semi Trailer 02 Tandem Semi Trailer 03 Tank Trailer 04 Saddle Mount / Flatbed 05 Boat Trailer 06 Utility Trailer 07 House Trailer 08 Pole Trailer 09 Towed Vehicle 10 Auto Transport 77 Other	1 County of Crash 2 Elsewhere in State 3 Non-Resident Out of State 4 Foreign & Unknown DL TYPE 1 A 2 B 3 C RACE 1 White 2 Black 3 Hispanic 4 Other	1 No Defects Known 2 Eyesight Defect 3 Fatigue / Asleep 4 Hearing Defect 5 Illness 6 Seizure, Epilepsy, Blackout 7 Other Physical Defect INJURY SEVERITY 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (Within 30 Days) 6 Non-Traffic Fatality	1 Not Drinking or Using Drugs 2 Alcohol - Under Influence 3 Drugs - Under Influence 4 Alcohol & Drugs - Under Influence 5 Had Been Drinking 6 Pending ALC/DRUG Test Results SAFETY EQUIPMENT IN USE 1 Not in use 2 Seat Belt / Shoulder Harness 3 Child Restraint 4 Air Bag - Deployed 5 Air Bag - Not Deployed 6 Safety Helmet 7 Eye Protection	1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 In Body Of Truck 8 Bus Passenger 9 Other EJECTED 1 No 2 Yes 3 Partial

DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	<table border="1"> <tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>18. Undercarriage</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>19. Overtum</td></tr> <tr><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20. Windshield</td></tr> <tr><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>21. Trailer</td></tr> </table>	2	3	4	5	6	7	18. Undercarriage	8	9	10	11	12	13	19. Overtum	14	15	16	17	18	19	20. Windshield	20	21	22	23	24	25	21. Trailer
2	3	4	5	6	7	18. Undercarriage																														
8	9	10	11	12	13	19. Overtum																														
14	15	16	17	18	19	20. Windshield																														
20	21	22	23	24	25	21. Trailer																														
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST. MPH		Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)																										

Section 3

VEHICLE TRAVELLING ON AT	EST. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)			POLICY NUMBER	VEHICLE REMOVED BY:		1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other
NAME OF VEHICLE OWNER (Check Box If Same As Driver)		CURRENT ADDRESS (Number and Street)	CITY	STATE	ZIP CODE	
NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)	CITY	STATE	ZIP CODE	
NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)	CITY	STATE	ZIP CODE	US DOT or ICC MC IDENTIFICATION NUMBERS
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)	CITY	STATE	ZIP CODE	DATE OF BIRTH

DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS	ALC/DRUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT
HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.			WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE	DRIVER'S PHONE NO.						

# 1	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNERS NAME	ADDRESS	CITY	STATE	ZIP
# 2	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNERS NAME	ADDRESS	CITY	STATE	ZIP

CONTRIBUTING CAUSES - DRIVER/PEDESTRIAN			VEHICLE DEFECT			VEHICLE MOVEMENT			VEHICLE SPECIAL FUNCTIONS		
01 No Improper Driving / Action	1	2	3	01 No Defects	1	2	3	01 Straight Ahead	1	2	3
02 Careless Driving (Explain In Narrative)	20	01		02 Def. Brakes	01	01		02 Slowing / Stopped / Stalled	01	01	
03 Failed To Yield Right - of - way				03 Worn / Smooth Tires				03 Making Left Turn			
04 Improper Backing				04 Defective / Improper Lights				04 Backing			
05 Improper Lane Change	16			05 Puncture / Blowout				05 Making Right Turn	11 Passing		
06 Improper Turn				06 Steering Mach.				06 Changing Lanes	12 Driverless or Runaway Vehicle		
07 Alcohol - Under Influence				07 Windshield Wipes				07 Entering / Leaving / Parking Space	77 All Other (Explain In Narrative)		
08 Drugs - Under Influence				08 Equipment / Vehicle Defect				08 Properly Parked			
09 Alcohol & Drugs - Under Influence				77 All Other (Explain In Narrative)				09 Improperly Parked			
10 Followed Too Closely				POINT OF COLLISION				10 Making U-Turn			
11 Disregarded Traffic Signal	19 Improper Load			01 On Road	1	2	3				
12 Exceeded Safe Speed Limit	20 Disregarded Other Traffic Control			02 Not On Road	01						
13 Disregarded Stop Sign	21 Driving Wrong Side / Way			03 Shoulder							
14 Failed To Maintain Equip. / Vehicle	22 Fleeing Police			04 Median							
15 Improper Passing	23 Vehicle Modified			05 Turn Lane							
16 Drove Left of Center	24 Driver Distraction (Explain In Narrative)			WORK AREA							
17 Exceeded Stated Speed Limit	77 All Other (Explain In Narrative)			01 None	1	2	3				
18 Obstructing Traffic				02 Nearby	01						
				03 Entered							

