

DEKALB COUNTY MEDICAL EXAMINER'S OFFICE

Gerald T. Gowitt, M.D.
Chief Medical Examiner

Patrick L. Bailey
Director

2022 Annual Report



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Message to the DeKalb County CEO and the Board of Commissioners

The DeKalb County Medical Examiner's Office (DCMEO) conducts inquiries into reported deaths within the jurisdictional boundaries of DeKalb County, Georgia. These inquiries include, but are not limited to, deaths reported by law enforcement agencies, medical institutions, long term care and assisted living facilities, correctional facilities, funeral services, and State Vital Records.

Under the provisions of the Georgia Death Investigation Act, O.C.G.A. 45-16-24(a), the Medical Examiner's Office shall be notified of the following types of deaths:

- As a result of violence;
- Suicide or casualty;
- Suddenly when in apparent good health;
- In any suspicious or unusual manner, with particular attention to those individuals 16 years of age and under;
- After birth but before seven (7) years of age if the death is unexpected or unexplained;
- As a result of an execution carried out pursuant to the imposition of the death penalty under Article 2 of Chapter 10 of Title 17;
- When an inmate of a state hospital or a state, county, or city penal institution;
- After having been admitted to a hospital in an unconscious state and without regaining consciousness within 24 hours of admission;
- As a result of an apparent drug overdose;
- Who is a pregnant female or a female who was pregnant within 365 days prior to such female's death; provided, however, that this paragraph shall not apply to a female whose death resulted from an incidental or accidental cause, including a motor vehicle accident, or from any other event or condition where it is apparent that the death was not causally related to the care of or physiology of pregnancy or its maintenance; or
- When unattended by a physician.

Message to the DeKalb County CEO and the Board of Commissioners (Continued)

To accomplish this mission in 2022, DCMEO, like many other counties and municipalities across the United States, was challenged by the continuing impactful rise of the opioid crisis, deaths due to traumatic injuries, and the significant increase(s) in reported undetermined deaths.

Medical Examiner's Offices nationally have been impacted by the workforce shortage of forensic pathologist. The increasing workload and the decline of full-time forensic pathologist became an immediate concern in DeKalb County. With the support of the CEO and the Board of Commissioners, funding for part time forensic pathologist was approved. DCMEO initiated efforts to recruit part time forensic pathologist which resulted in three (3) full time pathologist being brought on board.

Additionally, recruitment efforts were initiated at annual conferences which brought about interest in potential candidates for 2023.

DCMEO also initiated a pilot program with pathology assistants to serve a role assisting in examinations, document reviews, training of medical residents, and responding to data requests. A minimum of two (2) pathology assistants were brought on board to assist in reducing the workload of forensic pathologist and increasing case efficiency. The success of this program has brought interest from other medical examiner's office to aide in maintaining workflow efficiency while recruiting full time pathologist.

DCMEO continue to provide an educational environment for medical residents, public health master's program students, internships in forensic science and criminal justice, and the United States Marine Corps Processing and Retrieval Unit.

Along with using innovative methods to address the workforce shortage, maintaining accredited levels of efficiency, continuing to provide an educational environment for the future of medicolegal death investigations, DCMEO created the position of Public Education Specialist (PES). During 2022, the PES engaged the public on multiple social media outlets to educate and inform. The PES also provided highlights on public outreach by DCMEO personnel.

We want to extend our sincere gratitude to the DeKalb County Chief Executive Officer Micheal Thurmon and the Board of Commissioners for their continued support for the Medicolegal Death Investigative Serve we provide to the Citizens of DeKalb County, Georgia.



Patrick L. Bailey
Director



Department Description

The DeKalb County Medical Examiners Office performs investigations, post mortem examinations, and forensic scientific testing into deaths that are required by law to be reported under the provisions of the Georgia Death Investigation Act.

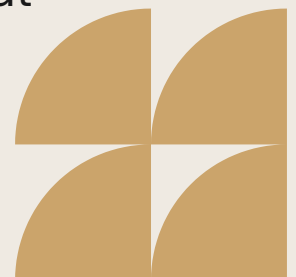


Department promotes the following DeKalb County Strategic Priorities:

- Enhanced Public Safety
- Ensure Efficient Operations
- Invest in Employees
- Improve Internal Communication, Collaboration, and Implementation
- Promote Fiscal Integrity

Mission Statement

DeKalb County Medical Examiner's Office will provide comprehensive professional forensic death investigations and conduct thorough post mortem examinations within our jurisdiction, for it is not justice that we seek, but the truth in death so that justice may be served.





Geographic Information



Area: **271 mi²**

Age:

- <5: **6.4%**
- 6-18: **22.2%**
- 19-64: **57.4%**
- >65: **14.0%**

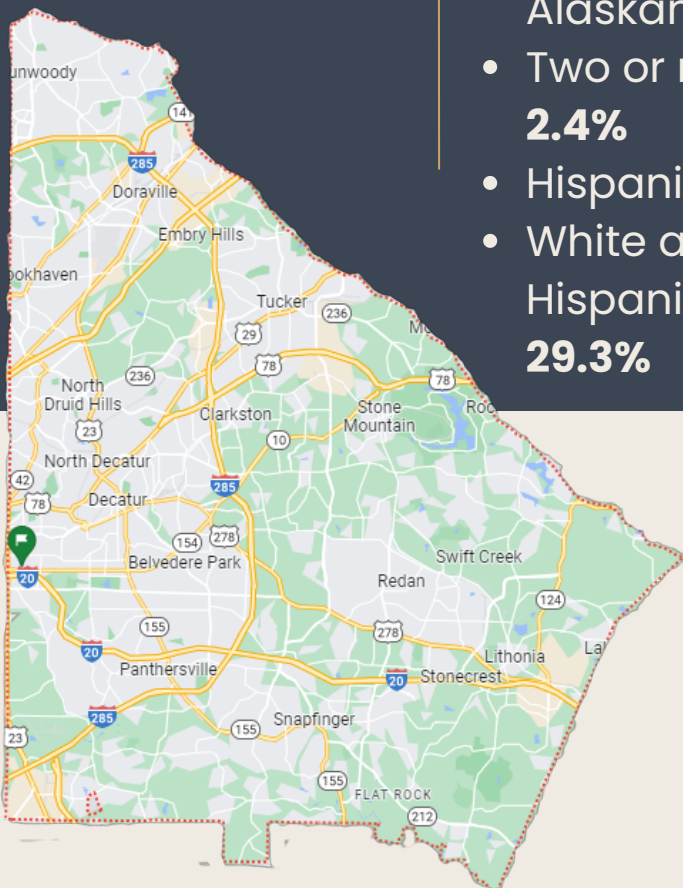
Population: **762,820**

Sex:

- Females: **52.6%**
- Males: **47.4%**

Race & Ethnicity:

- Black or African American: **54.6%**
- White: **35.9%**
- Asian: **6.6%**
- American Indian or Alaskan Native: **0.5%**
- Two or more races: **2.4%**
- Hispanic or Latino: **8.6%**
- White alone, not Hispanic or Latino: **29.3%**



7.06%


DeKalb County is the 4th largest county in the state of Georgia, accounting for over 7% of the total population

FACILITIES

Age of Building: 27 years

Size of Facility: 18,238 sq.ft

Size of Autopsy Suite: 1,200 sq.ft

 **Including separate suite for decomposed bodies and infectious disease cases**

Number of Autopsy Tables: 15

SPECIALIZED SERVICES

Toxicology Lab: Georgia Bureau of Investigations (GBI) Crime Lab & National Medical Services, Inc. (NMS)

Radiologic and Histology Facilities are located on-site

Forensic Science Lab: Georgia Bureau of Investigations (GBI) Crime Lab

Forensic Dentistry: Dr. Thomas David



JURISDICTION



The DeKalb County Medical Examiner's Office (DCMEO) serves all incorporated and unincorporated areas within DeKalb County. In 2022, these areas included all, or parts of, the cities of Atlanta, Avondale, Brookhaven, Chamblee, Clarkston, Decatur, Doraville, Dunwoody, Lithonia, Pine Lake, Stone Mountain, Stone Crest, Tucker, unincorporated DeKalb County, and other areas served by special law enforcement agencies such as Georgia State Patrol, MARTA and post-secondary educational institutions campus police/law enforcements agencies.

As per State Law, deaths occurring on State owned and/or State leased property may be investigated by the State Medical Examiner's Office (Georgia Bureau of Investigation).

Under the provisions of the Georgia Death Investigation Act (§ 45-16-20), DCMEO investigates deaths, as are described in detail on the next page.

GEORGIA DEATH INVESTIGATION ACT

The Georgia statute describing the duties of Medical Examiners in Georgia is detailed within the Official Code of Georgia Annotated, Title 45, Chapter 16, titled the "Georgia Death Investigations Act."

The type of death(s) required to be reported to the Medical Examiner include:

- **All violent deaths, which includes all homicides, suicides, and accidents**
- **Sudden when in apparent good health**
- **When unattended by a physician**
- **Suspicious or unusual**
- **Children after live birth but before seven years of age if death is unexpected or unexplained**
- **Executions pursuant to the death penalty**
- **Patient of a state hospital, or inmate of a state, county, or city penal institution**
- **Admitted to hospital unconscious and dying within 24 hours without regaining consciousness**
- **As a result of an apparent drug overdose;**
- **Who is a pregnant female or a female who was pregnant within 365 days prior to such female's death; provided, however, that this paragraph shall not apply to a female whose death resulted from an incidental or accidental cause, including a motor vehicle accident, or from any other event or condition where it is apparent that the death was not causally related to the care of or physiology of pregnancy or its maintenance; or**
- **When unattended by a physician.**

Decisions about performing autopsies that are not legally mandated are left to the discretion of the Medical Examiner, except in children between birth and seven years of age if the death is unexpected or unexplained, in which case an autopsy is legally required.

GEORGIA DEATH INVESTIGATION ACT

When a death is reported to DCMEO, jurisdiction is either accepted (AJ) or declined (DJ). If a case is accepted, that means the Medical Examiner will be certifying the cause and manner of death and will be signing the death certificate.

A death case is accepted if it meets the criteria specified in the Georgia Death Investigation Act, and:

- The agonal events that caused and/or contributed to death occurred in DeKalb County, or
- If the place of incident or onset of fatal events is unknown, and the death occurred or the decedent was found in DeKalb County

A death case may be declined if:

- The events that caused or contributed to death did not occur in DeKalb County
- The deceased was attended by a physician and/or was under hospice care at the time of death.

Decisions about performing autopsies that are not legally mandated are left to the discretion of the Medical Examiner, except in children between birth and seven years of age if the death is unexpected or unexplained, in which case an autopsy is legally required.

COMMON MEDICAL HISTORIES THAT MAY NOT REQUIRE AUTOPSY

- Atherosclerotic Cardiovascular Disease (ASCVD)
- Congestive Heart Failure (CHF)
- Hypertensive Cardiovascular Disease (HCVD)/High Blood Pressure (HBP)
- Morbid Obesity
- HIV/AIDS
- Cancer, depending on type and stage
- Renal Disease, depending on stage
- Diabetes Mellitus, particularly if insulin dependent



APPROACHES TO THE EXAMINATION OF THE DECEDENT

There are five commonly accepted methods:

- **Sign-out** – the death is certified after reviewing medical records or interview statements. This generally occurs without an examination of the body by the medical examiner.
- **View** – an examination is performed to further evaluate the case and rule out trauma or the need for further in-depth examination. A few simple case notes may be prepared.
- **External examination** – formal external examination with a dictated report of the findings. This examination usually includes toxicology and/or other tests, but does not include an internal examination of the body.
- **Limited dissection** – a partial examination is sometimes performed if:
 - there is expressed objection to an examination or significant health or safety risks exist for staff, or,
 - the circumstances of the death do not require a full autopsy in the judgment of the medical examiner.
- **Full autopsy** – This includes an external examination and a surgical dissection of the body with removal of the organs, of the head, neck, chest, abdomen, and pelvis, and the dissection of said organs.

MANNER OF DEATH CLASSIFICATIONS

- **Natural deaths** are due to a natural disease process, such as infection, heart disease, or cancer, etc.
- **Accidental deaths** occur due to a hostile environment, such as a motor vehicle crash or drowning, without direct intent to harm someone or one's self.
- **Suicide** results from an injury as a result of an intentional self-inflicted act committed to do self-harm or cause the death of one's self.
- **Homicide** occurs when death results from a volitional act committed by another person to cause fear, harm, or death. Intent to cause death is a common element but is not required for classification as a homicide. It is to be emphasized that the classification of homicide is the purpose of death certification and neither indicates nor implies *criminal* intent, which remains a determination made by the legal process.
- **Undetermined** or "could not be determined" is a classification used when the information pointing to one manner of death is no more compelling than other manners of death.



GENERAL RESPONSE

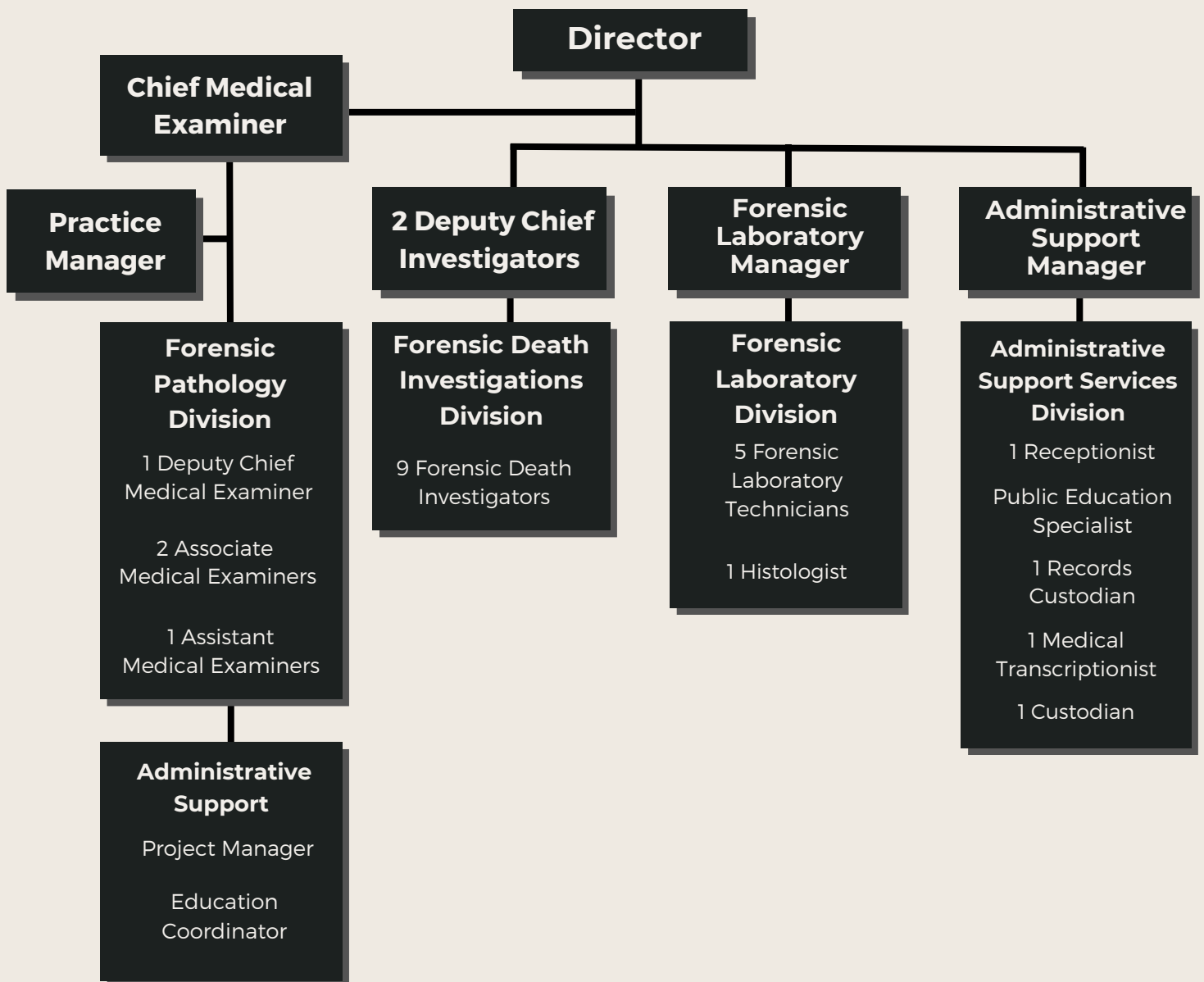
When a death is reported to DCMEO, the case is assigned a sequential case number.

Basic information is obtained on all cases reported. Medical Examiners Investigators, in consultation with the Medical Examiner as needed, make decisions about whether the case should be accepted or declined, if a death scene investigation is required, and whether or not the body needs to be transported to the DeKalb County Forensic Science Center.

The Medical Examiner then makes decisions about the type of examination to be conducted and the extent of additional testing to be performed.

DCMEO BUDGET & ORGANIZATIONAL CHART

FY19 Operating Budget was \$3.5 million. The DCMEO staff consists of 33 full-time employees and 1 part-time employee:



MEDICAL EXAMINER STAFF

Patrick Bailey

Director

Rachel Geller, M.D.

Associate Medical Examiner

Bruce H. Wainer, M.D., Ph.D.

Associate Medical Examiner

Kyle McGlamery

Deputy Chief Investigator

Kevin Hearst

Medical Examiner's Investigator

E. P. Sliz

Medical Examiner's Investigator

Lance Taylor

Medical Examiner's Investigator

Keonna Jones

Forensic Autopsy Technician

Gail Parker

Medical Practice Manager

Crystal Lee

Education Coordinator

Claire Waliczek

Project Manager

Desiree Benton

Office Assistant/Receptionist

Gerald Gowitt, M.D.

Chief Medical Examiner

Geoffrey Smith, M.D.

Deputy Chief Medical Examiner

Amber Winslow

Deputy Chief Investigator

Jess Dillard

Medical Examiner's Investigator

Craig Cannon

Medical Examiner's Investigator

Trakeveon Robinson

Medical Examiner's Investigator

Ashleigh Nelson

Medical Examiner's Investigator

Jason Crawford

Forensic Laboratory Manager

Andrew Adesinmilolu

Forensic Autopsy Technician

Sharon Lackwood

Forensic Autopsy Technician

Keisa Heath

Medical Legal Transcripionist

Tashuna Littles

Records Custodian

T. Taylor Doane, M.D.

Assistant Medical Examiner

Frederic N. Hellman, M.D., M.B.A.

