

Patient Name: [REDACTED]

Biddeford Ambulance Service
152 Alfred Street
Biddeford, ME 04005

Billing Report

Incident Date: 02/09/2017

Call #: 100-EMS14-17-1546

Patient Care #: 1

Patient Information	
Last Name: [REDACTED]	Phone: [REDACTED]
First Name: [REDACTED]	Apartment #: [REDACTED]
Middle Initial #: [REDACTED]	Address: [REDACTED]
Social Security #: [REDACTED]	Address 2: [REDACTED]
Age: [REDACTED]	City: [REDACTED]
Date of Birth: [REDACTED]	State: [REDACTED]
Gender: [REDACTED]	Postal Code: [REDACTED]
	County: YORK

Billing Information	
Payment Method: [REDACTED]	Work Related? [REDACTED]
CMS Service Level: [REDACTED]	Response Urgency: [REDACTED]
Date/Time CPR Disc: [REDACTED]	Air Ambulance Modifier: [REDACTED]

Medicare Questionnaire	
Medically Necessary: [REDACTED]	Transported To/For: [REDACTED]
Moved by Stretcher: [REDACTED]	Round Trip Reason: [REDACTED]
Visible Hemorrhaging: [REDACTED]	Stretcher Reason: [REDACTED]
Unconscious/Shock: [REDACTED]	Physical Restraints: [REDACTED]
Bed Confined Before: [REDACTED]	Hospital Admit: [REDACTED]
Bed Confined After: [REDACTED]	Weight: KG / LB [REDACTED]
Type of Transport: [REDACTED]	MSP Reason: [REDACTED]

Call Type and Location	Call Disposition	Response Times and Mileage		
Call Type: 29 - Traffic / Transportation Incident Resp. Mode: Lights and Sirens Urgency: Immediate Response: Emergency Response Location: Street or Highway Address: 430 SOUTH STREET Biddeford (RR name Biddeford-Saco), York, ME 04005	Disposition: [REDACTED] Resp. Mode: Lights and Sirens Dest. Type: [REDACTED] Dest. Name: [REDACTED]	1st Resp Arr: PSAP: Disp. Notified: Unit Disp.: 11:57 Enroute: 11:59 At Scene: 12:08 At Patient: 12:09 Depart: 12:29 Arrive Dest: 12:41 In Service: 12:51 In Quarters: Cancelled:	Incident #: 17-0540 Call Sign: EMS 14 Veh. #: 1713 Start Miles: 0.0 Scene Miles: 0.0 Dest. Miles: 4.0 End Miles: 4.0	To Scene: 0.0 To Dest: 4.0 To End: 0.0

Medical Surgery History

[REDACTED]

Patient Condition
Primary Impression: Hypothermia Secondary Impression: Chief Complaint: [REDACTED] Secondary Complaint: Primary Symptom: Other Other Symptoms: Cause Of Injury: Motor Vehicle Crash - Public Way

Narrative
Summary of Events CALLED TO SINGLE VEHICLE MVC. [REDACTED]

Patient Name: [REDACTED]

UPON ARRIVAL, [REDACTED]

P-18571

Patient Vitals

Time	B/P	Pulse	Rhythm	Resp.	Effort	SpO2	SpO2 Qual.	ETCO2	GCS	Pain	Stroke Sci	PTA	B.G.	RTS	Limb	Patient Position
12:22																
12:23																
12:30																
12:35																

ECG Monitor

Time	ECG Type	ECG Lead	ECG Interpretation	ECG Ectopy	Cause For Change
12:19					
12:25					

Procedures and Treatments

Time	Crew Name	Location	Size of Equipment	Attempts	Response	Success	Comments
12:15	AS						
12:15	AM						

Medication Administered

Time	Crew	Medication	Route	Dosage	Response	PTA	Comments
12:15	AS						
12:15	AM						
12:20	AS						

Unit Personnel

Crew Member	Level of Certification	Role
Morgan, Andy (AM)	Advanced EMT	Driver
Stevenson, Andrew (AS)	Paramedic	Primary Patient Caregiver
Sullivan, Shawn (SS)	Paramedic	Secondary Patient Caregiver

Service-Defined Questions

Did you perform a 12-Lead?	
Were there any Advanced Airway Procedures performed (ETT, LMA, King, Combi-Tube, Surgical Airway)?	
Was This an Interfacility Transport?	
Did you transport this patient?	
Was Aspirin Administered?	
Did you Activate the Cath Lab from the Field?	

**Biddeford Fire Department
Incident Report**

Page: 2
10/23/2017

Incident #: 17-540-IN Exp. 0

2	Bidd Car 1 C1	Mobile command post	Disp 02/09/2017 @ 1156 Arr 02/09/2017 @ 1202 Clr 02/09/2017 @ 1230 InSv 02/09/2017 @ 1230	1	Other	- Incident command
3	Bidd CAR 3 C3	Mobile command post	Disp 02/09/2017 @ 1201 Arr 02/09/2017 @ 1207 Clr 02/09/2017 @ 1238 InQt 02/09/2017 @ 1238 InSv 02/09/2017 @ 1238	1	Other	- Incident command
4	Bidd Ambulance 14 EMS14	Medical & rescue uni	Disp 02/09/2017 @ 1157 Arr 02/09/2017 @ 1208 Clr 02/09/2017 @ 1229 InQt 02/09/2017 @ 1349 InSv 02/09/2017 @ 1349	2	EMS	- Provide basic lif - Provide advanced - Transport person
5	Bidd Special Hazard SPHAZ34	Medical & rescue uni	Disp 02/09/2017 @ 1157 Arr 02/09/2017 @ 1208 Clr 02/09/2017 @ 1238 InQt 02/09/2017 @ 1238 InSv 02/09/2017 @ 1238	2	Other	- Rescue, remove fr

#	ID	Personnel	Start	End	Dty	Station	App
1	10053	Aberle, Chris	02/09/2017 @ 1156	02/09/2017 @ 1441	DR	CEN	BRUSH20
2	10723	CORRAL, OSCAR	02/09/2017 @ 1156	02/09/2017 @ 1441	ST	CEN	SPHAZ34
3	21600	DUROSS, KEVIN	02/09/2017 @ 1156	02/09/2017 @ 1441	DC	CEN	C3
4	27026	Gagne, Scott	02/09/2017 @ 1156	02/09/2017 @ 1441	DC	CEN	C1
5	10782	Morgan, Andy	02/09/2017 @ 1156	02/09/2017 @ 1441	MT	CEN	EMS14
6	10414	Stevenson, Andrew	02/09/2017 @ 1156	02/09/2017 @ 1441	DR	CEN	EMS14
7	64700	SULLIVAN, SHAWN	02/09/2017 @ 1208	02/09/2017 @ 1217	DR	CEN	SPHAZ34

Incident #: 17-540-IN Exp. 0

NARRATIVE FOR DEPUTY CHIEF KEVIN DUROSS

Ref: 17-540-IN

Entered: 02/10/2017 @ 1223 Entry ID: 21600
Modified: 02/10/2017 @ 1223 Modified ID: 21600

On Thursday, February 09, 2017, units were dispatched to South Street in the area of the bridge by Hayfield Road for a report of a motor vehicle crash (MVC), vehicle off the road with a subject possibly trapped.

Firefighter Christopher Aberle was the first Biddeford Fire Department member to arrive on the scene with Brush 20. FF Aberle reported the vehicle was down an embankment and into the river. FF Aberle reported one subject was out of the vehicle, but there was another subject hanging onto the vehicle. FF Aberle assumed command of the incident. An additional ambulance was requested as was Saco Engine 5.