FIRST / SUBSEQUENT HARMFUL EVENTS			ROAD SYSTEM IDENTIFIER			LIGHTING CONDITION		
01 Collision With MV in Transport (Rear End)	15 Collision With Animal	29 MV Ran Into Ditch/Culvert	1	2	3	01 Interstate	01 Day Light	03
02 Collision With MV in Transport (Head On)	16 MV Hit Sign / Sign Post	30 Ran Off Road Into Water	09	09		02 Slowing / Stopped / Stalled	01	
03 Collision With MV in Transport (Angle)	17 MV Hit Utility Pole / Light Pole	31 Overtumed				03 State		
04 Collision With MV in Transport (Left Turn)	18 MV Hit Guardrail (Right Turn)	32 Occupant Fell From Vehicle				04 County		
05 Collision With MV in Transport (Right Turn)	19 MV Hit Fence	33 Tractor / Trailer Jackknifed	19	15		05 Local		
06 Collision With MV in Transport (Sideswipe)	20 MV Hit Concrete Barrier Wall	34 Fire				06 Tumpike / Toll		
07 Collision With MV in Transport (Backed Into)	21 MV Hit Bridge / Pier / Abutment / Rail	35 Explosion						
08 Collision With Parked Car	22 MV Hit Tree / Shrubbery	36 Downhill Runaway	22					
09 Collision With MV on Roadway	23 Collision With Construction Barricade Sign	37 Cargo Loss or Shift						
10 Collision With Pedestrian	24 Collision With Traffic Gate	38 Separation of Units						
11 Collision With Bicycle	25 Collision With Crash Attenuatos	39 Median Crossover	29					
12 Collision With Bicycle (Bike Lane)	26 Collision With Fixed Object Above Road	77 All Other (Explain In Narrative)						
13 Collision With Moped	27 MV Hit Other Fixed Object							
14 Collision With Train	28 Collision With Movable Object On Road							

ROAD CONDITIONS AT TIME OF CRASH		VISION OBSTRUCTED		TRAFFIC CONTROL		SITE LOCATION		TRAFFIC WAY CHARACTER	
01 No Defects	02 Obstruction With Warning	01	01 Vision Not Obscured	01 No Control	01	01 Not At Intersection / RR X-ing / Bridge	01 Straight - Level	01	
03 Obstruction Without Warning	04 Road Under Repair / Construction		02 Inclement Weather	02 Special Speed Zone		02 At Intersection	02. Straight - Upgrade / Downgrade		
05 Loose Surface Materials	06 Shoulders - Soft / Low / High		03 Parked / Stopped Vehicle	03 Speed Control Sign		03 Influenced By Intersection	03. Curve - Level		
07 Holes / Ruts / Unsafe Paved Edge	08 Standing Water		04 Trees / Crops / Bushes	04 School Zone		04 Driveway Access	04. Curve - Upgrade / Downgrade		
09 Worn / Polished Road Surface	09 Worn / Polished Road Surface		05 Load On Vehicle	05 Traffic Signal	11 Posted No U-Turn	05 Railroad	05. Shoulder		
77 All Other (Explain In Narrative)	77 All Other (Explain In Narrative)		06 Building / Fixed Object	06 Stop Sign	12 No Passing Zone	06 Bridge			
			07 Signs / Billboards	07 Yield Sign	77 All Other (Explain In Narrative)	07 Entrance Ramp			
			08 Fog	08 Flashing Light		08 Exit Ramp			
			09 Smoke	09 Railroad Signal		09 Parking Lot - Public			
			77 All Other (Explain In Narrative)	10 Officer / Guard / Flag Person		10 Parking Lot - Private			

Violator(s)	SECTION#	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	3	Lee Tomlin	395436	Cause of accident, Undue care and attention, speeding over posted limit, DUI	234786
	SECTION#	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION#	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

FLORIDA TRAFFIC CRASH REPORT NARRATIVE/DIAGRAM

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH
RECORDS SECTION, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0600

DO NOT WRITE IN THIS SPACE

TIME EMS NOTIFIED (FATALITIES ONLY) 9:43 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	TIME EMS ARRIVED (FATALITIES ONLY) 9:58 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF CRASH 10/23/2002	COUNTY/CITY CODE 13/51	INVEST. AGENCY REPORT NUMBER 1457564	HSMV CRASH REPORT NUMBER 70919834
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Narrative

Lee Thomlin was speeding excessively. He swerved and collided with Chris Bones' Ford pickup on the Gulf Breeze Parkway. Lee Thomlin's vehicle was thrown from the road, striking property, while causing Bones' vehicle to flip over and skid across the parkway 140 feet

When arriving at scene, there was an overturned red vehicle facing east in the #1 W/Bound lane of Gulf Breeze Parkway. The vehicle had major front and driver side damage. I also saw a green pickup facing SE on the NE section of the parkway. The green vehicle was resting half way off the road.

SCENE:

Gulf breeze parkway is a N/S roadway, w/ 4 lanes. The road was in perfect condition, and there were no signs of wet, slippery areas.

Synopsis: V1 Red Dodge Viper was traveling N/Bound #2 lane
V2 Green Ford was traveling S/Bound #1 Lane
V1 and V2 collided head on.
V1 Spun around and flipped in the air, and continued to be pushed by V1 until it came to rest in the ditch.
V2 spun out of control, crashing into the ditch and injuring the driver.

Statements:

P1 was too injured to talk at the scene. Will conclude examination at a later time.
P2 was transported to the Florida State hospital.

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY	STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.	
1	1	Tanya Smith	19355 Summit Place	Tampa	FL	593405	07/07/80	1	2	3	3	4	4	1

Violator(s)	SECTION#	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	3	Lee Thomlin	36453453	Undue care and attention. Speeding over the posted speed limit. DUI	315849865

WITNESS NAME (1)	CURRENT ADDRESS	CITY	STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY	STATE	ZIP CODE

FIRST AID GIVEN BY - NAME	1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer 4. Certified 1st Aider 5. Other	<input type="checkbox"/>	INJURED TAKEN TO:	Gulf Breeze Hospital / Florida State Hospital	BY - NAME	George Fredrickson
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WAS INVESTIGATION MADE AT SCENE? 1. YES 2. NO	1	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE? 1. YES 2. NO	2	IF NO, THEN WHY?	Fatality in collision	DATE OF REPORT	PHOTOS TAKEN 1. YES 2. NO	1	IF YES BY WHOM? 1. INVESTIGATING AGENCY 2. OTHER	1
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INVESTIGATOR - RANK & SIGNATURE	ID/BADGE NUMBER	DEPARTMENT	FHP SO PD OTHER
John Fredrickson <i>John Fredrickson</i>	53565	Florida Highway Patrol	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