Associate Medical Examiner

Eric Minter

Medical Examiner's Investigator

Julio Alicea

Medical Examiner's Investigator

Treshauna Carroll

Medical Examiner's Investigator

Dumonder Dawson

Administrative Support Manager

Marquel Johnson

Forensic Autopsy Technician

Shana Wooldridge

Forensic Autopsy Technician

Ke'Aira Rider

Histologist

Jenna Aungst

Analyst

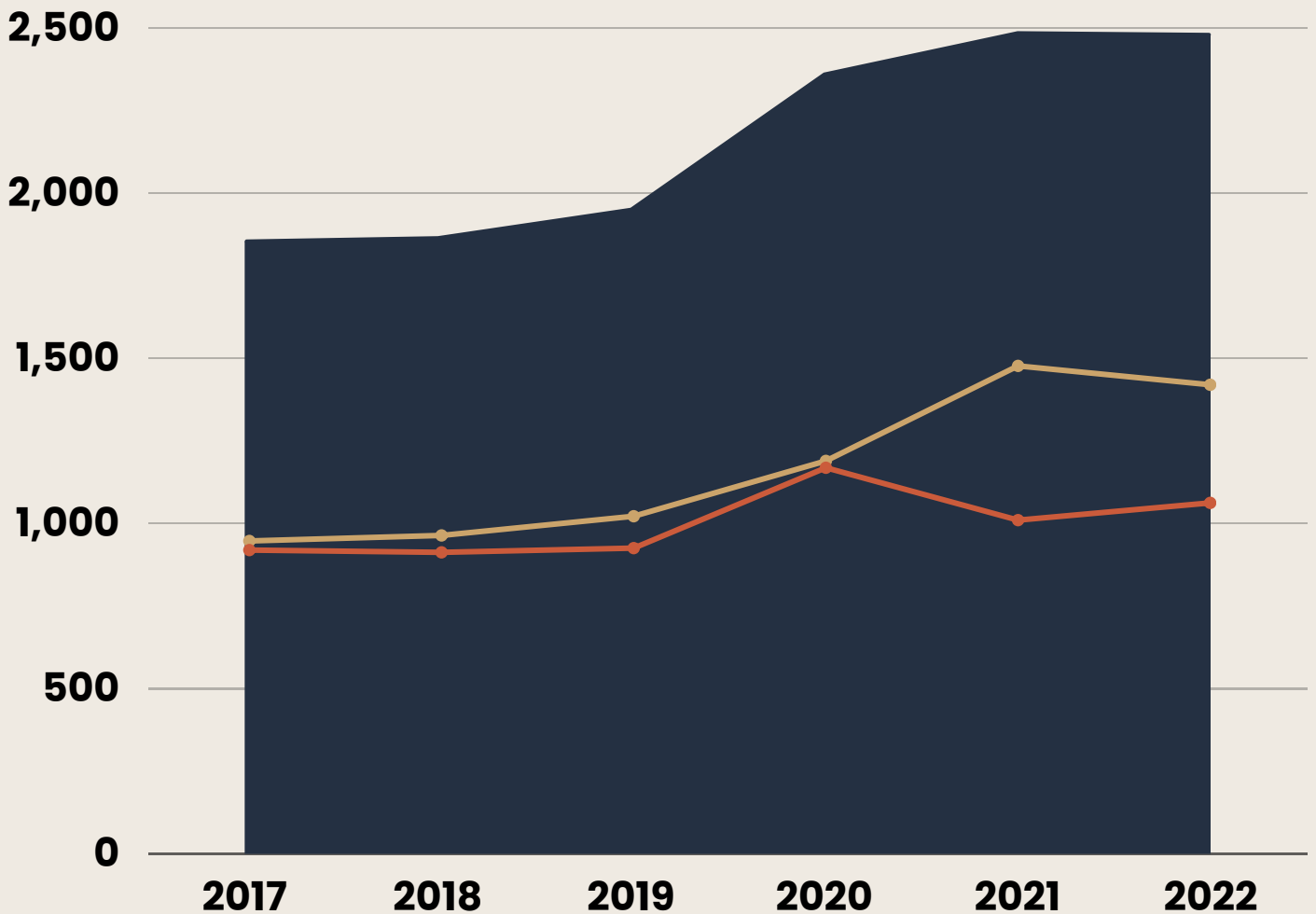
Cali Dyke

Custodian

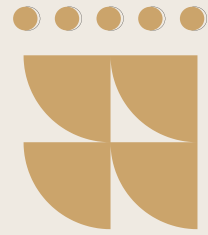
CASELOAD

From 2017 to 2022, there has been a 34 % increase in reported cases

● Cases Reported ● Accepted Cases ● Declined Cases



DeKalb County Medical Examiner Cases



Population: 762,820

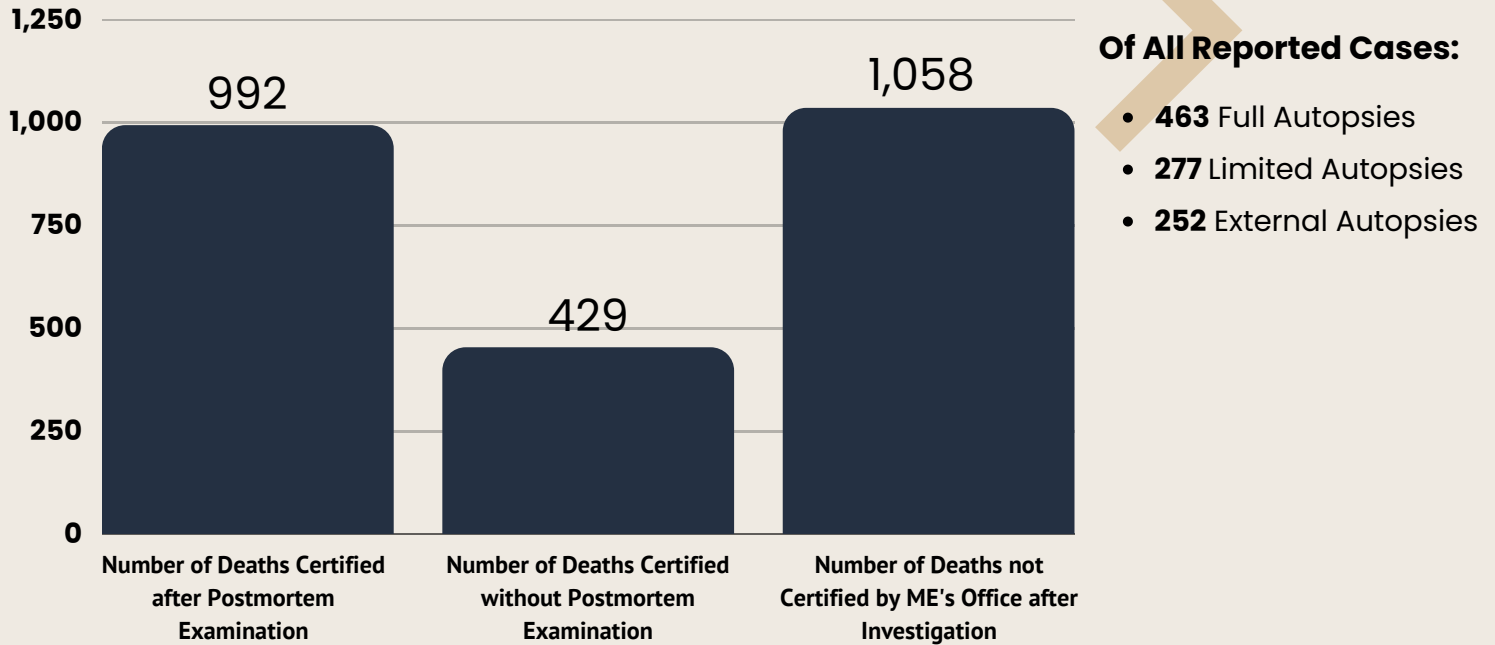
Deaths in Jurisdiction	5,645
Cases Reported to Medical Examiner	2,479
Accepted Jurisdiction	1,421
Full Autopsy	463
Limited autopsy	277
External Examination	252
Number of deaths certified without postmortem examination (Sign-Out)	429
Declined Jurisdiction	1,058

ALL 2022 REPORTED CASES

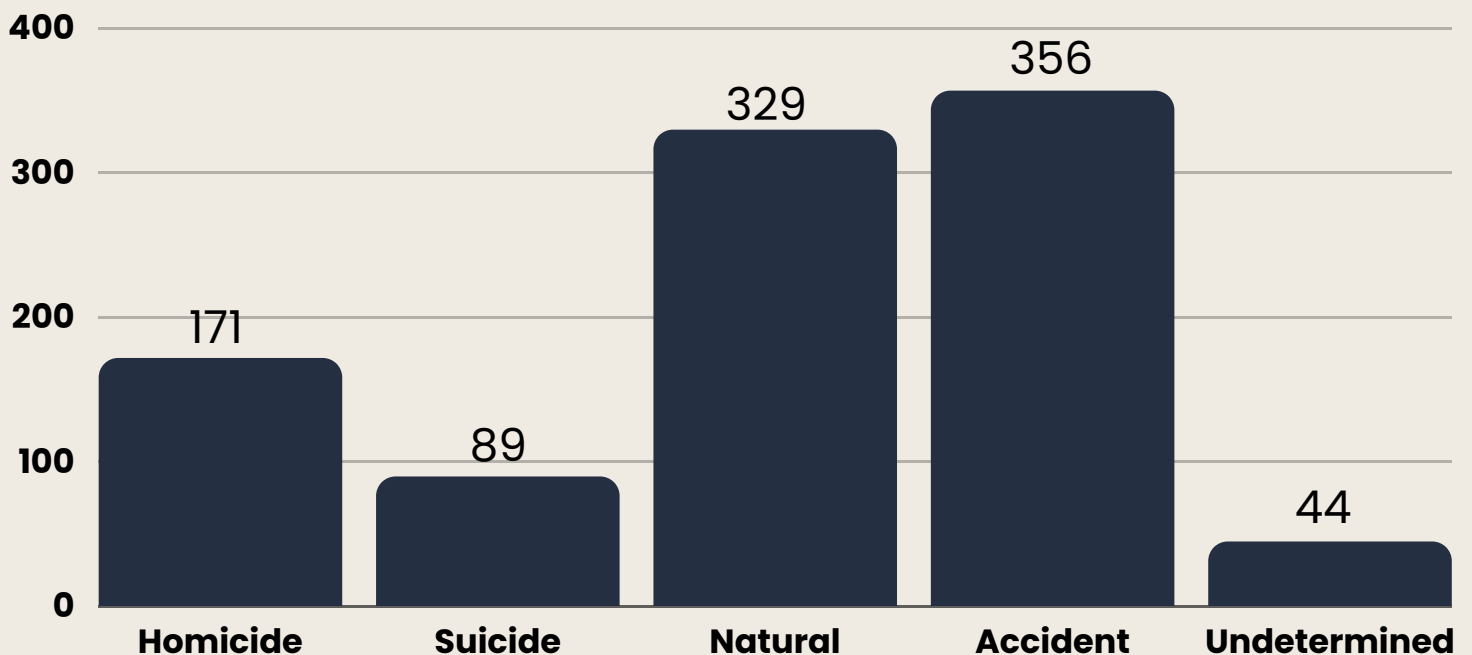
Out of the 5,645 total deaths in DeKalb County, 2,479 unique deaths were reported to our office.

Jurisdiction	Manner of Death	Number of Cases	Examinations Performed
Accepted			
	Accident (Non-Traffic)	292	233
	Accident (Traffic)	146	123
	Homicide	171	171
	Natural	670	329
	Suicide	91	89
	Undetermined	49	44
	Pending	2	2
Tot. Accepted Jurisdiction		1,421	
Total Declined Jurisdiction		1,058	
Total		2,479	

ALL 2022 REPORTED CASES



Manner of Death Postmortem Examination



PROCEDURES ON ACCEPTED CASES

Manner	Autopsy	Limited Dissection	External PM Exam/View	Sign Out	Total
Accident (Non-Traffic)	71	78	84	59	292
Accident (Traffic)	34	47	42	23	146
Homicide	167	4	0	0	171
Natural	123	125	81	341	670
Suicide	27	21	41	2	91
Undetermined	44	2	3	0	49
Pending Cases	2	0	0	0	2
Total	468	277	251	425	1,421

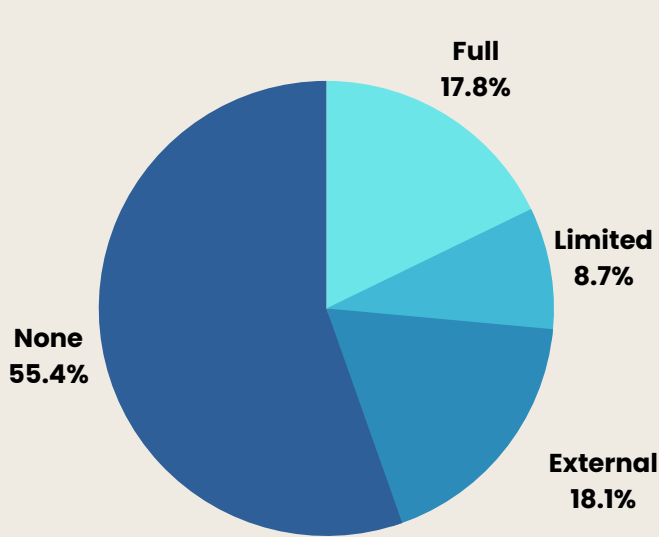
PROCEDURES TOTALS BY MEDICAL EXAMINER

Medical Examiner	Procedure	Number of Cases
Gerald T. Gowitt, M.D.	Full	107
	Limited Dissection	52
	External	109
	Other/None	333
Geoffrey P. Smith, M.D.	Full	9
	Limited Dissection	26
	External	6
	Other/None	3
Rachel Geller, M.D.	Full	44
	Limited Dissection	44
	External	22
	Other/None	50
T. Taylor Doane, M.D.	Full	27
	Limited Dissection	17
	External	5
	Other/None	0
Frederic N. Hellman, M.D.	Full	125
	Limited Dissection	34
	External	24
	Other/None	0
Bruce H. Wainer, M.D.	Full	41
	Limited Dissection	42
	External	26
	Other/None	0

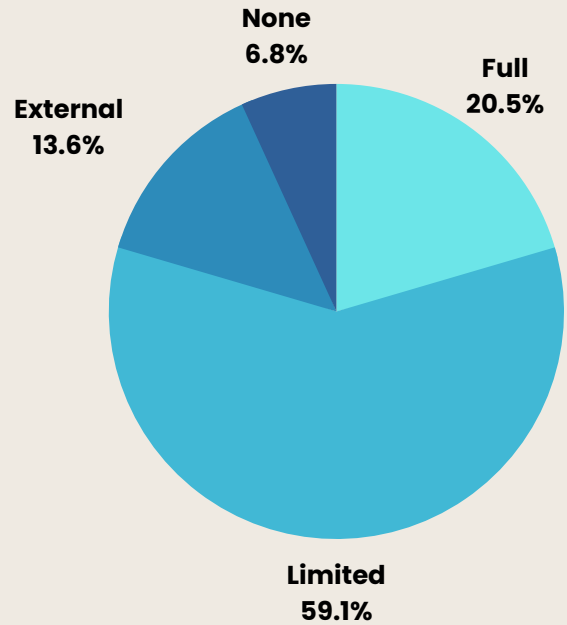
PROCEDURES TOTALS BY MEDICAL EXAMINER (CONT.)

Medical Examiner	Procedure	Number of Cases
Steven F. Dunton, M.D.	Full	18
	Limited Dissection	6
	External	12
	Other/None	0
Locums Tenens	Full	92
	Limited Dissection	56
	External	48
	Other/None	0

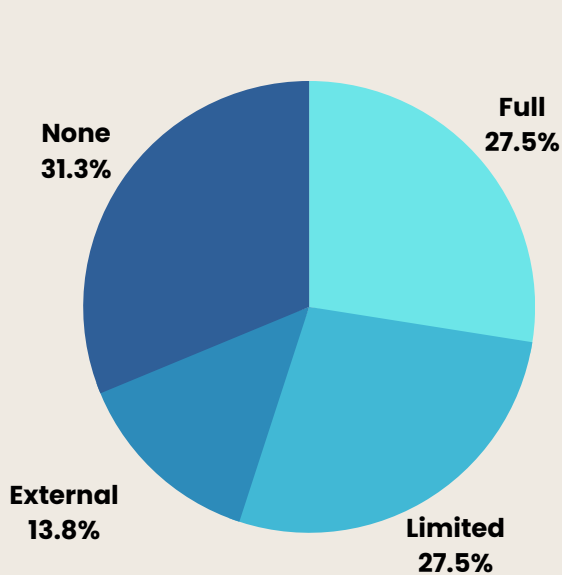
PROCEDURES PERFORMED BY MEDICAL EXAMINER



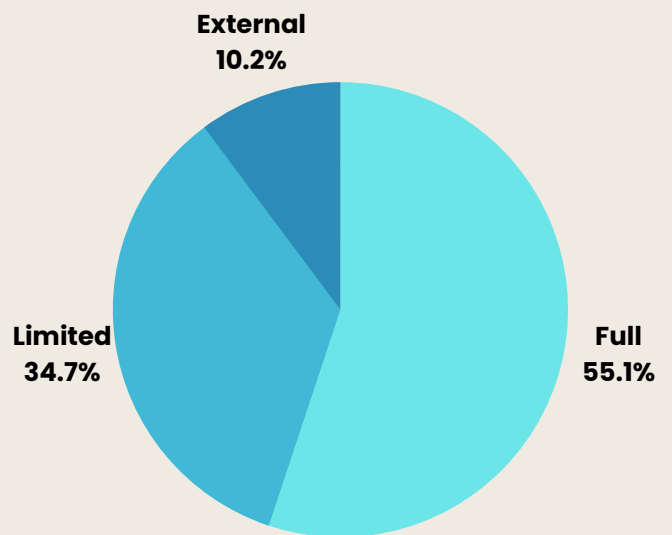
Gerald T. Gowitt, M.D.



