OHIO DEPARTMENT TRAFFIC CRASH	ORT	LOCAL REPORT NUMBER*									
PHOTOS TAKEN OH-2 OH-3	2,0,2,1,	2,0,2,1,-,0,0,0,7,6,6,4,									
SECONDARY CRASH	REPORTING AGENCY NAME* City of Kent Police	NCIC*	HIT/SKIP	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR							
PRIVATE PROPERTY	[0]6 ₁ 7 ₁ 0	1 - SOLVED 2 - UNSOLVED	0 1 9 8 98 - ANIMAL 99 - UNKNOWN								
COUNTY* LOCALITY* LOCATION: CITY	CRASH DATE /	CRASH DATE / TIME * CRASH SEVERITY 1 - FATAL									
6 7 1 2-VILLAGE Kent	[0 ₁ 5 ₁ 1 ₁ 4 ₁ 2 ₁ 0 ₁ 2 ₁ 1 ₁										
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST 2 3-EAST 2 4-WEST	LOCATION ROAD NAME	ROAD T	PE LATITUDE DE								
7 WEST	WATER	<u>S</u>	T 411.149	3 - MINOR INJURY SUSPECTED							
ROUTE TYPE ROUTE NUMBER PREFIX 1-NORTH 2-SOUTH 3-EAST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUS	E#) ROAD T	PE LONGITUDE OF								
	SUMMIT	<u>S</u>	T 811 3 5 8	5 - PROPERTY DAMAGE ONLY							
REFERENCE POINT DIRECTION 1 - INTERSECTION 1 - NORTH IR -		DAD TYPE - HIGHWAY RD - ROAD		INTERSECTION RELATED							
4 2-MILE POST 0 COUTU	FEDERAL US ROUTE AV - AVENUE LA	RE WITHIN INTE	ITERSECTION OR ON APPROACH								
4 - WEST SR -	CR - CIRCLE OV	- MILEPOST ST - STRE - OVAL TE - TERR	WILLIAM THE	WITHIN INTERCHANGE AREA NUMBER OF APPROACHES							
FRUM REFERENCE UNIT OF MEASURE	NUMBERED COUNTY ROUTE CT - COURT PK	- PARKWAY TL - TRAI		ROADWAY							
2-FEET 3-YARDS	ROUTE DR - DRIVE PI	ROADWAY DIV	ROADWAY DIVIDED								
LOCATION OF FIRST HARMFUL EVEN	MANNER OF CRASH CO	LLISION/IMPACT	DIRECTION OF TRAVE	L MEDIAN TYPE							
1-ON ROADWAY 9-CROSSOVER 2-ON SHOULDER 10-DRIVEWAY/	1-NOT COLLISION 4-RI BETWEEN 5-R	EAR-TO-REAR ACKING	1 - NORTH	1 - DIVIDED FLUSH MEDIAN							
3-IN MEDIAN 11-RAILWAY G	RADE CROSSING WEHICLES IN 6-AI		2- SOUTH 3- EAST	(< 4 FEET) 2 - DIVIDED FLUSH MEDIAN							
4-ON ROADSIDE 12-SHARED US 5-ON GORE TRAILS		DESWIPE, SAME DIRECTION DESWIPE, OPPOSITE DIRECTION	4 - WEST	(≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN							
6 - OUTSIDE TRAFFIC WAY 13-BIKE LANE	3 - HEAD-ON 9 - 01	THER / UNKNOWN		4 - DIVIDED, RAISED MEDIAN (ANY TYPE)							
