

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

2 0 2 5 - 0 0 0 1 1 7 3 3

PHOTOS TAKEN OH-2 OH-3
 SECONDARY CRASH OH-1P OTHER
 PRIVATE PROPERTY

LOCAL INFORMATION

REPORTING AGENCY NAME* **STPD**

NCIC* **0 7 7 1 2**

HIT/SKIP: 1 - SOLVED, 2 - UNSOLVED
 NUMBER OF UNITS: **0 1**
 UNIT IN ERROR: 98 - ANIMAL, 99 - UNKNOWN

COUNTY* **7 7** LOCALITY* **1**
 1 - CITY, 2 - VILLAGE, 3 - TOWNSHIP

LOCATION: CITY, VILLAGE, TOWNSHIP* **Stow**

CRASH DATE / TIME* **07082025 / 2000**
 CRASH SEVERITY: **3**
 1 - FATAL, 2 - SERIOUS INJURY SUSPECTED, 3 - MINOR INJURY SUSPECTED, 4 - INJURY POSSIBLE, 5 - PROPERTY DAMAGE ONLY

ROUTE TYPE, ROUTE NUMBER, PREFIX
 1 - NORTH, 2 - SOUTH, 3 - EAST, 4 - WEST

LOCATION ROAD NAME **41.176774;-81.479202**

LATITUDE DECIMAL DEGREES **41.181187**

ROUTE TYPE, ROUTE NUMBER, PREFIX
 1 - NORTH, 2 - SOUTH, 3 - EAST, 4 - WEST

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) **8.8**

LONGITUDE DECIMAL DEGREES **-81.478033**

REFERENCE POINT: 1 - INTERSECTION, 2 - MILE POST, 3 - HOUSE #
2

ROUTE TYPE, ROAD TYPE
 IR - INTERSTATE ROUTE (TP), US - FEDERAL US ROUTE, SR - STATE ROUTE, CR - NUMBERED COUNTY ROUTE, TR - NUMBERED TOWNSHIP ROUTE

INTERSECTION RELATED
 WITHIN INTERSECTION OR ON APPROACH
 WITHIN INTERCHANGE AREA NUMBER OF APPROACHES

DISTANCE FROM REFERENCE, DISTANCE UNIT OF MEASURE
 1 - MILES, 2 - FEET, 3 - YARDS

ROAD TYPE: AL - ALLEY, AV - AVENUE, BL - BOULEVARD, CR - CIRCLE, CT - COURT, DR - DRIVE, HE - HEIGHTS, HW - HIGHWAY, LA - LANE, MP - MILEPOST, OV - OVAL, PK - PARKWAY, PI - PIKE, PL - PLACE, RD - ROAD, SQ - SQUARE, ST - STREET, TE - TERRACE, TL - TRAIL, WA - WAY

ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT
 1 - ON ROADWAY, 2 - ON SHOULDER, 3 - IN MEDIAN, 4 - ON ROADSIDE, 5 - ON GORE, 6 - OUTSIDE TRAFFIC WAY, 7 - ON RAMP, 8 - OFF RAMP, 9 - CROSSOVER, 10 - DRIVEWAY/ALLEY ACCESS, 11 - RAILWAY GRADE CROSSING, 12 - SHARED USE PATHS OR TRAILS, 13 - BIKE LANE, 14 - TOLL BOOTH, 99 - OTHER / UNKNOWN

MANNER OF CRASH COLLISION/IMPACT
 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT, 2 - REAR-END, 3 - HEAD-ON, 4 - REAR-TO-REAR, 5 - BACKING, 6 - ANGLE, 7 - SIDESWIPE, SAME DIRECTION, 8 - SIDESWIPE, OPPOSITE DIRECTION, 9 - OTHER / UNKNOWN

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

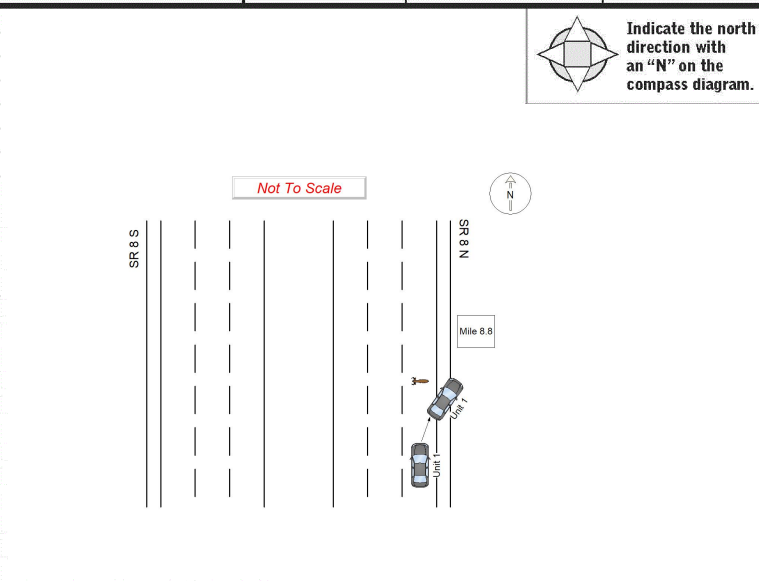
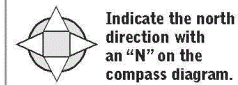
CONTOUR: **1**
 1 - STRAIGHT LEVEL, 2 - STRAIGHT GRADE, 3 - CURVE LEVEL, 4 - CURVE GRADE, 9 - OTHER/UNKNOWN
 CONDITIONS: **1**
 1 - DRY, 2 - WET, 3 - SNOW, 4 - ICE, 5 - SAND, MUD, DIRT, OIL, GRAVEL, 6 - WATER (STANDING, MOVING), 7 - SLUSH, 9 - OTHER/UNKNOWN
 SURFACE: **2**
 1 - CONCRETE, 2 - BLACKTOP, BITUMINOUS, ASPHALT, 3 - BRICK/BLOCK, 4 - SLAG, GRAVEL, STONE, 5 - DIRT, 9 - OTHER/UNKNOWN