Geoffrey Smith, M.D.

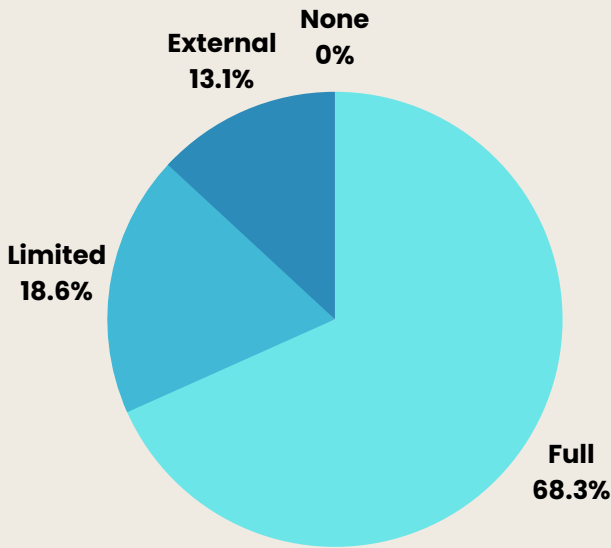


Rachel Geller, M.D.

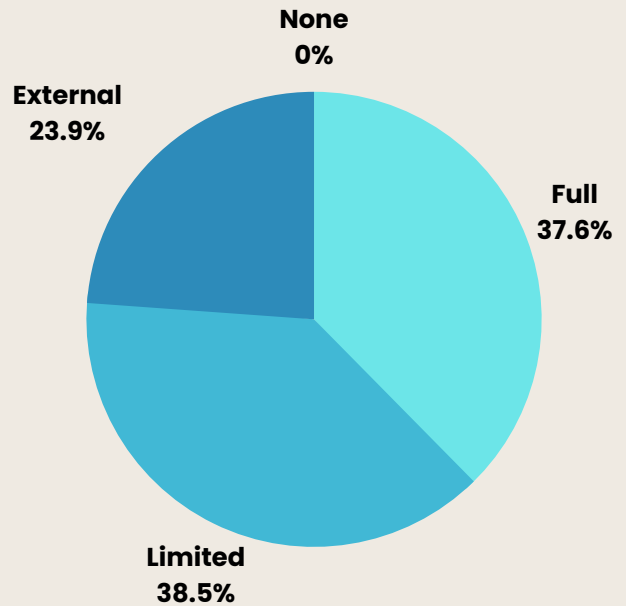


T. Taylor Doane, M.D.

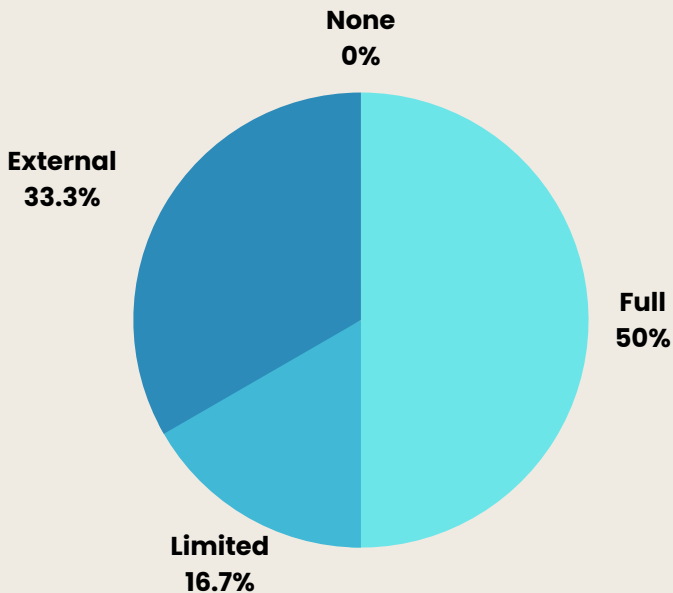
PROCEDURES PERFORMED BY MEDICAL EXAMINER



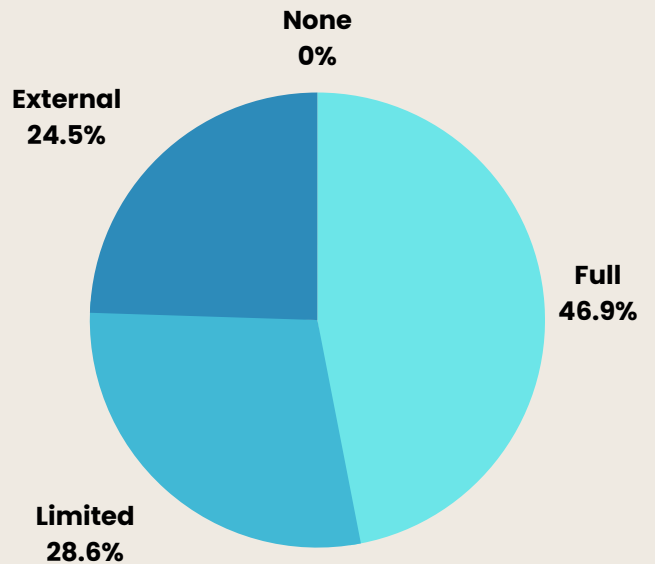
Frederic N. Hellman, M.D.



Bruce H. Wainer, M.D.

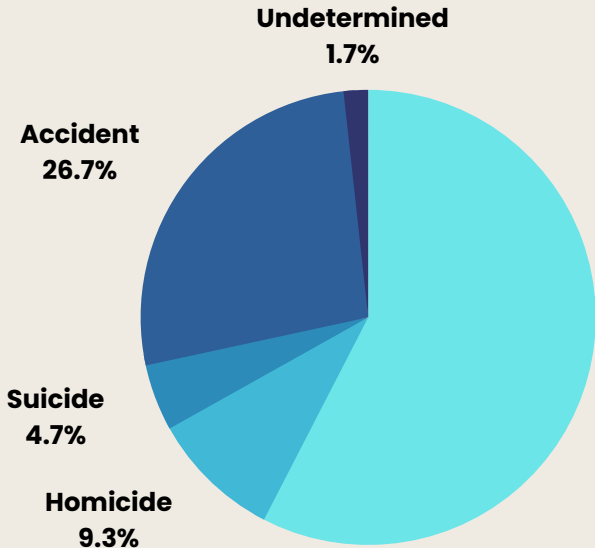


Steven F. Dunton, M.D.

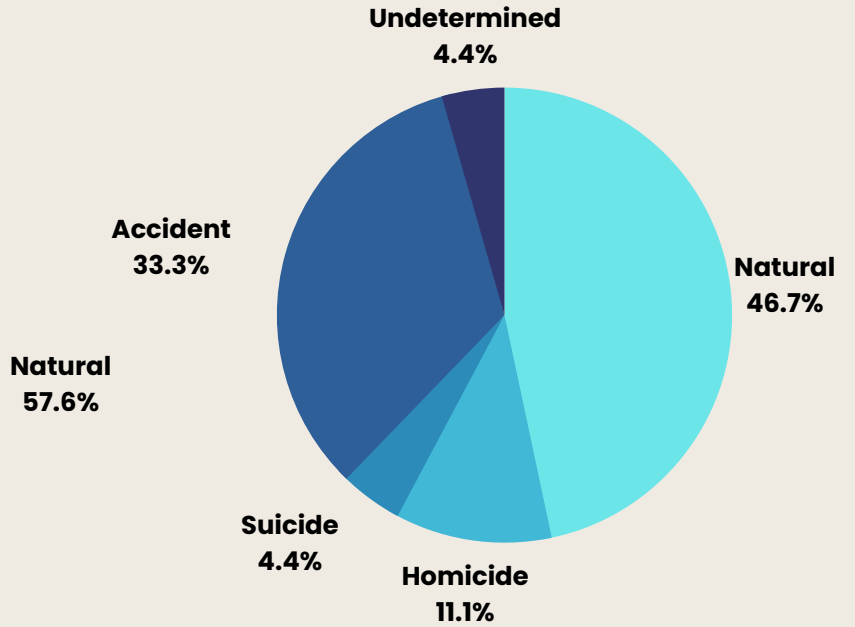


Locums Tenens

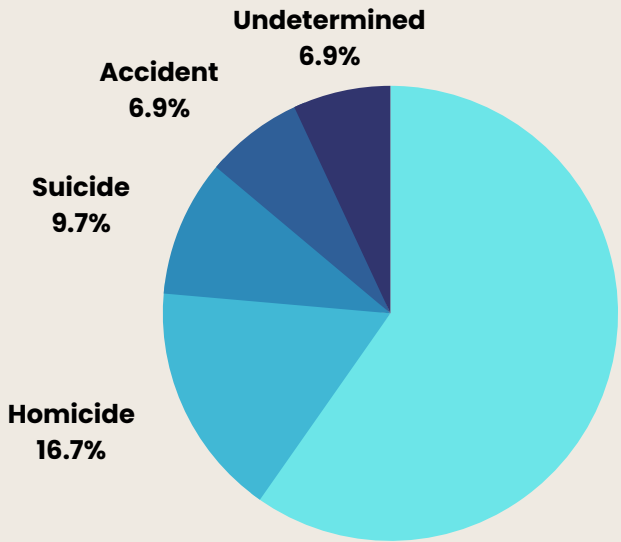
MANNER OF DEATH BY MEDICAL EXAMINER



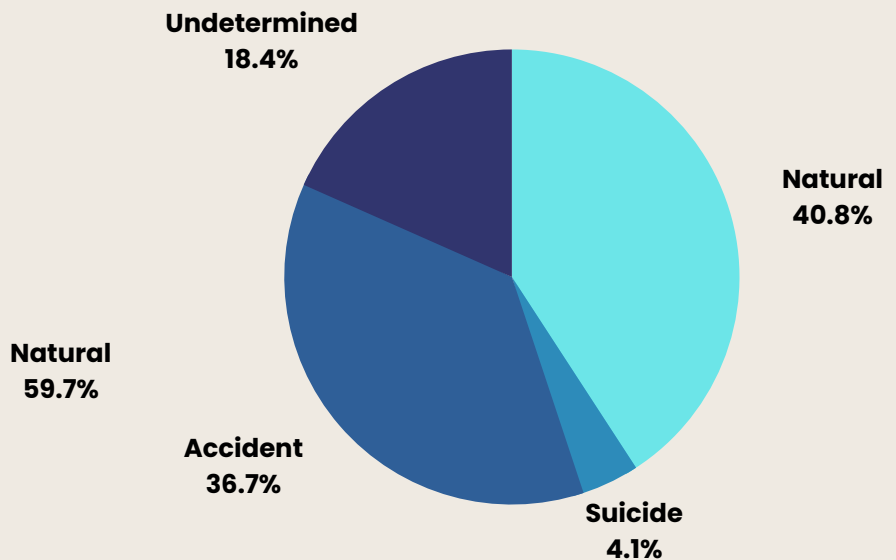
Gerald T. Gowitt, M.D.



Geoffrey P. Smith, M.D.