7 - ON RAMP 14 - IOLL BOOTI 8 - OFF RAMP 99 - OTHER / UN	·			9 - OTHER/UNKNOWN							
WORK ZONE RELATED	WORK ZONE TYPE LOCATION OF	CRASH IN WORK ZON	CONTOUR	CONDITIONS SURFACE							
WARKERS PRESENT		FORE THE 1ST WORK ZO RNING SIGN	VE 1 , 1	1 , 2 , 1							
LAW ENERGEMENT DESCRIT	WORK ON SHOULDER 2-ADV	ANCE WARNING AREA	1 - STRAIGHT LEVEL	1 - DRY 1 - CONCRETE							
4-		INSITION AREA	2 - WET 2 - BLACKTOP, BITUMINOUS,								
ACTIVE SCHOOL ZONE 5-	OTHER 5-TER	RMINATION AREA	3 - CURVE LEVEL 4 - CURVE GRADE	A-ICE ASPHALT							
LIGHT CONDITION	WEATHER		9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, 4 - SI AG GRAVET							
1 - DAYLIGHT 1 2 - DAWN/DUSK	1-CLEAR 6-SNOW 0 1 2-CLOUDY 7-SEVERE CRO	SSWINDS	OIL, GRAVEL STONE								
3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED	3-FOG, SMOG, SMOKE 8-BLOWING SA	ND, SOIL, DIRT, SNOW	MOVING) 3-DIRT								
5 - DARK – UNKNOWN ROADWAY LIGHTING	4 - RAIN 9 - FREEZING R. 5 - SLEET, HAIL 99 - OTHER / UN	AIN OR FREEZING DRIZ KNOWN	ILE	7 - SLUSH 9 - OTHER/UNKNOWN							
9 - OTHER / UNKNOWN				7 0111210011(1)0011							
NARRATIVE				Indicate the north direction with							
Unit 1 was stopped in traffic, N	orthbound on S. Water			an "N" on the compass diagram.							
St. at E. Summit St. Unit 1 wa	s stopped at a red										
light in the middle lane. A dee	r ran Westbound from		1 1 1 1								
the area of E. Summit St. The	deer ran into the rear		RST.	ADT TO SEALE A							
passenger side of unit 1, breaking a back window and											
denting the car. The deer then ran off. Unit 1 was											
still able to be driven.											
3+											
Ptl. Womack #258											
CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIME SCENE CLEARED DATE / TIME REPORT TAKEN BY											
0,5,1,4,2,0,2,1,/,1,9,3,1,0,5,1,4,2,0,2,1,/,1,9,3,1,0,5,1,4,2,0,2,1,/,1,9,3,6,0,5,1,4,2,0,2,1,/,1,9,4,2											
TOTAL TIME OTHER TOTAL OFFICER'S NAME* CHECKED BY OFFICER'S NAME*											
OFFICER'S BADGE NUMBER* OFFICER'S BADGE NUMBER* OFFICER'S BADGE NUMBER* OFFICER'S BADGE NUMBER*											
0 0 0 0 3 0 0 4		2	3 2								

49-FIRE HYDRANT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42-CULVERT 2 , 5 1 MOST HARMFUL EVENT ☐ FIRST HARMFUL EVENT HSY8304 OH1U 1/19 [760-0820] PAGE 2 OF 3

47 - MAILBOX

48-TREE

53-TUNNEL

54-OTHER FIXED OBJECT

99 - OTHER / UNKNOWN

[0, 0, 0, 0]

POSTED SPEED

2 - CALCULATED / EDR

3 - UNDETERMINED

27 - BRIDGE PIER OR ABUTMENT

28 - BRIDGE PARAPET

29 - BRIDGE RAIL

BARRIER

BARRIER

35 - MEDIAN CONCRETE

40-UTILITY POLE

41 - OTHER POST, POLE

OR SUPPORT

CAPACITATION MOTORIST / NON-MOTORIST						LOCAL REPORT NUMBER							
WITH AND POLICE IN LOCATED 1 / INC. INC. INC. INC. INC. INC. INC. INC.						2 0 2 1 - 0 0 0 0 7 6 6 4							
UNIT#								DATE OF BIRTH AGE GENDER					
0,1	, , , , , , , , , , , , , , , , , , , ,							0 7 / 0 6 / 1 9 8 0 4 0 F					
ADDRESS: STREET, CITY, STATE, ZIP								CONTACT F	PHONE - INCLUDE AREA CO	DUE			
ADDRESS: STREET, CITY, STATE, ZIP 9390 HICKORY DR, STREETSBORO, OH 44241 INJURIES INJURED EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMEN USED 5 BY 1 INJURIES OF TAKEN OF T							<u> </u>	Legacia name		1-1	1		
NON 5	TAKEN	EMS AGENCT (NAME)		INJUKED	TAKEN TO	: MEDICAL PACILITY	(NAME, CITY)	USED	DOT-COM		AIR BAG USAI	GE EJECTION	TRAPPED
_	OPERATOR L	ICENSE NUMBER	_	OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC			CITATION	NUMBER	
OL STATE							CODE					NOMBER	
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		IVER STRACTED	ALC	OHOL / DRUG SUSPI	ECTED	CONDITION	ALC:	OHOL TEST		UG TEST(S	
. 4 .			BY			LCOHOL MAI	ANAULIS	1 .		PE VALUE S	STATUS TY	RESULI	SELECT UP TO 4
UNIT #	NAME: LAST, I	CIDEX MAIDDLE		1	L 0	THER DRUG	_		1 1		_11		
ONII #	MAME: CASI,	riksi, Miluule							,	DATE OF BIRTH		AGE	GENDER
ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE												
TORI									CONTACT	TIONE - INCLUDE AREA CO	JUE.		
ADDRESS INJURIES				INJURED	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT			T DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJE			SE EJECTION	TRAPPED	
lon L	TAKEN L							USED	MC HEL		. .	1 1	
OL STATE	OPERATOR L	ICENSE NUMBER		OFFEN	SE CHAI	RGED	LOCAL	OFFENSE DESC	RIPTION		CITATION	NUMBER	
OL STATE				<u>l</u>									
OL CLASS	ENDORSEMENT SELECTUP TO 2	RESTRICTION SELECT	D19	IVER STRACTED		DHOL / DRUG SUSPI	ECTED RIJUANA	CONDITION	STATUS TY	PE VALUE S	DR STATUS TY	UG TEST(S	SELECT UPTO 4
	ļ. , ,		BY			THER DRUG	KMUMNA	ļ, ,					
UNIT#	NAME: LAST,	FIRST, MIDDLE								DATE OF BIRTH		AGE	GENDER
										/		1 1 1	
ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
010													
ADDRESS:	TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT USED	DOT-Com	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED
OL STATE	BY				OFFENSE CHARGED LOCAL OFFENSE DESC		MC HELMET			باب			
OL STATE	OPERATOR L	RATOR LICENSE NUMBER 0					OFFENSE DESC	RIPTION			NUMBER		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT	UPTO3 DR	IVER	ALCO	OHOL / DRUG SUSPI	CTED	CONDITION	ALCO	HOL TEST	DR	UG TEST(S))
	SELECT UP TO 2		BY	STRACTED			RIJUANA		STATUS TY	PE VALUE S	STATUS TYP		SELECT UP 10 4
	L				01	THER DRUG			بالــــال				الال_
1- FATAL	JRIES	1-FRONT-LEFT SIDE	1 - NOT DE	AIR BAG PLOYED		OL CLASS 1-CLASS A		OL RESTRIC	AND STORES CONTRACTOR AND	DRIVER DISTRACT 1-NOT DISTRACTED		TEST STA	TUS