LIGHT CONDITION: 1 - DAYLIGHT, 2 - DAWN/DUSK, 3 - DARK - LIGHTED ROADWAY, 4 - DARK - ROADWAY NOT LIGHTED, 5 - DARK - UNKNOWN ROADWAY LIGHTING, 9 - OTHER / UNKNOWN
3

WEATHER: 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
0 1

NARRATIVE

Driver stated that he was on SR 8 N, when a deer jumped in front of him, causing him to swerve off the road to the right. He further stated that the car ended up in a ditch, contacting the front bumper and resulting in the driver's-side airbag deploying.



CRASH REPORTED DATE / TIME: **07092025 / 0653** DISPATCH DATE / TIME: **07092025 / 0655** ARRIVAL DATE / TIME: **07092025 / 0655** SCENE CLEARED DATE / TIME: **07092025 / 0730**

REPORT TAKEN BY: POLICE AGENCY, MOTORIST, SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OEPS)

TOTAL TIME ROADWAY CLOSED: **0 2 3** OTHER INVESTIGATION TIME: **0 5 8** OFFICER'S NAME*: **GIBSON, JOSHUA** CHECKED BY OFFICER'S NAME*: **DIRKER, ERIK**

OFFICER'S BADGE NUMBER*: **0 0 0 7 7 7** CHECKED BY OFFICER'S BADGE NUMBER*: **0 0 0 7 0 6**

OWNER

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)
THOMAS, KEITH WEST, Jr

OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)
3306221003

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☒ SAME AS DRIVER)
566 CLIFFSIDE DR Akron OH 44313

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LOCAL REPORT NUMBER
2025-00011733

DAMAGE

DAMAGE SCALE
3 1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE 4 - DISABLING DAMAGE
9 - UNKNOWN

VEHICLE

LP STATE OH LICENSE PLATE # KRN9591 VEHICLE IDENTIFICATION # 3FADP4CJ9BM119759 VEHICLE YEAR 2011 VEHICLE MAKE FORD

INSURANCE VERIFIED INSURANCE COMPANY State Farm INSURANCE POLICY # 4151971-SFP-35 COLOR GRY VEHICLE MODEL Fiesta

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE
US DOT # _____ TOWED BY: COMPANY NAME _____

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 01 VEHICLE WEIGHT GVWR/GCWR: 1 - ≤10K LBS., 2 - 10,001 - 26K LBS., 3 - >26K LBS.
HAZARDOUS MATERIAL: MATERIAL RELEASED CLASS # _____ PLACARD ID # _____
 PLACARD _____

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

NO DAMAGE [0] UNDERCARRIAGE [14]
 TOP [13] ALL AREAS [15]
 UNIT NOT AT SCENE [16]

UNIT TYPE 01 # OF TRAILING UNITS _____

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 AUTONOMOUS MODE LEVEL 0

SPECIAL FUNCTION 01

CARGO BODY TYPE 01

VEHICLE DEFECTS

INITIAL POINT OF CONTACT

12 0 - NO DAMAGE 14 - UNDERCARRIAGE
12 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
13 - TOP 99 - UNKNOWN

NON-MOTORIST LOCATION AT IMPACT

ACTION 3 PRE-CRASH ACTIONS 01

CONTRIBUTING CIRCUMSTANCES 15

TRAFFIC

TRAFFICWAY FLOW 2 TRAFFIC CONTROL 6

OF THROUGH LANES ON ROAD 3 RAIL GRADE CROSSING 1

SEQUENCE OF EVENTS

EVENTS

COLLISION WITH FIXED OBJECT - STRUCK

FIRST HARMFUL EVENT 2 MOST HARMFUL EVENT 2

UNIT / NON-MOTORIST DIRECTION

FROM 2 TO 1

UNIT SPEED 065 DETECTED SPEED 1

POSTED SPEED 65

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
2 0 2 5 - 0 0 0 1 1 7 3 3

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE THOMAS, IAN MICHAEL		DATE OF BIRTH 0 9 0 7 2 0 0 6		AGE 0 1 8	GENDER M					
ADDRESS: STREET, CITY, STATE, ZIP 566 CLIFFSIDE DR Akron OH 44313				CONTACT PHONE - INCLUDE AREA CODE 3 3 0 7 8 0 9 8 3 9							
INJURIES 3	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1		
OL STATE O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER				
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST		DRUG TEST(S)		
						STATUS 1	TYPE 1	VALUE	STATUS 1	TYPE 1	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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST		DRUG TEST(S)		
						STATUS	TYPE	VALUE	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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST		DRUG TEST(S)		
						STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY	EJECTION		OL ENDORSEMENT	ALCOHOL TEST TYPE		
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER			
SAFETY EQUIPMENT	TRAPPED		GENDER	DRUG TEST TYPE		
1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	F - FEMALE M - MALE U - OTHER / UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER			
			CONDITION	DRUG TEST RESULT(S)		
			1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS		