

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Incident Report

Investigation Completed
Investigation Made at Scene
Photographs

Y	N
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Revised	<input checked="" type="checkbox"/>
Fatality	<input checked="" type="checkbox"/>
Hit and Run	<input checked="" type="checkbox"/>

(1) Reporting Agency NORMAN POLICE DEPARTMENT				Case Number (Agency Use) 2015-00319896				Motor Vehicles Involved 02		Number Injured 00		Number Killed 00				
(2) Date of Collision (mm/dd/yyyy) 10062015		Time 0958		County Number and Name 14 CLEVELAND		Nearest City or Town Number and Name In <input checked="" type="checkbox"/> 20 NORMAN										
(3) Distance from Nearest City or Town Limits MI. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W				Control #		Int ID		Location		East Grid		North Grid		Administrative		
(4) Street, Road or Highway ALAMEDA ST				Distance from		At <input checked="" type="checkbox"/> of		MI. <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		(Nearest) Intersecting Street, Road or Highway SHERWOOD DR						
(5) Unit 01		Occupants Type 01 D		Last Name RHODES		First BRANDON		Middle LYNN		Suffix		Date of Birth (mm/dd/yyyy) 10031977		Sex M		
(6) Address 4859 S COUNTY LINE AVE				City BLANCHARD		State OK		Zip		Telephone (Use Area Code) 4055965779						
(7) Driver License Number N080039564				State OK		Class A		Endorsement(s) M		Restriction(s)		Inj. Sev. 1		Type of Injury 0		
(8) Ejected Air Bag <input checked="" type="checkbox"/>		Extricated 1		Test 5		(% BAC) 0.		Transported by		To Medical Facility		License Plate Number		State OK		
(9) VIN				Vehicle Year		Color		2nd Color		Make		Model		Veh. Conf. Extent of Damage 2		
(10) Insurance Company Name Insurance Verification 4				Policy Number		Insurance Telephone (Use Area Code)										
(11) Vehicle Removed by Driver <input type="checkbox"/>				Owner's Last Name Same as Driver <input checked="" type="checkbox"/>		First		Middle		Suffix						
(12) Owner's Address 201 W GRAY ST B				City NORMAN		State		Zip		Towed Veh. Type Oversized Load <input type="checkbox"/>		Rolled <input type="checkbox"/>		Phone present <input type="checkbox"/>		
(13) Citation Number				Statute/Ordinance Number		Citation Number		Statute/Ordinance Number								
(14) Unit 02		Occupants Type 01 D		Last Name BURIS		First CARMELITA		Middle MAXINE		Suffix		Date of Birth (mm/dd/yyyy) 04271948		Sex F		
(15) Address 900 SCHULZE DR				City NORMAN		State OK		Zip		Telephone (Use Area Code) 4058331534						
(16) Driver License Number L082023300				State OK		Class D		Endorsement(s)		Restriction(s)		Inj. Sev. 1		Type of Injury 0		
(17) Ejected Air Bag <input checked="" type="checkbox"/>		Extricated 1		Test 5		(% BAC) 0.		Transported by		To Medical Facility		License Plate Number 109HXK		State OK		
(18) VIN 2CNALDEC1B6423018				Vehicle Year 2011		Color BLU		2nd Color 0		Make CHEV		Model EQUI		Veh. Conf. Extent of Damage 2		
(19) Insurance Company Name Insurance Verification 2				Policy Number STATE FARM		Insurance Telephone (Use Area Code) 2694432-B13-3611		4053070500								
(20) Vehicle Removed by Driver <input checked="" type="checkbox"/>				Owner's Last Name Same as Driver <input checked="" type="checkbox"/>		First		Middle		Suffix						
(21) Owner's Address				City		State		Zip		Towed Veh. Type Oversized Load <input type="checkbox"/>		Rolled <input type="checkbox"/>		Phone present <input checked="" type="checkbox"/>		
(22) Citation Number				Statute/Ordinance Number		Citation Number		Statute/Ordinance Number								
(23) Investigating Officer GREENWOOD				Badge Number 1331		Trp/Div. Assigned		Trp/Div. Location		Reviewer (Init.) JC		Reviewer Badge Number 9694		Date of Report (mm/dd/yyyy) 10062015		
Unit Type D Driver P Pedestrian X Pedestrian B Bicyclist		Injury Severity Z Other Cyclist C Parked Car A Animal T Train		Type of Injury N/A 1 Head 2 Trunk - Internal 3 Trunk - External 4 Incapacitating 5 Fatal 6 Possible 7 Non-incapacitating 8 Unknown		Driver/Pedestrian Condition 00 Not Applicable 01 Apparently Normal 02 Drinking - Ability Impaired 03 Odor of Alcohol/Beverage 04 Illegal Drugs 05 Under the Influence of 06 Drowsy/Tired 07 Sleepy 08 Ill (Sick) 09 Dizziness/Faint 10 Emotional 11 Other 12 Unknown		Occupant Protection (OP) In Use 00 Not Applicable 01 None Used 02 Lap Belt Only 03 Shoulder Belt Only 04 Shoulder and Lap Belt 05 Child Restraint Type Unknown 06 Restraint Used - Type Unknown 07 Helmet 08 Child Restraint - Forward Facing 09 Child Restraint - Rear Facing 10 Booster Seat 11 Other 99 Unknown								
Air Bag Deployed 1 Not Deployed 2 Deployed - Front 3 Deployed - Side		Ejected 1 Not Ejected 2 Ejected, Partially 3 Ejected, Totally 4 Deployed - Other (knee, air belt, etc.) 5 Deployment Unknown		Extricated 1 No 2 Yes		Chemical Test 0 N/A 1 Blood 2 Breath 3 Blood/Breath		Extent of Damage 0 N/A 1 None 2 Minor 3 Functional 4 Disabling 9 Unknown		Insurance Verification 0 N/A 1 No 2 Owner		Oversized Load 0 N/A 1 Not Permitted P Permitted		Towed Vehicle Type 00 N/A 01 Boat Trailer 02 House Trailer 03 Farm Trailer 04 Horse Trailer 05 Another Vehicle 06 Utility Trailer 07 Homemade Trailer 08 Box Trailer 09 Stock Trailer 10 Camping Trailer 11 Combination 12 Other 99 Unknown		

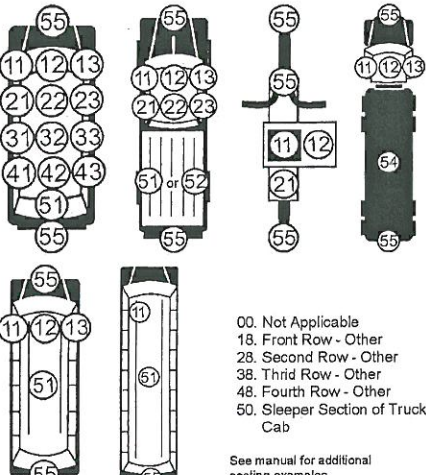
WARNING - STATE LAW

Use of contents for commercial solicitation is unlawful

(24) Unit	Injured <input type="checkbox"/> Witness <input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	CITY OF NORMAN					
(25) Address	City		State	Zip	Telephone (Use Area Code)			
201 W GRAY ST	NORMAN		OK		4053665406			
(26) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
							LAWN MOWE	
(27) Unit	Injured <input type="checkbox"/> Witness <input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(28) Address	City		State	Zip	Telephone (Use Area Code)			
(29) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(30) Unit	Injured <input type="checkbox"/> Witness <input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(31) Address	City		State	Zip	Telephone (Use Area Code)			
(32) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(33) Unit	Injured <input type="checkbox"/> Witness <input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(34) Address	City		State	Zip	Telephone (Use Area Code)			
(35) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	

Complete information below if this vehicle is being used for COMMERCE/BUSINESS and has a GVWR/GCWR IN EXCESS OF 10,000 LBS., or has a HAZMAT PLACARD, or is a BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER

(36) Unit	Carrier Name	Address				
(37) City	State	Zip	GVWR <input type="checkbox"/> 0 - 10K lbs. <input type="checkbox"/> 10,001 - 26K lbs. <input type="checkbox"/> 26K+ lbs. <input type="checkbox"/>	Axle Qty. <input type="checkbox"/>	Cargo Body <input type="checkbox"/>	Vehicle Use <input type="checkbox"/>
(38) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release	
	OK			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Interstate Commerce <input type="checkbox"/> Intrastate Commerce <input type="checkbox"/> Other Non-Commercial <input type="checkbox"/> Government <input type="checkbox"/>
(39) Unit	Carrier Name	Address				
(40) City	State	Zip	GVWR <input type="checkbox"/> 0 - 10K lbs. <input type="checkbox"/> 10,001 - 26K lbs. <input type="checkbox"/> 26K+ lbs. <input type="checkbox"/>	Axle Qty. <input type="checkbox"/>	Cargo Body <input type="checkbox"/>	Vehicle Use <input type="checkbox"/>
(41) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release	
	OK			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Interstate Commerce <input type="checkbox"/> Intrastate Commerce <input type="checkbox"/> Other Non-Commercial <input type="checkbox"/> Government <input type="checkbox"/>

Position in Vehicle	Vehicle Configuration	Cargo Body Type
 00. Not Applicable 18. Front Row - Other 28. Second Row - Other 38. Third Row - Other 48. Fourth Row - Other 50. Sleeper Section of Truck Cab See manual for additional seating examples	00. N/A 01. Passenger Veh.-2 Dr 02. Passenger Veh.-4 Dr 03. Passenger Veh. Conv. 04. Pickup 05. Single Unit Truck, 2 axles 06. Single Unit Truck, 3+ axles 07. School Bus 08. Truck/Trailer 09. Truck-Tractor (Bobtail) 10. Truck-Tractor/ Semi-Trailer 11. Truck-Tractor/ Double 12. Truck-Tractor/ Triple 13. Bus/Large Van 9-15 occupants including driver 14. Bus 16+ occupants including driver 15. Motorcycle 16. Motor Scooter/ Moped 17. Motor Home 18. Farm Machinery 19. ATV 20. SUV 21. Passenger Van 22. Truck more than 10,000 lbs., Cannot Classify 23. Van 10,000 lbs. or Less 24. Other 99. Unknown	00. N/A 01. Bus 9-15 seats 02. Bus 16+ seats 03. Van / Enclosed Box / Stock Trailer 04. Cargo Tank 05. Flatbed 06. Intermodal 07. Dump Truck/ Trailer 08. Concrete Mixer 09. Auto Transporter 10. Garbage/Refuse 11. Hopper (grain/ chips/gravel) 12. Pole Trailer 13. Log Trailer 14. Vehicle Towing Vehicle 15. Other 99. Unknown

Unit		Total Lanes In Roadway	Legal Speed	Pedestrian / Pedalcyclist Only		Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section)							
Unit 1	Unit 2			Actions Prior to Collision	Location at Time of Collision	Safety Equip	Unit Number of Vehicle Striking	Yes	No				
01	02	25						<input type="checkbox"/>	<input checked="" type="checkbox"/>				
02	02	25						<input type="checkbox"/>	<input checked="" type="checkbox"/>				
This unit will correspond to "Unit 1"													
This unit will correspond to "Unit 2"													
Light		1	Unit 1	Unit 2	Underride/Override		Unit 1	Unit 2					
1 Daylight			06	07	0 Not Applicable								
2 Dark-Not Lighted					1 No Underride or Override								
3 Dark-Lighted					2 Underride, Compartment Intrusion								
4 Dawn					3 Underride, No Compartment Intrusion								
5 Dusk					4 Underride, Compartment Intrusion Unknown								
6 Dark-Unknown Lighting					5 Override, Motor Vehicle in Transport								
7 Other					6 Override, Other Motor Vehicle								
9 Unknown					9 Unknown								
Weather		01			Traffic Control		Unit 1	Unit 2					
01 Clear					00 No Control		01	01					
02 Fog/Smog/Smoke					01 Stop Sign								
03 Cloudy					02 Traffic Signal								
04 Rain					03 Flashing Traffic Signal								
05 Snow					04 School Zone Signs								
06 Sleet/Hail (Freezing Rain/Drizzle)					05 Yield Sign								
07 Severe Crosswind					06 Warning Sign								
08 Blowing Snow					07 Railroad Advance Warning Sign								
09 Blowing Sand, Soil, Dirt					08 Railroad Cross Bucks								
10 Other					09 Railroad Gates								
99 Unknown					10 Railroad Signal								
Locality		1			Road Surface Conditions		Unit 1	Unit 2					
1 Residential					01 Dry		01	01					
2 Business					02 Wet								
3 Industrial					03 Ice/Frost								
4 School					04 Snow								
5 Not Built-up					05 Mud, Dirt, Gravel								
6 Mixed Use					06 Slush								
7 Other					07 Water (standing, moving)								
9 Unknown					08 Sand								
Type of Intersection		3			Road Character		Unit 1	Unit 2					
0 Not an Intersection					Grade		Unit 1	Unit 2					
2 Y-Intersection					1 Level		1	1					
3 T-Intersection					2 Hillcrest								
4 Four-Way Intersection					3 Uphill								
5 Five-Point or More Intersection as Part of Interchange					4 Downhill								
7 Traffic Circle					5 Sag (bottom)								
8 Roundabout					Road Alignment		Unit 1	Unit 2					
9 Unknown					1 Straight		1	1					
Incident Type		00			Road Surface Type		Unit 1	Unit 2					
00 Not an Incident					1 Concrete		2	2					
51 Private Property					2 Asphalt								
52 Deliberate Intent					3 Gravel								
53 Medical Condition					4 Dirt								
54 Legal Intervention					5 Brick								
55 Suicide					6 Other								
57 Drowning					9 Unknown								
58 Other					Driver Distracted by		Unit 1	Unit 2					
Location of First Harmful Event		01			0 Not Applicable/None		0	0					
01 On Roadway					1 Electronic Communication Devices								
02 Shoulder					2 Other Electronic Device								
03 Median					3 Other Inside Vehicle								
04 Roadside					4 Other Outside Vehicle								
05 Gore					9 Unknown								
06 Separator					Road Surface Type		Unit 1	Unit 2					
07 Parking Lane/Zone					1 Concrete		2	2					
08 Off Roadway, Location Unknown					2 Asphalt								
09 Outside Right-of-Way					3 Gravel								
10 Other					4 Dirt								
99 Unknown					5 Brick								
Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section)													
Type of Work Zone													
1 Lane Closure													
2 Lane Shift/Crossover													
3 Work on Shoulder or Median													
4 Intermittent or Moving Work													
9 Unknown													
Location of the Work Zone Collision													
1 Before the First Work Zone Warning Sign													
2 Advance Warning Area													
3 Transition Area													
4 Activity Area													
5 Termination Area													
9 Unknown													
Workers Present		Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>											
Trafficway		Unit 1	Unit 2										
0 Not Applicable		3	2										
1 One Way													
2 Two-Way - Not Divided													
3 Two-Way - Divided													
4 Two-Way - Divided - Positive Median Barrier													
5 Turn Lane													
6 Ramp / Loop													
7 Driveway													
8 Alley / Parking Lot													
9 Unknown													
Vehicle Removal		Unit 1	Unit 2										
0 Not Applicable		2	4										
1 Towed Due to Vehicle Damage													
2 Towed For Reasons Other Than Damage													
3 Remained at Scene													
4 Driven from Scene													
9 Unknown													
Vehicle Condition		Unit 1	Unit 2										
00 Not Applicable		02	01										
01 Apparently Normal													
02 Brakes													
03 Headlights													
04 Steering													
05 Tail Lights													
06 Brake Lights													
07 Tires/Wheels													
08 Suspension													
09 Signal lights													
10 Windows													
11 Truck Coupling/Trailer Hitch/Safety Chains													
12 Mirrors													
13 Wipers													
14 Power Train													
Special Function of Vehicle		Unit 1	Unit 2										
00 Not Applicable		12	00										
01 School Bus													
02 Transit Bus													
03 Intercity Bus													
04 Charter Bus													
05 Other Bus													
06 Military													
07 OHP													
08 Other Police													
09 Other Law Enforcement													
10 Ambulance													
11 Fire Truck													
12 Public Owned Vehicle													
13 Highway Equipment													
14 Special Mobilized Machine													
15 Other													
Emergency Vehicle Responding to an Emergency		Unit 1	Unit 2										
0 N/A		2	No										
1 Yes		9	Unknown										
Unsafe / Unlawful Contributing Factors		Unit 1	Unit 2										
47		98											
FAILED TO YIELD													
01 From Stop Sign													
02 From Yield Sign													
03 Private Drive													
04 County Road at Through Highway													
05 From Signal Light													
06 From Alley													
07 To Pedestrian													
08 To Vehicle on Right													
09 To Vehicle in Intersection													
10 To Emergency Vehicles													
12 Other													
FOLLOWED TOO CLOSELY													
13 Human Element													
14 Traffic Condition													
15 Weather Condition													
UNSAFE SPEED													
16 Driver's Ability (Aged)													
17 Inexperienced Driver - Young													
18 Exceeding Legal Limit													
19 For Traffic Conditions													
20 For Type of Roadway (Gravel, Dirt, etc.)													
21 For Ice or Snow on Roadway													
22 Rain or Wet Roadway													
23 Wind													
24 Other Weather Conditions													
25 Vehicle Condition													
26 View Obstruction													
27 On Curve/Turn													
28 Impeding Traffic													
29 Other													
IMPROPER TURN													
30 From Wrong Lane													
31 From Direct Course													
32 Right													
33 Left													
34 Turn About/U-Turn													
35 To Enter Private Drive													
36 In Front of Oncoming Traffic													
37 Other													
CHANGED LANES UNSAFELY													
39 STOPPED IN TRAFFIC LANE													
FAILED TO STOP													
40 For Stop Sign													
41 For Traffic Signal													
42 For School Bus													
43 For Railroad Gates/Signal													
44 For Officer/Flagman													
45 At Sidewalk/Stopline													
46 Other													
UNSAFE VEHICLE													
47 Brakes													
48 Steering													
Point of First Contact on Vehicle		Unit 1	Unit 2										
12		06											
Most Damaged Area		Unit 1	Unit 2										
12		06											
00 Not Applicable													
13 Top													
49 Tires													
50 Suspension													
51 Headlights													
52 Tail Lights													
53 Stop Lights													
54 Wheel													
55 Exhaust System													
56 Windshield Wipers													
57 Other Mechanical Defects													
LEFT OF CENTER													
58 In Meeting													
59 No Passing Zone (Unmarked)													
60 Marked Zone													
61 Other													
IMPROPER OVERTAKING													
62 In Marked Zone													
63 On Hill/Curve													
64 At Intersection													
65 Without Sufficient Clearance													
66 Other													
IMPROPER PARKING													
67 On Roadway													
68 Where Prohibited													
69 Other													
INATTENTION													
70 Distracted by Passenger in Vehicle													
71 Other Distraction Inside Vehicle													
72 Distraction From Outside Vehicle													
73 Other													
WRONG WAY													
74 On One Way													
75 On Exit Ramp													
76 On Entrance Ramp													
77 Other													
IMPROPER START FROM													
78 Parked Position													
79 Other													

Latitude

Longitude

Railroad Crossing Number

Roadway Orientation

Pg 4 of 4

Unit

N

W

Unit

Number

01

NE

SW

N

Unit

Number

02

NE

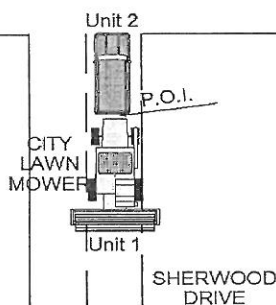
SW

N

NOT TO SCALE



ALAMEDA STREET



COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
01	15	00	00	00	34	34
Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	
02	34	00	00	00	34	

00	Not Applicable	21	Fell/Jumped From Motor Vehicle
10	Overturn/Rollover	22	Thrown Or Falling Object
11	Fire/Explosion	23	Other Non-Collision
12	Immersion	PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:	
13	Jackknife	30	Pedestrian
14	Cargo/Equipment Loss or Shift	31	Pedal Cycle
15	Equipment Failure (Blown Tire, Brake Failure, etc.)	32	Railway Vehicle (train, engine)
16	Separation of Units	33	Animal
17	Departed Road Right	34	Motor Vehicle in Transport
18	Departed Road Left	35	Parked Motor Vehicle
19	Cross Median/Centerline	36	Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
20	Downhill Runaway		

37 Work Zone/Maintenance Equipment	56 Pavement Drop-Off
38 Other Non-Fixed Object	57 Ditch
FIXED OBJECT:	58 Embankment
40 Barrier (Cable)	59 Tree (Standing)
41 Barrier (Concrete)	60 Dividing Strip
42 Barrier (Other)	61 Retaining Wall
43 Fence Pole	62 Bridge Abutment
44 Fence	63 Bridge Pier or Support
45 Traffic Signal Support	64 Bridge Rail
46 Traffic Sign Support	65 Bridge Post
47 Utility Pole/Light Support	66 Bridge Curb
48 Other Post/Pole/Support	67 Bridge Super Structure (Beams)
49 Guardrail/Guardrail Face	68 Bridge Overhead Structure
50 Guardrail End	69 Delineator
51 Culvert	70 Mailbox
52 Curb	71 Other Fixed Object
53 Island	72 Other Highway Structure
54 Sand Barrels	73 Ground
55 Impact Attenuator/ Crash Cushion	99 Unknown

Remarks

THE DRIVER OF THE LAWN MOWER STATED THAT HE WAS DRIVING NORTHBOUND ON SHERWOOD DRIVE APPROACHING ALAMEDA STREET. AS HE APPROACHED ALAMEDA STREET HE STATED THAT HE ATTEMPTED TO APPLY HIS BREAKS ON THE LAWN MOWER BUT IT DID NOT RESPOND. THE LAWN MOWER THEN COLLIDED INTO THE REAR OF UNIT 2. NO INJURIES WERE REPORTED AT THE SCENE. THE CITY OF NORMAN SUPERVISOR REPORTED TO THE SCENE AND HAD THE LAWN MOWER TOWED AWAY BY ANOTHER CITY VEHICLE BACK TO NORTH BASE.