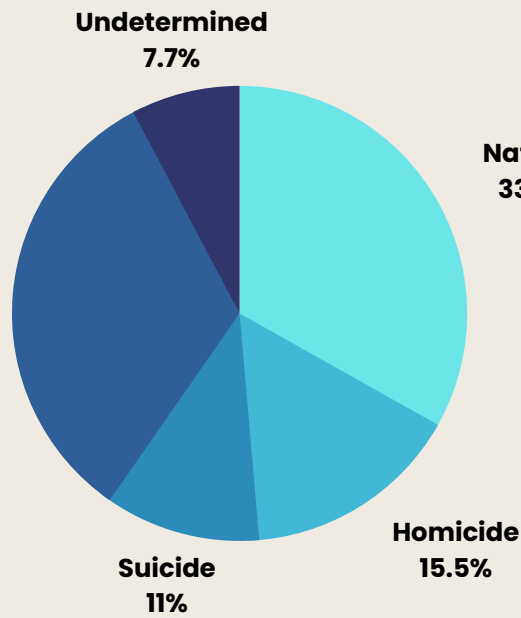


Rachel Geller, M.D.

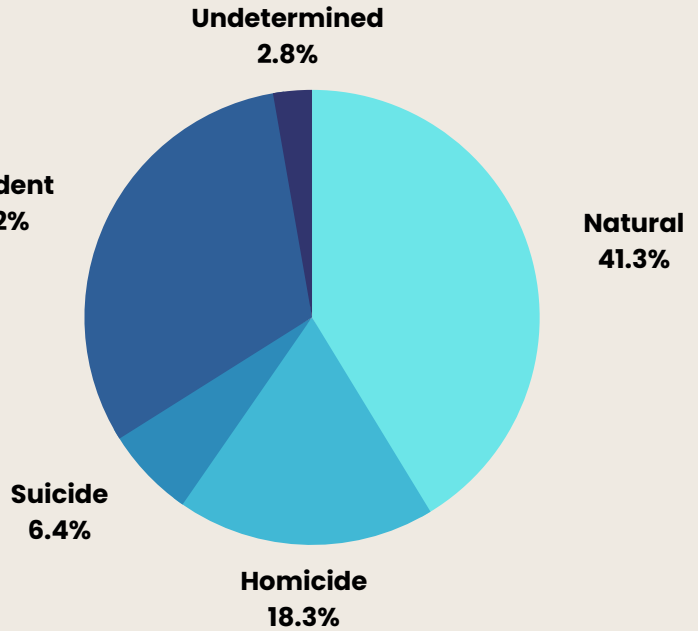


T. Taylor Doane, M.D.

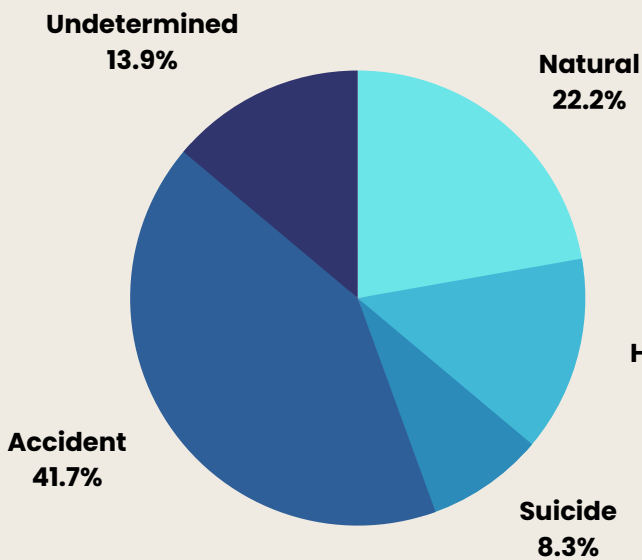
MANNER OF DEATH BY MEDICAL EXAMINER



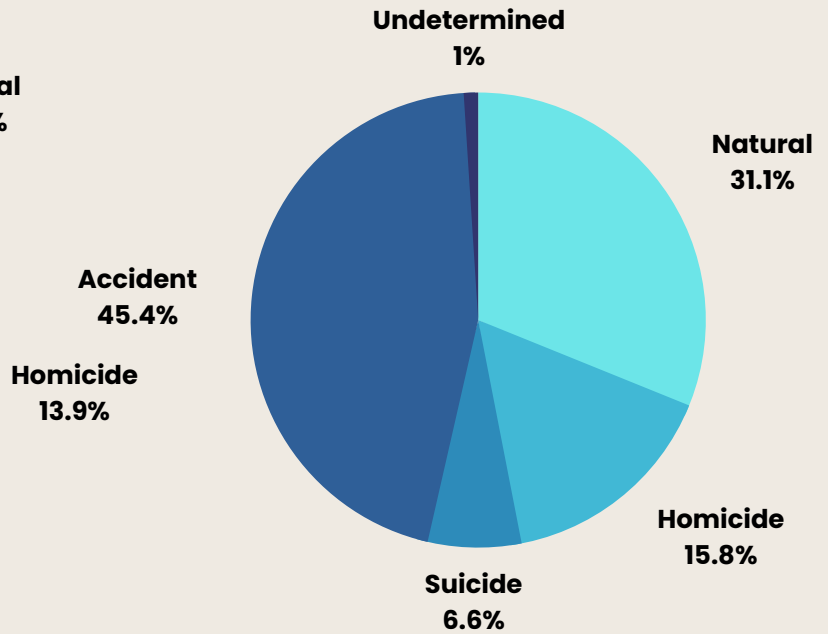
Frederic N. Hellman, M.D.



Bruce H. Wainer, M.D.



Steven F. Dunton, M.D.



Locums Tenens

HOMICIDES BY AGE, RACE & GENDER

	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
AF	0	0	0	0	0	0	0	0	0
AM	0	0	0	1	0	0	0	0	1
BF	3	3	1	7	3	2	1	0	20
BM	2	27	48	29	12	8	3	1	130
HF	0	1	0	0	1	0	0	0	2
HM	0	5	1	2	0	1	0	0	9
WF	0	0	0	1	0	0	0	0	1
WM	0	1	3	3	0	0	0	1	8
Total	5	37	53	43	16	11	4	2	171

HOMICIDE DEATHS BY CAUSE/WEAPON

Cause	Number of Deaths
Blunt Force	4
Gun-Assault	47
Gun-Handgun	31
Gun-Not Specified	69
Gun-Pistol	10
Gun-Revolver	1
Gun-Rifle	2
Gun-Shotgun	0
Sharp Instrument	5
Other	2
Total	171

SUICIDE DEATHS BY AGE, RACE & GENDER

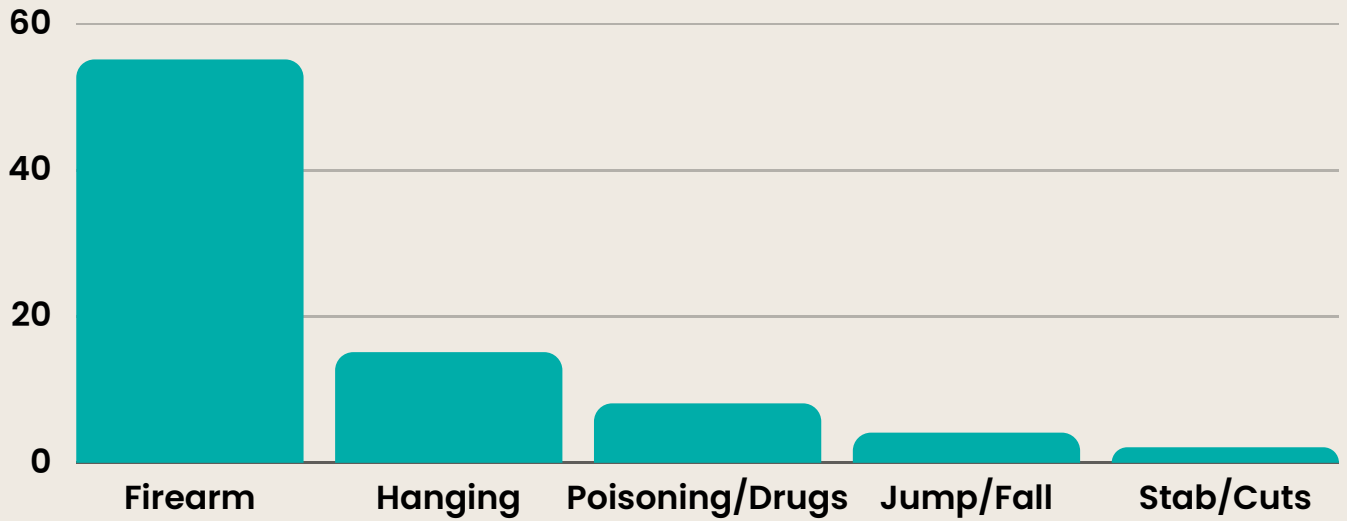
	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
AF	0	0	1	0	1	0	0	0	2
AM	0	0	0	0	1	0	0	0	1
BF	0	1	1	3	2	0	0	0	7
BM	0	3	8	5	6	2	3	2	29
HF	0	0	1	1	0	0	0	0	2
HM	0	0	1	5	0	1	1	0	8
WF	0	2	3	1	1	2	0	3	12
WM	0	1	9	1	6	4	4	5	30
Total	0	7	24	16	17	9	8	10	91

SUICIDE DEATHS BY TYPE

Cause	Number of Deaths
Asphyxia-Hanging	15
Asphyxia-Drowning	1
Drug Death-Mixed Drug Toxicity	6
Drug-Death-Poisoning	2
Gun-Assault	1
Gun-Handgun	20
Gun-Not Specified	21
Gun-Pistol	4
Gun-Revolver	5
Gun-Rifle	2
Gun-Shotgun	2
Jump from Height	2
Sharp Instrument	2
Other	8
Total	91

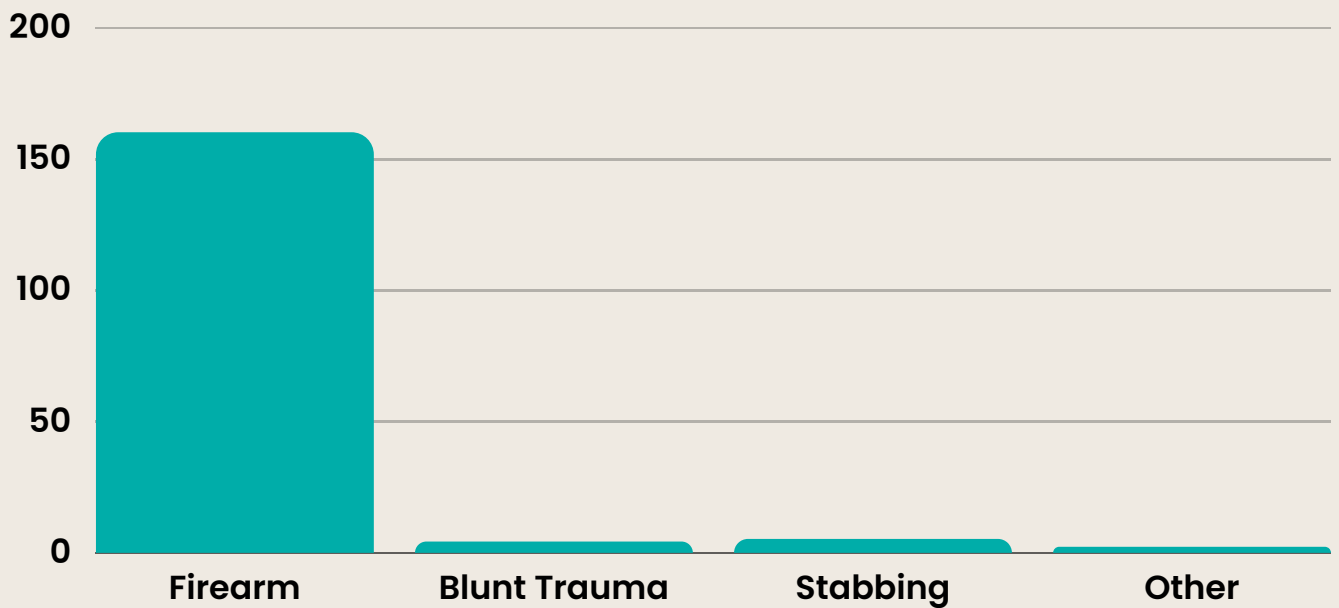
SUICIDE BY MEANS

Total Suicides: 91



HOMICIDE BY MEANS

Total Homicides: 171



MOTOR VEHICLE ACCIDENTS BY AGE, RACE & GENDER

	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
AF	0	0	0	0	1	0	0	1	2
AM	0	0	0	0	2	0	0	0	2
BF	1	1	10	11	1	4	1	4	33
BM	0	6	18	15	9	13	9	5	75
HF	0	0	1	2	2	0	0	0	5
HM	0	1	1	2	1	2	0	0	7
WF	0	0	1	1	0	1	0	1	4
WM	0	1	1	2	0	6	3	3	16
IM	0	0	1	1	0	0	0	0	2
Total	1	9	33	34	16	26	13	14	146

MOTOR VEHICLE ACCIDENTS

Cause	Number of Deaths
MV-Crash ATV	1
MV Crash- Bicyclist	1
MV Crash- Driver	44
MV Crash Motorcyclist Driver	8
MV Crash- Occupant	25
MV Crash- Pedestrian	51
Blunt Force	14
Total	146

ACCIDENTS (NON-TRAFFIC RELATED) BY AGE, RACE & GENDER

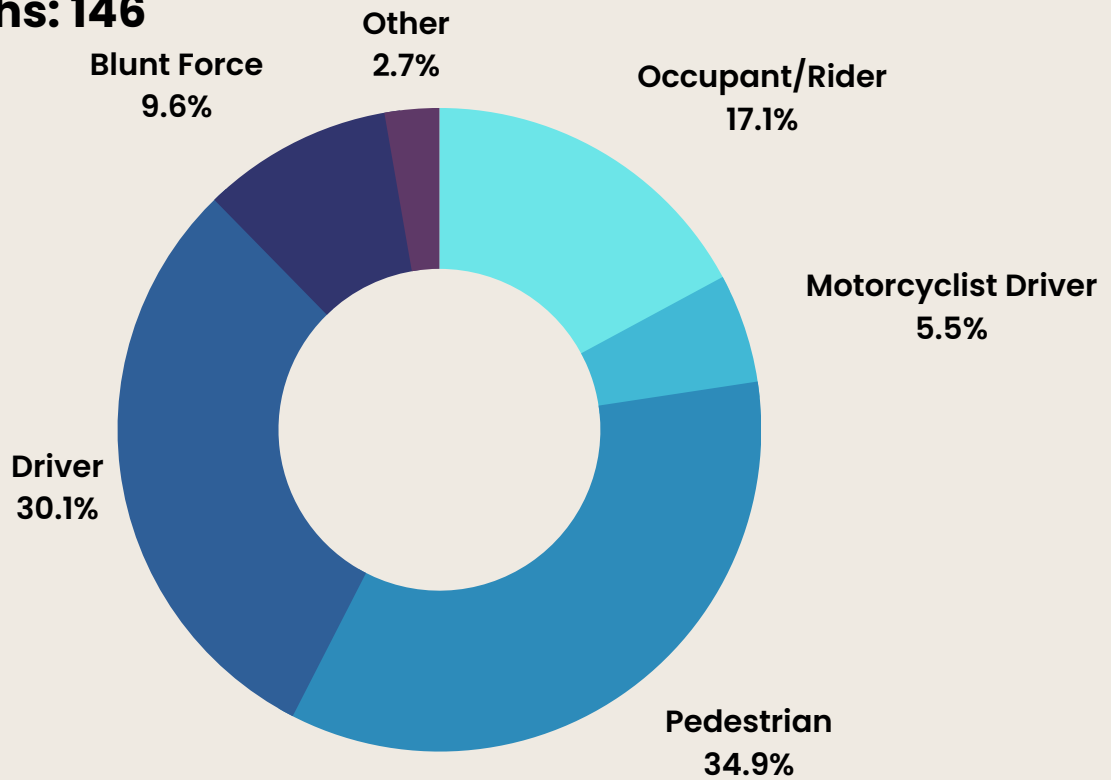
	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
AF	0	0	0	0	0	0	0	0	0
AM	0	0	1	1	0	0	1	2	5
BF	3	0	7	3	6	2	5	8	34
BM	3	1	8	18	20	21	24	10	105
HF	0	0	1	0	0	0	1	0	2
HM	0	1	4	6	6	1	0	1	19
WF	0	1	6	12	3	2	3	16	43
WM	0	3	12	14	14	12	9	20	84
Total	6	6	39	54	49	38	43	57	292

ACCIDENTS (NON-TRAFFIC RELATED)

Cause	Number of Deaths
Asphyxia	6
Asphyxia- Drowning	5
Asphyxia Suffocation-Choking	4
Blunt Force	11
Drug Death-Acute Intoxication	75
Drug Death-Mixed Drug Toxicity	99
Drug Death- Poisoning + Disease/Injury	4
Fall	22
Fall- Down Steps	4
Fall- From Height	5
Fall-Standing Height	25
Fire Death	9
Hypothermia-Exogenous	9
Gun	2
Other	12