Upon Central units arrival, found a single Sport Utility Vehicle more than half submerged in the Swan Pond Brook with a [REDACTED]. The [REDACTED] is [REDACTED]. Two members donned ice rescue survival suits while other members set rope reels on the shore as tethers. The [REDACTED] was [REDACTED] by the first rescuer and [REDACTED]. Because of the difficult terrain and the need to [REDACTED] this patient, [REDACTED].

There did not appear to be sheen from fluids from the vehicle. No additional hazards were noted. Because of very slippery conditions in the roadway, Biddeford Public Works plow vehicles were used as blockers in the roadway.

All fire department apparatus and personnel were cleared from the scene prior to the vehicle being removed from the brook. I advised the PD Sergeant, Sgt. Buhelt, we would give assistance if needed when the tow company comes for removal of the vehicle.

Command was terminated.

A FDID R0060 State ME Incident Date 02/09/2017 Station CEN Incident Number 540 Exposure 0

Delete Change No Activity

NFIRS-1 BASIC
OMB 1660-0069
Expires 06/30/2009
*Paperwork Burden
Notice on Back

B Location Type Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification. Use only for Wildland fires." Census Tract 179

Street address
 Intersection 470 SOUTH ST
 Number/Milepost Prefix Street or Highway Street Type Suffix
 In front of
 Rear of BIDDEFORD ME 04005
 Adjacent to Apt./Suite/Room City State Zip Code
 Directions 1 HAYFIELD RD
 US National Grid Cross Street, Directions or National Grid, as applicable

C Incident Type 3222 BFD MVC W/ INJURY
Incident Type

D Aid Given or Received None

1 Mutual aid received
 2 Auto. aid received
 3 Mutual aid given
 4 Auto. aid given
 5 Other aid given

Their FDID: _____ Their State: _____
 Their Incident Number: _____

E1 Dates & Times Midnight is 0000

Month Day Year Hour Min
 ALARM always required
 Alarm 02 09 2017 11 56
 ARRIVAL required, unless canceled or did not arrive
 Arrival 02 09 2017 12 02
 CONTROLLED optional, except for wildland fires
 Controlled _____
 LAST UNIT CLEARED, required except for wildland fires
 Last Unit Cleared 02 09 2017 14 41

E2 Shifts & Alarms Local Option

D 0 05
Shift or Alarms District
Platoon

E3 Special Studies Local Option

Special Study ID# _____ Special Study Value _____

F Actions Taken

22 Rescue, remove from harm
Primary Action Taken (1)

30 Emergency medical services, other
Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources

Check this box and skip this block if an Apparatus or Personnel Module is used.

Suppression	Apparatus	Personnel
	<u>1</u>	<u>1</u>
EMS	<u>1</u>	<u>2</u>
Other	<u>3</u>	<u>4</u>

Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses and Values

LOSSES: Required for all fires if known. Optional for non fires. None

Property \$ _____, _____, _____
 Contents \$ _____, _____, _____

PRE-INCIDENT VALUE: Optional

Property \$ _____, _____, _____
 Contents \$ _____, _____, _____

Completed Modules

Fire-2
 Structure Fire-3
 Civilian Fire Cas.-4
 Fire Service Cas.-5
 EMS-6
 HazMat-7
 Wildland Fire-8
 Apparatus-9
 Personnel-10
 Arson-11

H1 Casualties None

Fire Service	Deaths	Injuries
_____	_____	_____
Civilian	_____	_____

H2 Detector Required for confined fires.

1 Detector alerted occupants
 2 Detector did not alert them
 U Unknown

H3 Hazardous Materials Release None

1 Natural gas: slow leak, no evacuation or HazMat actions
 2 Propane gas: <21 lb. tank (as in home BBQ grill)
 3 Gasoline: vehicle fuel tank or portable container
 4 Kerosene: fuel burning equipment or portable storage
 5 Diesel fuel/fuel oil: vehicle fuel tank or portable storage
 6 Household solvents: home/office spill, cleanup only
 7 Motor oil: from engine or portable container
 8 Paint: from paint cans totaling <55 gallons
 0 Other: Special HazMat actions required or spill > 55 gal (Please complete the HazMat form)

