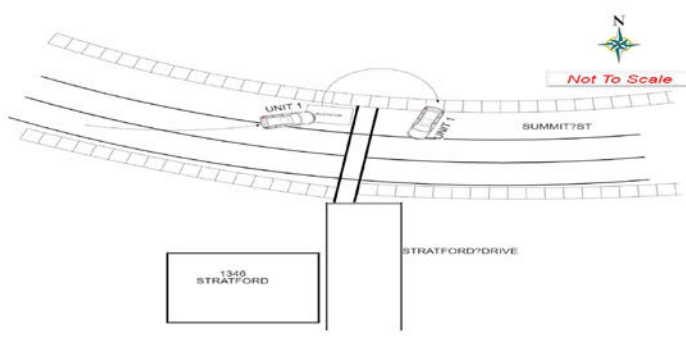
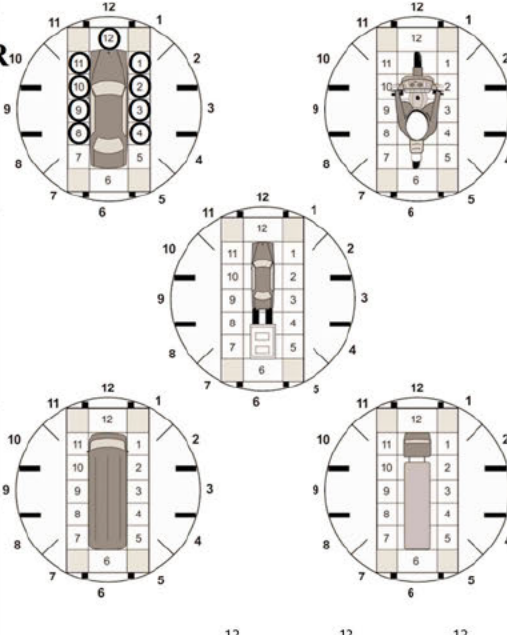


☒ PHOTOS TAKEN ☐ SECONDARY CRASH		☐ OH-2 ☐ OH-3 ☐ OH-1P ☐ OTHER ☐ PRIVATE PROPERTY	LOCAL INFORMATION		2 0 2 6 - 0 0 0 1 1 6 6 3						
COUNTY* 6 7		LOCALITY* 1 1 2-VILLAGE 3-TOWNSHIP		LOCATION: CITY, VILLAGE, TOWNSHIP* Kent		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 0 1		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN	
REPORTING AGENCY NAME* City of Kent Police		NCIC* 0 6 7 0 3		CRASH DATE / TIME* 07/26/2026/1811		CRASH SEVERITY 3 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY					
ROUTE TYPE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE NUMBER SUMMIT		ROAD TYPE R D		LATITUDE DECIMAL DEGREES 41.139695		LONGITUDE DECIMAL DEGREES -81.332950			
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		DIRECTION FROM REFERENCE 3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		INTERSECTION RELATED ☐ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA NUMBER OF APPROACHES	
DISTANCE FROM REFERENCE 5 0 0		DISTANCE UNIT OF MEASURE 2 1 - MILES 2 - FEET 3 - YARDS		MANNER OF CRASH COLLISION/IMPACT 1 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE) 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN			
☐ WORK ZONE RELATED ☐ WORKERS PRESENT ☐ LAW ENFORCEMENT PRESENT ☐ ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		CONDITIONS 2 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
LIGHT CONDITION 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 0 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN									
NARRATIVE Unit 1 was traveling from northwest to southeast on Summit St. The driver drifted across the roadway, went off the right side of the road into a ditch then hit a PARTA bus stop and fixed trash can. The driver of Unit 1 had an unknown medical episode before and during the accident.		Indicate the north direction with an "N" on the compass diagram.									
CRASH REPORTED DATE / TIME 07/26/2026/1811		DISPATCH DATE / TIME 07/26/2026/1812		ARRIVAL DATE / TIME 07/26/2026/1815		SCENE CLEARED DATE / TIME 07/26/2026/1855		REPORT TAKEN BY ☒ POLICE AGENCY ☐ MOTORIST ☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)			
TOTAL TIME ROADWAY CLOSED 0 3 0		OTHER INVESTIGATION TIME 0 3 0		TOTAL MINUTES 0 7 3		OFFICER'S NAME* Ellis, Charles		CHECKED BY OFFICER'S NAME* Nelson, Josh			
OFFICER'S BADGE NUMBER* 2 2 2		CHECKED BY OFFICER'S BADGE NUMBER* 2 3 2									

OWNER	UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) JEWS, WILLIE, B	OWNER PHONE: INCLUDE AREA CODE (X SAME AS DRIVER) REDACTED PER ORC 149.43(A)(1)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) 1000 HICKORY MILLS CIR, Kent, OH 44240				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # KWL6234	VEHICLE IDENTIFICATION # 1 FMC U03 7 6 9 KA4 4 9 4 7	VEHICLE YEAR 2 0 0 9	VEHICLE MAKE Ford
	☐ INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR WHI	VEHICLE MODEL EXPLORER
	TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME Bakers Towing	
	☐ INTERLOCK DEVICE EQUIPPED ☐ HIT/SKIP UNIT		#OCCUPANTS 0 1	HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD	
	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.				
	UNIT TYPE 0 3				
	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV)		
	# OF TRAILING UNITS				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1-YES 2-NO 9-OTHER/UNKNOWN		AUTONOMOUS MODE LEVEL 0 1 - NO AUTOMATION 2 - PARTIAL AUTOMATION		
	SPECIAL FUNCTION 0 1		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		
CARGO BODY TYPE 0 1		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS			
VEHICLE DEFECTS		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS			
NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK			
ACTION 3		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN			
CONTRIBUTING CIRCUMSTANCES 1 1		1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN			
SEQUENCE OF EVENTS		NON-COLLISION 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT			
COLLISION WITH FIXED OBJECT - STRUCK		1 - IMPACT ATTENUATOR / CRASH CUSHION 2 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE			
FIRST HARMFUL EVENT		MOST HARMFUL EVENT			

LOCAL REPORT NUMBER 2 0 2 6 - 0 0 0 1 1 6 6 3			
DAMAGE DAMAGE SCALE 4 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN			
DAMAGED AREA(S) INDICATE ALL THAT APPLY			
			
☐ - NO DAMAGE [0] ☐ - UNDERCARRIAGE [14] ☐ - TOP [13] ☐ - ALL AREAS [15] ☐ - UNIT NOT AT SCENE [16]			
INITIAL POINT OF CONTACT 1 2 0 - NO DAMAGE 1 - 12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN			
TRAFFIC TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL 6 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL			
# OF THROUGH LANES ON ROAD 2		RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION FROM 6 TO 7		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 3 5		DETECTED SPEED 3 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER															
2 0 2 6 - 0 0 0 1 1 6 6 3															
UNIT # 0 1		NAME: LAST, FIRST, MIDDLE JEWS, WILLIE, B					DATE OF BIRTH 0 5 0 8 1 9 5 6		AGE 7 0	GENDER M					
ADDRESS: STREET, CITY, STATE, ZIP 1000 HICKORY MILLS CIR ,Kent ,OH 44240							CONTACT PHONE - INCLUDE AREA CODE REDACTED PER ORC 149.43(A)(1)								
INJURIES 3		INJURED TAKEN BY 2		EMS AGENCY (NAME) Kent Fire		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) Akron City Hospital		SAFETY EQUIPMENT USED 0 4		☐ DOT-COMPLIANT MC HELMET					
OL STATE O H		OPERATOR LICENSE NUMBER REDACTED PER ORC 4501:1-12			OFFENSE CHARGED 331.34		LOCAL CODE ☒		OFFENSE DESCRIPTION Failure to Control;		CITATION NUMBER 26066				
OL CLASS 4		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION 5		ALCOHOL TEST STATUS TYPE VALUE 1 1 .		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1 .	