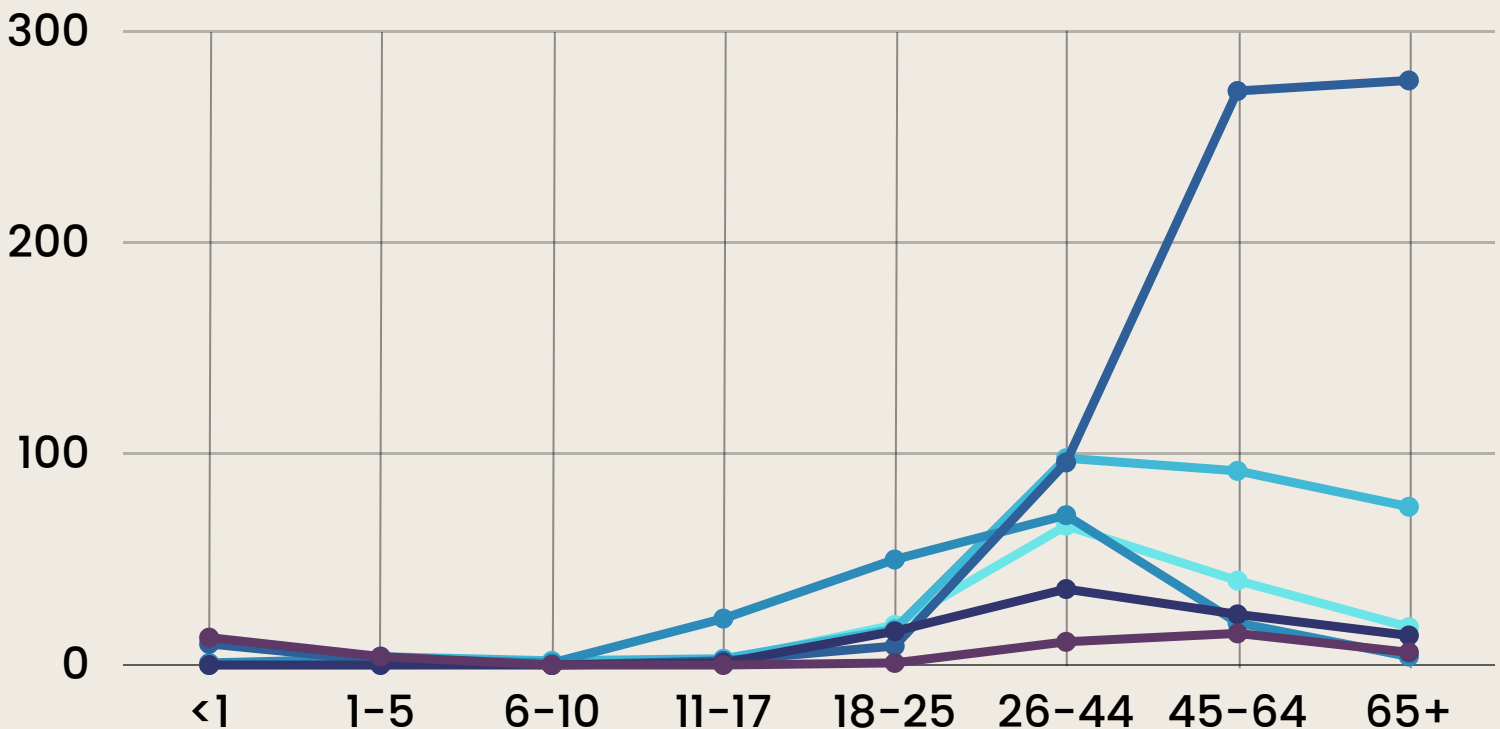
MOTOR VEHICLE ACCIDENTS

Total MVA Deaths: 146

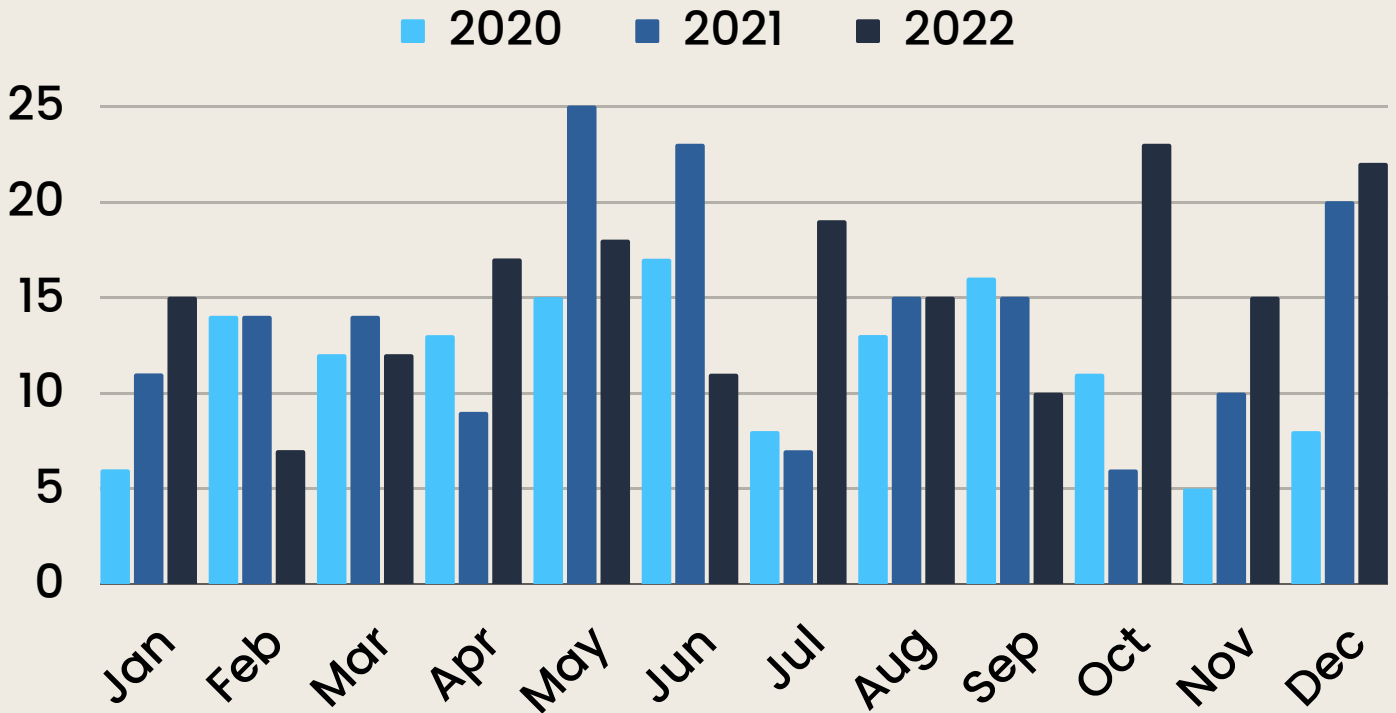


DEATHS BY AGE GROUP

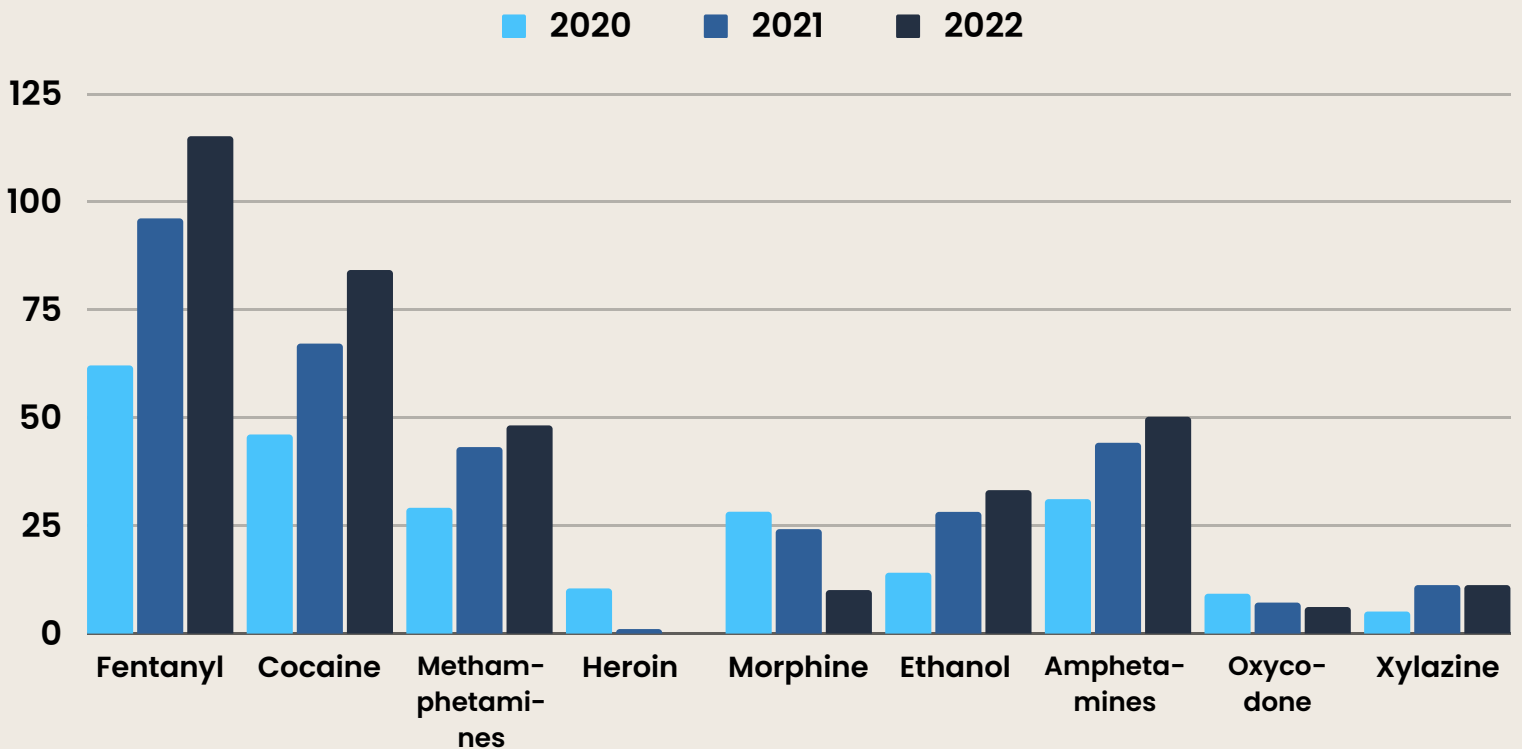
Legend: Accident (T) (light blue), Accident (Non-T) (medium blue), Homicide (dark blue), Natural (lightest blue), Suicide (darkest blue), Undetermined (purple)



TOTAL DRUG-RELATED DEATHS



COMPARISON OF DRUGS THAT CONTRIBUTED TO DEATH FROM 2020 TO 2022

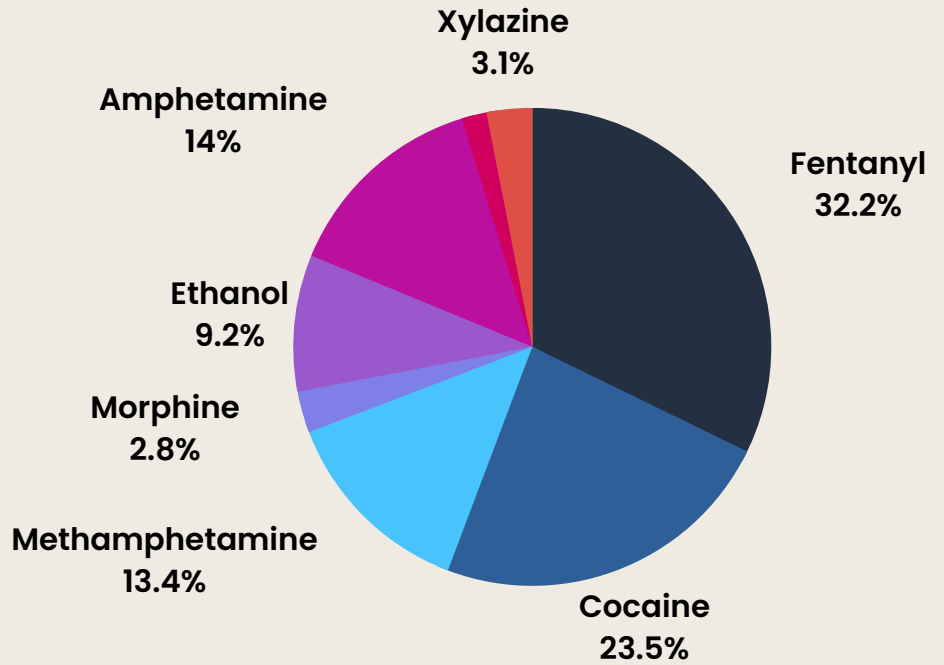


*AN UNQUANTIFIABLE NUMBER OF MORPHINE DEATHS MAY BE ATTRIBUTED TO HEROIN USE

DRUGS THAT CONTRIBUTED TO DEATH

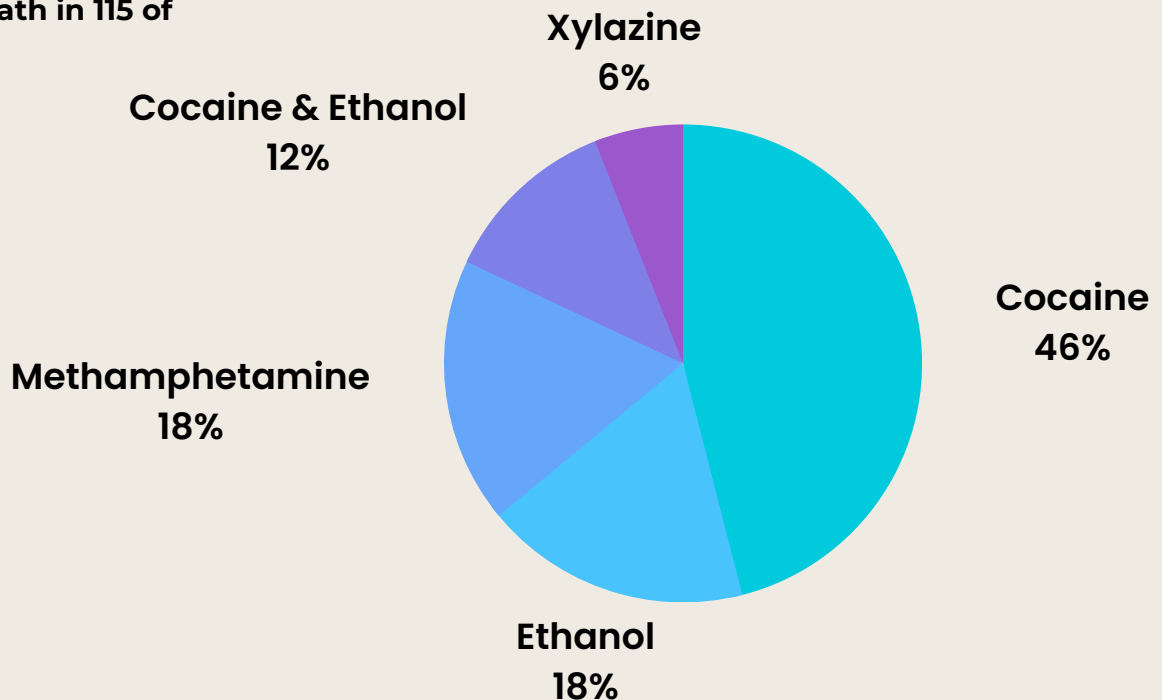
Total Drug-Related Deaths: 189

Results provided by Georgia Bureau of Investigation's (GBI) Division of Forensic Sciences (DOFS) Toxicology Section & National Medical Services (NMS) Laboratory