Mixed Use Property Not mixed

10 Assembly use
 20 Education use
 33 Medical use
 40 Residential use
 51 Row of stores
 53 Enclosed mall
 58 Business & residential
 59 Office use
 60 Industrial use
 63 Military use
 65 Farm use
 00 Other mixed use

J Property Use None

131 <input type="checkbox"/> Church, place of worship	341 <input type="checkbox"/> Clinic, clinic-type infirmary	539 <input type="checkbox"/> Household goods, sales, repairs
161 <input type="checkbox"/> Restaurant or cafeteria	342 <input type="checkbox"/> Doctor/dentist office	571 <input type="checkbox"/> Gas or service station
162 <input type="checkbox"/> Bar/tavern or nightclub	361 <input type="checkbox"/> Prison or jail, not juvenile	579 <input type="checkbox"/> Motor vehicle/boat sales/repairs
213 <input type="checkbox"/> Elementary school, kindergarten	419 <input type="checkbox"/> 1- or 2-family dwelling	599 <input type="checkbox"/> Business office
215 <input type="checkbox"/> High school, junior high	429 <input type="checkbox"/> Multifamily dwelling	615 <input type="checkbox"/> Electric-generating plant
241 <input type="checkbox"/> College, adult education	439 <input type="checkbox"/> Rooming/boarded house	629 <input type="checkbox"/> Laboratory/science laboratory
311 <input type="checkbox"/> Nursing Home	449 <input type="checkbox"/> Commercial hotel or motel	700 <input type="checkbox"/> Manufacturing plant
331 <input type="checkbox"/> Hospital	459 <input type="checkbox"/> Residential, board and care	819 <input type="checkbox"/> Livestock/poultry storage (barn)
	464 <input type="checkbox"/> Dormitory/barracks	882 <input type="checkbox"/> Non-residential parking garage
	519 <input type="checkbox"/> Food and beverage sales	891 <input type="checkbox"/> Warehouse
Outside	936 <input type="checkbox"/> Vacant lot	981 <input type="checkbox"/> Construction site
124 <input type="checkbox"/> Playground or park	938 <input type="checkbox"/> Graded/cared for plot of land	984 <input type="checkbox"/> Industrial plant yard
655 <input type="checkbox"/> Crops or orchard	946 <input type="checkbox"/> Lake, river, stream	
669 <input type="checkbox"/> Forest (timberland)	951 <input type="checkbox"/> Railroad right-of-way	
807 <input type="checkbox"/> Outdoor storage area	960 <input type="checkbox"/> Other street	
919 <input type="checkbox"/> Dump or sanitary landfill	961 <input type="checkbox"/> Highway/divided highway	
931 <input type="checkbox"/> Open land or field	962 <input checked="" type="checkbox"/> Residential street/driveway	

Look up and enter a Property Use code and description only if you have NOT checked a Property Use box:

Property Use 962
Residential street, road or re

A FDID: R 0 0 6 0 State: ME Incident Date: MM 0 2 DD 0 9 YYYY 2 0 1 7 Station: CEN Incident Number: 5 4 0 Exposure: 0

Delete Change No Activity

NFIRS-1 BASIC
OMB 1560-0059
Expires 06/30/2009

K1 Person/Entity Involved

Local Option: _____ Business name (if applicable): _____ Area Code: 2 0 7 Phone Number: 2 8 2 - 1 5 7 9

Check this box if same address as Incident Location (Section B). Then skip the three duplicate address lines.

Mr., Ms., Mrs.: _____ First Name: _____ MI: _____ Last Name: ***UNKNOWN*** Suffix: _____

Number: _____ Prefix: _____ Street or Highway: ***UNKNOWN*** Street Type: _____ Suffix: _____

Post Office Box: _____ Apt./Suite/Room: _____ City: _____

State: _____ Zip Code: _____

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

K2 Owner

Local Option: _____ Business name (if applicable): _____ Area Code: _____ Phone Number: _____

Same as person involved? Then check this box and skip the rest of this section.