UNIT #		NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE								
INJURIES		INJURED TAKEN BY		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		☐ DOT-COMPLIANT MC HELMET					
OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE ☐		OFFENSE DESCRIPTION		CITATION NUMBER				
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION		ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	
UNIT #		NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE								
INJURIES		INJURED TAKEN BY		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		☐ DOT-COMPLIANT MC HELMET					
OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE ☐		OFFENSE DESCRIPTION		CITATION NUMBER				
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION		ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	
UNIT #		NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE								
INJURIES		INJURED TAKEN BY		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		☐ DOT-COMPLIANT MC HELMET					
OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE ☐		OFFENSE DESCRIPTION		CITATION NUMBER				
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION		ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4	
INJURIES		SEATING POSITION		AIR BAG		OL CLASS		OL RESTRICTION(S)		DRIVER DISTRACTION		TEST STATUS			
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED		1 - CLASS A		1 - ALCOHOL INTERLOCK DEVICE		1 - NOT DISTRACTED		1 - NONE GIVEN			
2 - SUSPECTED SERIOUS INJURY		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT		2 - CLASS B		2 - CDL INTRASTATE ONLY		2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)		2 - TEST REFUSED			
3 - SUSPECTED MINOR INJURY		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE		3 - CLASS C		3 - CORRECTIVE LENSES		3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE			
4 - POSSIBLE INJURY		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT / SIDE		4 - REGULAR CLASS (OHIO - D)		4 - FARM/WAIVER		4 - TALKING ON HAND-HELD COMMUNICATION DEVICE		4 - TEST GIVEN, RESULTS KNOWN			
5 - NO APPARENT INJURY		5 - SECOND - MIDDLE		5 - NOT APPLICABLE		5 - M/C MOPED ONLY		5 - EXCEPT CLASS A BUS		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN			
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS		6 - PASSENGER		ALCOHOL TEST TYPE			
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)						7 - EXCEPT TRACTOR-TRAILER		7 - OTHER DISTRACTION INSIDE THE VEHICLE		1 - NONE			
2 - EMS		8 - THIRD - MIDDLE						8 - INTERMEDIATE LICENSE RESTRICTIONS		8 - OTHER DISTRACTION OUTSIDE THE VEHICLE		2 - BLOOD			
3 - POLICE		9 - THIRD - RIGHT SIDE						9 - LEARNER'S PERMIT RESTRICTIONS		9 - OTHER / UNKNOWN		3 - URINE			
9 - OTHER / UNKNOWN		10 - SLEEPER SECTION OF TRUCK CAB						10 - LIMITED TO DAYLIGHT ONLY				4 - BREATH			
SAFETY EQUIPMENT		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)						11 - LIMITED TO EMPLOYMENT				5 - OTHER			
1 - NONE USED		12 - PASSENGER IN UNENCLOSED CARGO AREA						12 - LIMITED - OTHER				DRUG TEST TYPE			
2 - SHOULDER BELT ONLY USED		13 - TRAILING UNIT						13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)				1 - NONE			
3 - LAP BELT ONLY USED		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						14 - MILITARY VEHICLES ONLY				2 - BLOOD			
4 - SHOULDER & LAP BELT USED		15 - NON-MOTORIST						15 - MOTOR VEHICLES WITHOUT AIR BRAKES				3 - URINE			
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		99 - OTHER / UNKNOWN						16 - OUTSIDE MIRROR				4 - OTHER			
6 - CHILD RESTRAINT SYSTEM - REAR FACING								17 - PROSTHETIC AID				DRUG TEST RESULT(S)			
7 - BOOSTER SEAT								18 - OTHER				1 - AMPHETAMINES			
8 - HELMET USED												2 - BARBITURATES			
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)												3 - BENZODIAZEPINES			
10 - REFLECTIVE CLOTHING												4 - CANNABINOIDS			
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY												5 - COCAINE			
99 - OTHER / UNKNOWN												6 - OPIATES / OPIOIDS			
												7 - OTHER			
												8 - NEGATIVE RESULTS			