

0487057

## ARREST / NOTICE TO APPEAR

1. Arrest  
2. N.T.A.3. Request for Warrant  
4. Request for Capias

1

JUVENILE

559

OBTS Number		Agency Name <b>Jupiter Police Department</b>						Agency Report Number (N.T.A.'s only)															
Agency ORI Number <b>0501700</b>								5   4   17-001819															
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other						If Weapon Seized Enter Type <b>NONE</b>															
Multiple Clearance Indicator <b>01</b>		Location of Offense (Business Name, Address) <b>4499 DONALD ROSS RD/MILITARY TRL, JUPITER, FL 33458</b>																					
Location of Arrest (Including Name of Business) <b>DONALD ROSS RD/MILITARY TRL, JUPITER, FL</b>		Date of Arrest <b>04/14/2017</b>		Time of Arrest <b>02:03</b>	Booking Date <b>04/14/2017</b>	Booking Time <b>02:13</b>	Jail Date	Jail Time	Location of Vehicle <b>EAST COAST TOWING</b>														
Name (Last, First, Middle) <b>WILLEY, SCOTT THOMAS</b>																							
Alias: <b>SCOTT THOMAS WILLEY</b>																							
Race W - White    I - American Indian B - Black    O - Oriental/Asian		Sex <b>W M</b>	Date of Birth <b>08/03/1968</b>	Height <b>5'08</b>	Weight <b>160</b>	Eye Color <b>BLUE</b>	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>M</b>														
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>S</b>																							
Local Address (Street, Apt. Number) <b>803 UNIVERSITY BLVD 303, JUPITER, FL 33458</b>		(City)		(State)		(Zip)		Phone <b>(561) 510-3968</b>															
Permanent Address (Street, Apt. Number) <b>803 UNIVERSITY BLVD 303, JUPITER, FL 33458</b>		(City)		(State)		(Zip)		Phone <b>(561) 510-3968</b>															
Business Address (Name, Street) <b>LEAGUE GENERATIONS,</b>		(City)		(State)		(Zip)		Phone															
D/L Number, State <b>W400798682830 / FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>FLINT, MI</b>		Citizenship <b>US</b>															
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth															
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth															
Name (Last, First, Middle) <b>SCOTT THOMAS WILLEY</b>																							
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____								Residence Phone															
<input type="checkbox"/> Legal Custodian								Business Phone															
Address (Street, Apt. Number) <b>803 UNIVERSITY BLVD 303, JUPITER, FL 33458</b>		(City)		(State)		(Zip)																	
Notified by: (Name)				Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released															
Released To: (Name)		Relationship		Date		Time		2. TOT JAC 3. Incarcerated															
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No:																							
School Attended																							
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Description of Property    Value of Property																							
C O D E		Drug Activity N. N/A B. Buy P. Possess		S. Sell D. Deliver T. Traffic		R. Smuggle E. Use		K. Disperses/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
C H A R G E		Charge Description <b>DUI - DRIVING WHILE UNDER INFLUENCE</b>										Statute Violation Number <b>316.193(1)</b>		Violation of ORD #									
C H A R G E		Drug Activity N		Drug Type		Amount / Unit /		Offense # <b>17-001819</b>		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number				Statute Violation Number		Violation of ORD #			
C H A R G E		Drug Activity N		Drug Type		Amount / Unit /		Offense # <b>17-001819</b>		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number				Statute Violation Number		Violation of ORD #			
C H A R G E		Drug Activity N		Drug Type		Amount / Unit /		Offense # <b>17-001819</b>		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number				Statute Violation Number		Violation of ORD #			
C H A R G E		Drug Activity N		Drug Type		Amount / Unit /		Offense # <b>17-001819</b>		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number				Statute Violation Number		Violation of ORD #			
I N T A K E		Health / Apparent Physical Condition of Defendant										Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain: <b>SCOTT THOMAS WILLEY</b>											
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		T.O.T. County Jail		PROPERTY - Received By		Released By		Released To															
Transported By				Date Transported		Time Transported		Other															
N O T I C E		<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Location (Court, Room) <b>North County</b>		PALM BEACH GARDEN		Date Signed <b>05/17/2017 08:30:00</b>		No Photo Available									
T O A P P E A R		I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.						Court Date and Time		BOND		AM 5:44											
A D M I N I S T R A T I O N		Signature of Defendant (or Juvenile and Parent/Custodian) <b>SCOTT THOMAS WILLEY</b>																					
HOLD for Other Agency		Signature of Arresting Officer <b>ANDREW BORROWS</b>		Name of Arresting Officer (Print) <b>ANDREW BORROWS</b>		I.D. # <b>1138</b>		Name Verification (Printed by Arrestee) <b>ANDREW BORROWS</b>															
Dangerous Suicidal		Resisted Arrest Other						(PRINT)															
Intake Deputy <b>SPAWN 8101</b>		I.D. # <b>380</b>		Pouch # <b>JPD</b>		Transporting Officer <b>PFC BORROWS</b>		I.D. # <b>380</b>		Agency <b>JPD</b>		Witness here if subject signed with an "X".											
												PAGE 1 OF 1											