Check this box if same address as Incident Location (Section B). Then skip the three duplicate address lines.

Mr., Ms., Mrs.: _____ First Name: _____ MI: _____ Last Name: _____ Suffix: _____

Number: _____ Prefix: _____ Street or Highway: _____ Street Type: _____ Suffix: _____

Post Office Box: _____ Apt./Suite/Room: _____ City: _____

State: _____ Zip Code: _____

L Remarks:

Local Option: _____

ITEMS WITH A ☆ MUST ALWAYS BE COMPLETED!

More remarks? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

M Authorization

Officer in charge ID: 0 1 1 5 0 Signature: ANTON, PETER Position or rank: Captain Assignment: OI Month: 0 2 Day: 0 9 Year: 2 0 1 7

Member making report ID: 0 1 1 5 0 Signature: ANTON, PETER Position or rank: LIEUTENANT Assignment: OI Month: 0 2 Day: 0 9 Year: 2 0 1 7

Check box if same as Officer in charge.

A

FDID: R0060 State: ME Incident Date: MM 02 DD 09 YYYY 2017 Station: CEN Incident Number: 540 Exposure: 0

Delete Change

NFIRS-9 APPARATUS OR RESOURCES
OMB 1660-0069
Expires 06/30/2009
Paperwork Burden Notice on Back

B	Apparatus or Resources Use codes listed below	Dates and Times Check if same date as Alarm date on the Basic Module (Block E1)					Sent <input checked="" type="checkbox"/>	Number of People <input checked="" type="checkbox"/>	Use Check ONE box for each apparatus to indicate its main use at the incident.	Actions Taken List up to 4 actions for each apparatus	
		Month	Day	Year	Hours	Mins					
1	ID <u>EMS14</u> Type <u>7,0</u>	Dispatch	<input checked="" type="checkbox"/>	<u>02</u>	<u>09</u>	<u>2017</u>	<u>1157</u>	<input checked="" type="checkbox"/>	<u>2</u>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<u>3,2</u> <u>3,3</u> <u>3,4</u>
2	ID <u>C3</u> Type <u>9,1</u>	Dispatch	<input checked="" type="checkbox"/>	<u>02</u>	<u>09</u>	<u>2017</u>	<u>1201</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u>8,1</u>
3	ID <u>SPHAZ34</u> Type <u>7,0</u>	Dispatch	<input checked="" type="checkbox"/>	<u>02</u>	<u>09</u>	<u>2017</u>	<u>1157</u>	<input checked="" type="checkbox"/>	<u>2</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u>2,2</u>
4	ID <u>BRUSH20</u> Type <u>1,6</u>	Dispatch	<input checked="" type="checkbox"/>	<u>02</u>	<u>09</u>	<u>2017</u>	<u>1158</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>2,2</u>
5	ID <u>C1</u> Type <u>9,1</u>	Dispatch	<input checked="" type="checkbox"/>	<u>02</u>	<u>09</u>	<u>2017</u>	<u>1156</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u>8,1</u>
6	ID _____ Type _____	Dispatch	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	_____
7	ID _____ Type _____	Dispatch	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	_____
8	ID _____ Type _____	Dispatch	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	_____
9	ID _____ Type _____	Dispatch	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	_____

Apparatus or Resource Type Ground Fire Suppression 11 Engine 12 Truck or aerial 13 Quint 14 Tanker and pumper combination 16 Brush truck 17 ARFF (aircraft rescue and firefighting) 10 Ground fire suppression, other Heavy Ground Equipment 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy ground equipment, other	Aircraft 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other Marine Equipment 51 Fire boat with pump 52 Boat, no pump 50 Marine equipment, other Support Equipment 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other	Medical and Rescue 71 Rescue unit 72 Urban search and rescue unit 73 High-angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other Other 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type I hand crew 95 Type II hand crew 99 Privately owned vehicle 00 Other apparatus/resources	<div style="border: 1px solid black; padding: 5px;"> More apparatus? Use additional sheets. </div> NN None UU Undetermined
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A

FDID R 0 0 6 0	State M E	Incident Date MM DD YYYY 0 2 0 9 2 0 1 7	Station C E N	Incident Number 17- 5 4 0	Exposure -IN 0
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**NFIRS - PT
Personnel
Time Sheet**

Personnel ID	Dates and Times				Duty	Station	Apparatus or Resource	
	Month	Day	Year	Hours/Mins				
A 1 0 0 5 3 Aberle, Chris	Start	0 2	0 9	2 0 1 7	1 1 5 6	D R	C E N	B R U S H 2 0
	End	0 2	0 9	2 0 1 7	1 4 4 1	Attendance Code	R D	
B 1 0 7 2 3 CORRAL, OSCAR	Start	0 2	0 9	2 0 1 7	1 1 5 6	S T	C E N	S P H A Z 3 4
	End	0 2	0 9	2 0 1 7	1 4 4 1	Attendance Code	R D	
C 2 1 6 0 0 DUROSS, KEVIN	Start	0 2	0 9	2 0 1 7	1 1 5 6	D C	C E N	C 3
	End	0 2	0 9	2 0 1 7	1 4 4 1	Attendance Code	R D	
D 2 7 0 2 6 Gagne, Scott	Start	0 2	0 9	2 0 1 7	1 1 5 6	D C	C E N	C 1
	End	0 2	0 9	2 0 1 7	1 4 4 1	Attendance Code	R D	
E 1 0 7 8 2 Morgan, Andy	Start	0 2	0 9	2 0 1 7	1 1 5 6	M T	C E N	E M S 1 4
	End	0 2	0 9	2 0 1 7	1 4 4 1	Attendance Code	R D	
F 1 0 4 1 4 Stevenson, Andrew	Start	0 2	0 9	2 0 1 7	1 1 5 6	D R	C E N	E M S 1 4
	End	0 2	0 9	2 0 1 7	1 4 4 1	Attendance Code	R D	
G 6 4 7 0 0 SULLIVAN, SHAWN	Start	0 2	0 9	2 0 1 7	1 2 0 8	D R	C E N	S P H A Z 3 4
	End	0 2	0 9	2 0 1 7	1 2 1 7	Attendance Code	S T	
H	Start							
	End					Attendance Code		
I	Start							
	End					Attendance Code		
J	Start							
	End					Attendance Code		
K	Start							
	End					Attendance Code		
L	Start							
	End					Attendance Code		
M	Start							
	End					Attendance Code		
N	Start							
	End					Attendance Code		
O	Start							
	End					Attendance Code		
P	Start							
	End					Attendance Code		

A	R 0 0 6 0	M E	MM	DD	YYYY	17-	-IN			<input type="checkbox"/> Delete	NFIRS-AU Authorization
	FDID	State	0 2	0 9	2 0 1 7	C E N	5 4 0	A L L	Exposure	<input type="checkbox"/> Change	

B	Authorization											
	0 1 1 5 0	ANTON, PETER				Captain	OI	0 2	0 9	2 0 1 7		
Check box if same as Officer in charge. → <input checked="" type="checkbox"/>	0 1 1 5 0	ANTON, PETER				LIEUTENANT	OI	0 2	0 9	2 0 1 7		
	Officer in charge ID	Name				Position or rank	Assignment	Month	Day	Year		
	Member making report ID	Name				Position or rank	Assignment	Month	Day	Year		

C	Approval											
By signing this report I affirm that, to the best of my knowledge, all information provided herein is complete and accurate.												
	0 1 1 5 0	ANTON, PETER				Captain	OI	0 2	0 9	2 0 1 7		
	Approving Officer ID	Name				Position or rank	Assignment	Month	Day	Year		