RESERVE MINES	SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	2 - DEPLOY			2 - CLASS B		2 - CDL INTRASTAT	E ONLY	2 - MANUALLY OPERATING	AN 2-TE	EST REFUSED	
3 - SUSPECTED 4 - POSSIBLE IN		3- FRONT - RIGHT SIDE	3 - DEPLOY 4 - DEPLOY	/ED SIDE /ED BOTH FRO	NT/SIDE	3 - CLASS C 4 - REGULAR CLASS		3 - CORRECTIVE LE 4 - FARM WAIVER	NSES	DEVICE (TEXTING, TYPI	NC 3-11	EST GIVEN, CON AMPLE / UNUSA	
5 - NO APPAREN	NT INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT API	PLICABLE		(OHIO = D) 5 - M/C MOPED ONLY		5 - EXCEPT CLASS	A BUS	DIALING) 3 -TALKING ON HANDS-FRE		ST GIVEN, RES	
INJURED	TAKEN BY	5 - SECOND - MIDDLE	9 - DEPLOY	MENT UNKNO	NWO	6 - NO VALID OL		6 - EXCEPT CLASS / & CLASS B BUS	•	4 - TALKING ON HAND-HELI	- 111	EST GIVEN, RES NKNOWN	ULIS
1 - NOT TRANSP /TREATED A		6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	E	JECTION		OL ENDORSE	MENT	7 - EXCEPT TRACTO		COMMUNICATION DEVICES - OTHER ACTIVITY WITH	AL	COHOL TES	ST TYPE
2 - EMS		(MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE	1 - NOT EJE			H - HAZMAT		8 - INTERMEDIATE RESTRICTIONS	LICENSE	ELECTRONIC DEVICE	1 - No 2 - Bi		
3 - POLICE 9 - OTHER / UNK	CNOWN	9-THIRD - RIGHT SIDE	2 - PARTIA 3 - TOTALLY	LLY EJECTED Y EJECTED		M - MOTORCYCLE P - PASSENGER		9 - LEARNER'S PER RESTRICTIONS	MIT	6 - PASSENGER 7 - OTHER DISTRACTION	3 - UI		
SAFETY E	QUIPMENT	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT API			N-TANKER		10 - LIMITED TO DAY		INSIDE THE VEHICLE	FIRE ATT \$ 1 200 p. St.	REATH	
1 - NONE USED		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	T	RAPPED		Q - MOTOR SCOOTER R - THREE-WHEEL MO	TORCYCLE	11 - LIMITED TO EMP 12 - LIMITED - OTHE		8 - OTHER DISTRACTION OU THE VEHICLE			
2 - SHOULDER E 3 - LAP BELT ON	BELT ONLY USED	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOTTRA 2 - EXTRIC			S - SCHOOL BUS		13 - MECHANICAL DE (SPECIAL BRAKE		9-OTHER/UNKNOWN	1 - No	DRUG TEST	TYPE
The second secon	LAP BELT USED	12 - PASSENGER IN UNENCLOSED	MECHAI	NICAL MEANS	i	T - DOUBLE & TRIPLE X - TANKER / HAZMAT	TRAILERS	CONTROLS, OR O'	THER	CONDITION 1 - APPARENTLY NORMAL	2-81		
5 - CHILD RESTI FORWARD FA	RAINT SYSTEM – Acing	CARGO AREA 13-TRAILING UNIT	3 - FREED I	BY Echanical Mi	EANS			14 - MILITARY VEHIC	LES ONLY	2 - PHYSICAL IMPAIRMENT	1-01		
6 - CHILD REST	RAINT SYSTEM – G	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				GENDER F-FEMALE		15 - MOTOR VEHICLE AIR BRAKES		3 - EMOTIONAL (E.G. DEPRES ANGRY DISTURBED)		JG TEST RE	SULT(S)
7 - BOOSTER SE	AT	15 - NON-MOTORIST				M - MALE		16 - OUTSIDE MIRRO 17 - PROSTHETIC ALD		4 - ILLNESS	1 - Af	MPHETAMINES	
8 - HELMET US 9 - PROTECTIVE		99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN		18 - OTHER		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	3-Bi	ARBITURATES Enzodiazepini	ES
(ELBOW, KNE	EES, ETC.)									6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUG	s 4-CA	ANNABINOIDS	
10 - REFLECTIVE 11 - LIGHTING - I	PEDESTRIAN									7 ALCOHOL 9 - OTHER / UNKNOWN		CAINE PIATES / OPIOID	S
/ BICYCLE OF	NLY										7-01	HER	
Chilen Jun											B-NE	EGATIVE RESUL	TS.