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14th DAY OF Friday 20 17, AT 0113 AM PM  
SUBJECT: Scott Willey CASE NUMBER: 17-001819  
AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: PFC Andrew Borrows 380  
PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)  
Martin County Sheriff's Office Deputy Samuel Kimmel #218/1922 was driving his marked MCSO Patrol vehicle east on Donald Ross Road, just west of the intersection with Military Trail. Deputy Kimmel observed a vehicle on the center concrete median facing south. The driver and registered owner of the vehicle, later identified to me as Scott Willey, said words to the effect of "I think I can get it off" and appeared to Deputy Kimmel to attempt to get the vehicle off the curb by putting it in reverse. Deputy Kimmel notified the Jupiter Police. Officers Yochum and K. Pope were the first to arrive. I was dispatched in order to investigate the crash. Deputy Kimmel also notified the Jupiter Police Department that the driver was possibly intoxicated. Deputy Kimmel later returned to the scene and provided a written witness statement. Upon my arrival, Willey was still seated in the driver's seat of his vehicle, which was on them median.

## OBSERVATION OF DRIVER:

Willey had very bloodshot, glassy eyes. During my crash investigation, Willey often rambled about non-sequitor events and things like the rims on his car and the entire story behind why he has those particular rims. Willey was unsteady on his feet. Willey often had difficulty focusing.

## DRIVER'S STATEMENTS:

Post-Miranda, Willey stated that he didn't drink anything. Willey asked for a lawyer when I asked him to complete roadsides. I informed him that he didn't have the right to a lawyer as it related to the roadsides and read him Taylor Warnings. Willey eventually agreed to complete roadsides.

## ODORS:

Odor of an unknown alcoholic beverage became apparent after arrest when Willey was in the back of my police vehicle. I did not detect any odors prior to the arrest of Willey.

## GENERAL OBSERVATIONS

SPEECH: Rambling, slurred

ATTITUDE: Physically cooperative, after arrest became argumentative, exhibited mood swings, was demanding and sarcastic with me. Very talkative.

CLOTHING: White t-shirt, blue shorts, black shoes.

MEDICAL/OTHER: Stated he had anxiety and depression but no physical ailments.

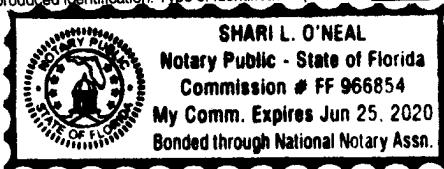
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14th day of April 20 17 by PFC Andrew Borrows 380

PERSONALLY KNOWN

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced



Notary Public, Clerk of Court, Officer (F.S.S. 117-10)

SCANNED  
APR 17 2017

## ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

<input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT	<input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT
<input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION	<input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
<input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES	<input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Prior to starting this task, Willey elected to remove his shoes. They remained off the remainder of my time with him. Willey lost his balance while removing one of his shoes and nearly fell over. Please note I am a certified Drug Recognition Expert IACP #26842.

WALK & TURN

Willey started the task early several times. He then complained about the area that I had selected to complete this task and I asked Officer Yochum for a roll of tape to create a new line. Willey then indicated that he was going to refuse and I again read him his Taylor Warnings. After more prevaricating, Willey decided to continue. Willey lost his balance in the starting position. Willey used his arms for balance for most of the first leg of the task. He missed heel to toe on the second and seventh steps. Willey stepped on his toe on the third step. Willey turned improperly, by shuffling around on both feet. Willey then missed heel to toe on every step on the return. Willey stepped off the line on the seventh step.

ONE LEG STAND:

Willey complained that he was not in good enough shape to complete the task. Willey did not point to any medical conditions that would prevent him from completing the task. I asked Willey to complete the task. He placed his foot down at "1000-2" and "1000-7" and began hopping just before 1000-7. Willey also used his arms for balance throughout the task. He then said "that's all I've got".

FINGER TO NOSE:

Willey touched his finger to nose on every count but used the pad of his finger to do so.

ROMBERG ALPHABET:

Did not ask to perform.

BREATH TEST RESULTS: .151

.152

STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

14th day of April 2017

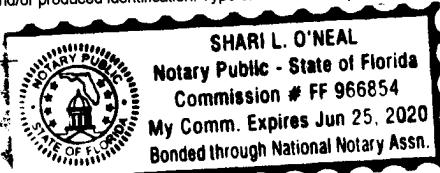
by PFC Andrew Borrows 380

The foregoing instrument was sworn to or affirmed and subscribed before me this

PERSONALLY KNOWN

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced

Notary Public, Clerk of Court, Officer (F.S.S. #17.10)



SCANNED  
APR 17 2017

# WITNESS LIST

CASE NUMBER: 17-001819

ARRESTING OFFICER: PFC Andrew Borrows 380

ADDRESS: 210 Military Trail, Jupiter FL 33458

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 746-6201

CAN TESTIFY TO: PC

NAME: Officer Craig Yochum 383

ADDRESS: 210 Military Trail, Jupiter FL 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561 746-6201

CAN TESTIFY TO: Scene

NAME: Deputy Samuel Kimmel #218, Martin County Sheriff's Office

ADDRESS 800 SE Monterey Road, Stuart, Florida 34994

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 772 220 7170

CAN TESTIFY TO: First on scene, actual physical control

NAME: Officer Kari Pope 352

ADDRESS 210 Military Trail, Jupiter FL 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 746-6201

CAN TESTIFY TO: Scene

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

**SCANNED**

**APR 17 2017**

SUBJECT: *Scott Walker*

CASE NUMBER: *17-001819*

## **IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE**

**NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.**

I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

**OR**

I am now requesting that you submit to a lawful test of your **URINE** for the purpose of detecting the presence of chemical or controlled substances.

**OR**

I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

**NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.**

I am \_\_\_\_\_ of the \_\_\_\_\_

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) *Reed Walker*

## **CONSTITUTIONAL WARNINGS**

**I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:**

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

**SCANNED  
APR 17 2017**

# TESTING FACILITY TASK REPORT

AGENCY: \_\_\_\_\_

SUBJECT: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

VIDEO TAPE NUMBER: \_\_\_\_\_

BEGINNING TIME: \_\_\_\_\_

ENDING TIME: \_\_\_\_\_

BREATH TESTS RESULTS: 1) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. 2) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

3) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. 4) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

BREATH OPERATOR: \_\_\_\_\_

MAINTENANCE TECHNICIAN: \_\_\_\_\_

TESTING OFFICER'S OBSERVATIONS

SPEECH: \_\_\_\_\_

ATTITUDE: \_\_\_\_\_

CLOTHING: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

OTHER: \_\_\_\_\_

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SCANNED

APR 17 2017

# QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? \_\_\_\_\_

WHERE WERE YOU GOING? \_\_\_\_\_

WHAT STREET OR HIGHWAY WERE YOU ON? \_\_\_\_\_

DIRECTION OF TRAVEL? \_\_\_\_\_ WHERE DID YOU START? \_\_\_\_\_

WHAT TIME DID YOU START? \_\_\_\_\_ WHAT TIME IS IT NOW? \_\_\_\_\_

WHAT IS TODAY'S DATE? \_\_\_\_\_ WHAT DAY OF THE WEEK IS IT? \_\_\_\_\_

WHAT COUNTY AND CITY ARE YOU IN NOW? \_\_\_\_\_

WHEN DID YOU LAST EAT? \_\_\_\_\_ WHAT DID YOU EAT? \_\_\_\_\_

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGH? \_\_\_\_\_ HAVE YOU BEEN DRINKING? \_\_\_\_\_ WHAT? \_\_\_\_\_

HOW MUCH? \_\_\_\_\_ WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

WHEN DID YOU HAVE YOUR FIRST DRINK? \_\_\_\_\_ AND YOUR LAST DRINK? \_\_\_\_\_

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? \_\_\_\_\_

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? \_\_\_\_\_ ARE YOU UNDER THE INFLUENCE? \_\_\_\_\_

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? \_\_\_\_\_ WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? \_\_\_\_\_ WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? \_\_\_\_\_ WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? \_\_\_\_\_ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? \_\_\_\_\_

WERE YOU IN AN ACCIDENT TODAY? \_\_\_\_\_

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? \_\_\_\_\_ WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? \_\_\_\_\_ WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE: EPILEPSY? \_\_\_\_\_

GLASS EYE? \_\_\_\_\_

FALSE TEETH? \_\_\_\_\_

EAR INFECTION? \_\_\_\_\_

INNER EAR TROUBLE? \_\_\_\_\_

DIABETES? \_\_\_\_\_

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? \_\_\_\_\_

DO YOU TAKE INSULIN? \_\_\_\_\_ IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? \_\_\_\_\_ WHERE? \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

**SCANNED**

**APR 17 2017**

**3801138**