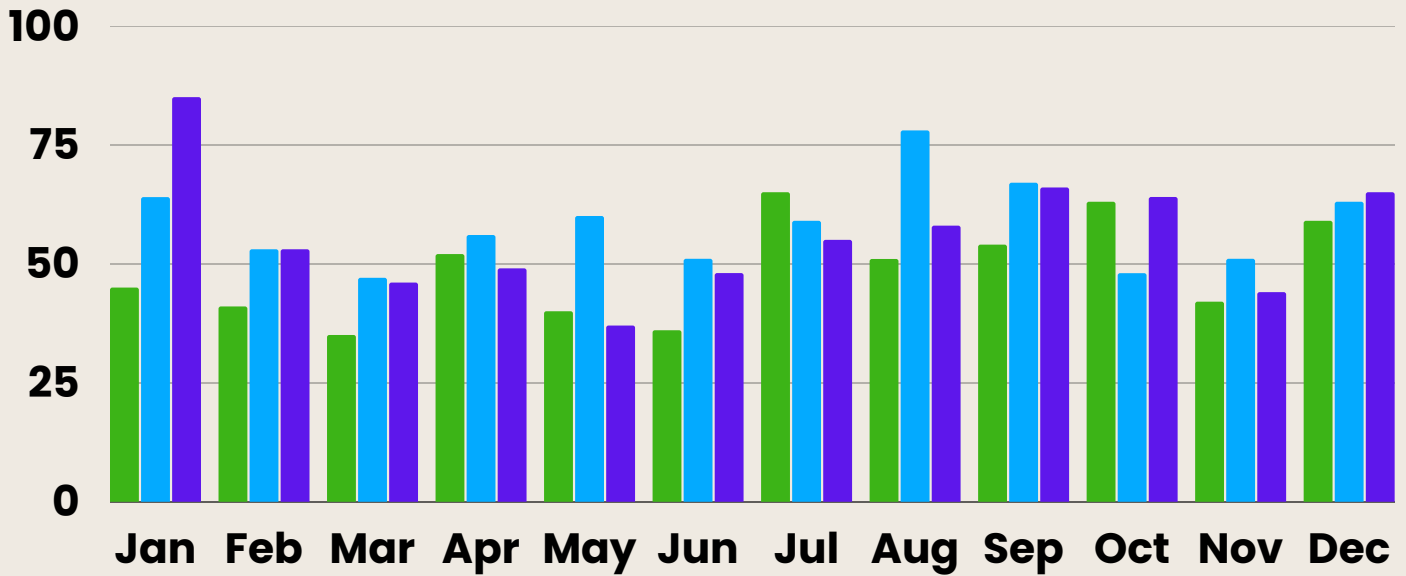


FENTANYL-INVOLVED MIXED DRUG TOXICITY THAT CONTRIBUTED TO DEATH

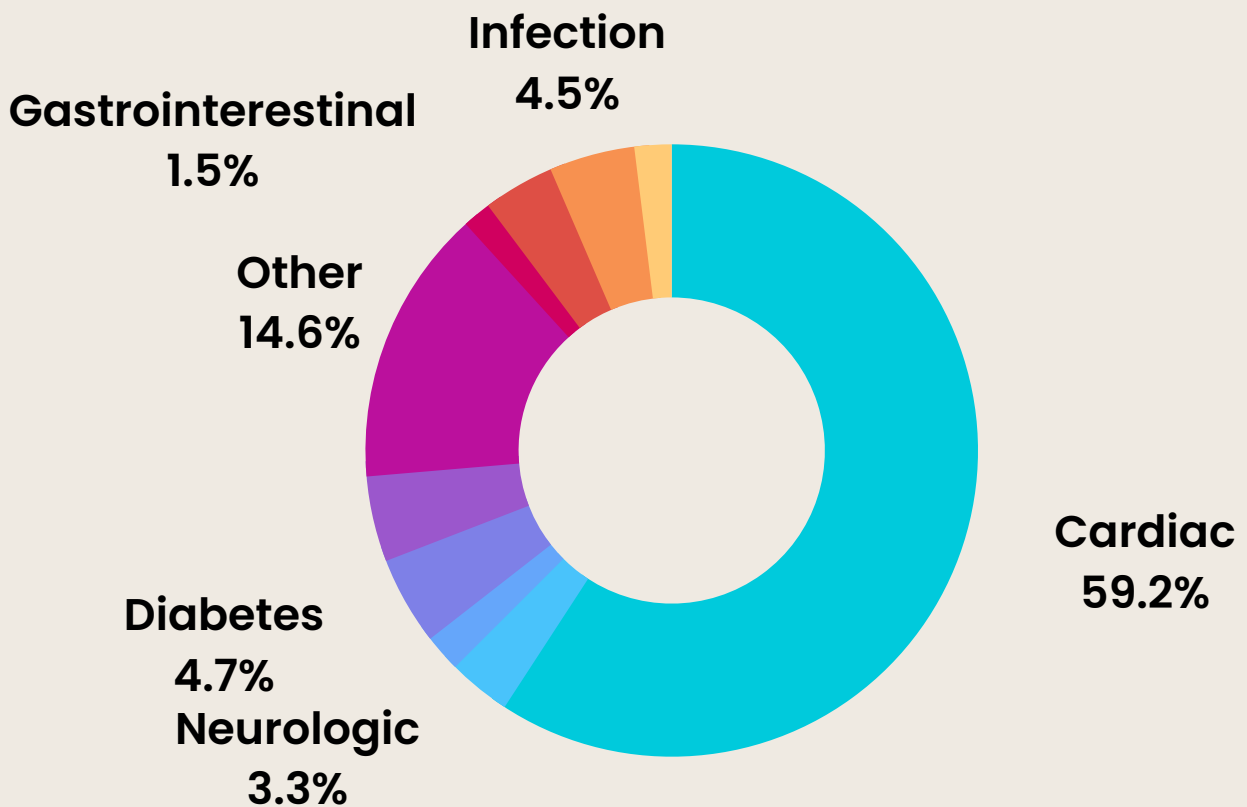
Out of 189 drug-related cases, Fentanyl was found and contributed to the decedent's death in 115 of those cases.



TOTAL NATURAL DEATHS BY MONTH



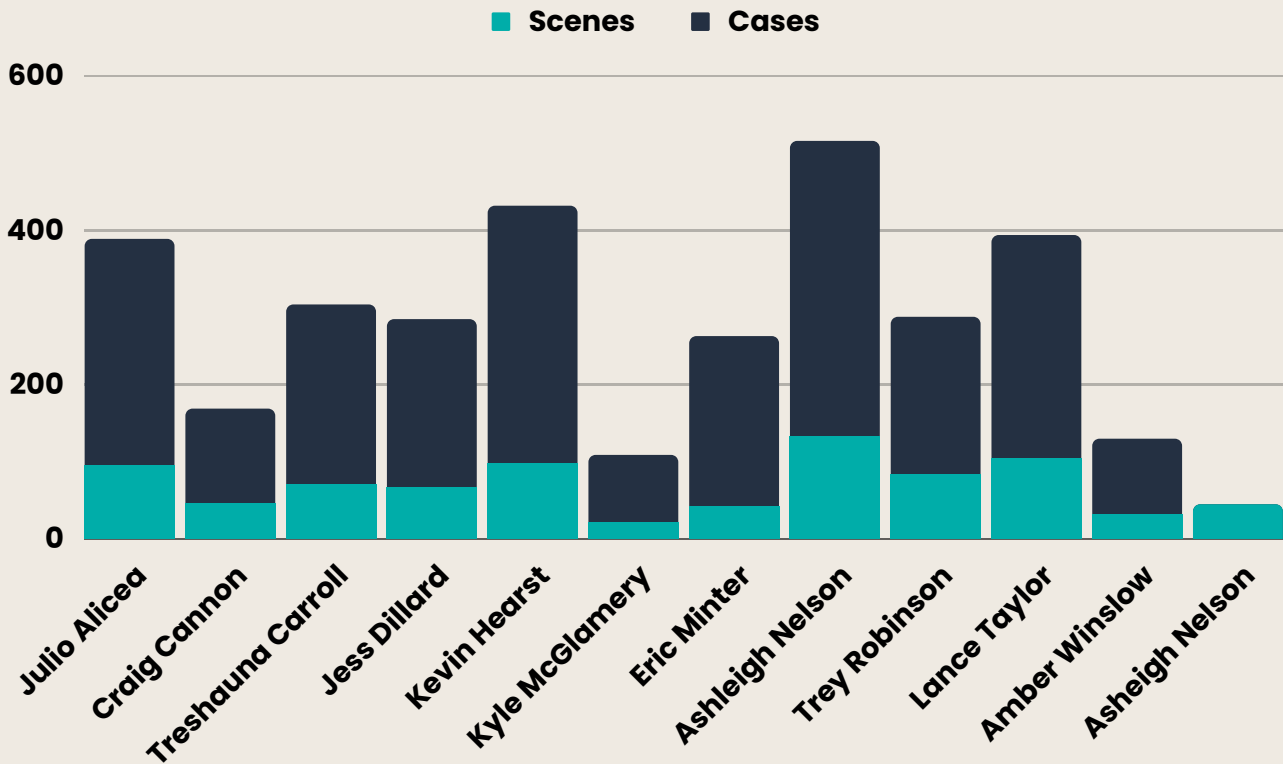
MOST COMMON NATURAL DEATHS



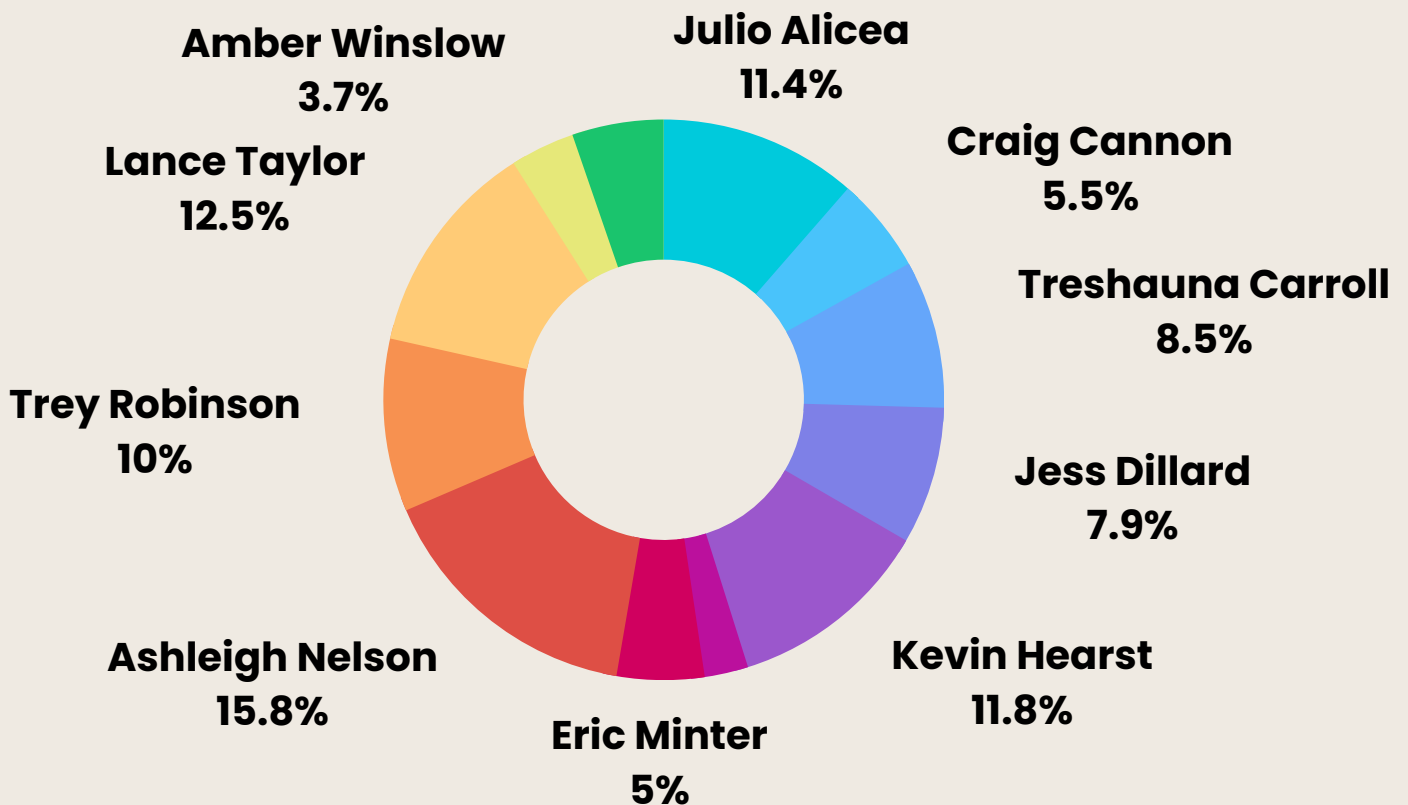
CASES BY INVESTIGATOR

Investigator	Scenes/Cases
Julio Alicea	95/293
Craig Cannon	46/122
Treshauna Carroll	71/232
Jess Dillard	66/218
Kevin Hearst	98/333
Kyle McGlamery	21/87
Eric Minter	42/220
Ashleigh Nelson	132/383
Trey Robinson	83/204
Lance Taylor	104/289
Amber Winslow	31/98
Total	789/2,479

INVESTIGATOR CASELOAD



SCENE VISITS BY INVESTIGATOR



FACILITY TOTALS

- Total GBI Blood Alcohol Concentration: 599
- Total GBI Toxicology: 622
- Total NMS Toxicology: 314
- Total Number of Bodies of Transported to Facility: 1,104
- Total Number of Exhumations: 0
- Total Number of Tissue Procurement with LifeLink of Georgia:
 - Referrals: 287
 - Tissue Donors: 8
- Total Unidentified/Unclaimed Remains: 2
- Total Number of Scenes Investigations: 789
- Artivion (Cryolife) Totals: 17
- Indigent Burials: 157

INFANT DEATHS

Infant deaths include those between the ages of live birth and one year.

- **Number of Infant deaths certified: 25**
- **Number of infants autopsied:**
 - **Full: 25**
 - **Limited: 0**
 - **External: 0**
- **Common causes of death for infants:**
 - **Sudden Unexplained Infant Death (8)**
 - **Undetermined (5)**
 - **Infection: Bronchiolitis, pneumonitis, Rhinovirus, COVID-19 (6)**
- **Manners:**
 - **Undetermined (13)**
 - **Accident (1)**
 - **Natural (10)**
 - **Homicide (1)**

PLEASE CONTACT

OUR OFFICE AT

(404) 508-3500

IF YOU HAVE ANY

QUESTIONS

THANK YOU!