

DO NOT WRITE IN THIS SPACE

Incident Report

Y	N	<input checked="" type="checkbox"/>			
Investigation Completed	<input checked="" type="checkbox"/>		Revised	<input checked="" type="checkbox"/>	
Investigation Made at Scene	<input checked="" type="checkbox"/>		Fatality	<input checked="" type="checkbox"/>	
Photographs	<input checked="" type="checkbox"/>		Hit and Run	<input checked="" type="checkbox"/>	

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

(1) Reporting Agency <b>NORMAN POLICE DEPARTMENT</b>	Case Number (Agency Use) <b>2017-00043463</b>	Motor Vehicles Involved <b>02</b>	Number Injured <b>00</b>	Number Killed <b>00</b>
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(2) Date of Collision (mm/dd/yyyy) <b>06202017</b>	Time <b>1303</b>	County Number and Name <b>14 CLEVELAND</b>	Nearest City or Town Number and Name In <input checked="" type="checkbox"/> <b>20</b> <b>NORMAN</b> Near <input type="checkbox"/>
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(3) Distance from Nearest City or Town Limits Mi. <input type="checkbox"/> Ft. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	Control #	Int ID	Location	East Grid	North Grid	Administrative
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(4) Street, Road or Highway <b>CHARLES ST</b>	Distance from At <b>0453</b> Mi. <input type="checkbox"/> Ft. <input checked="" type="checkbox"/>	(Nearest) Intersecting Street, Road or Highway <b>WOODS AVE</b>
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(5) Unit <b>01</b>	Occupants <b>01</b>	Type <b>D</b>	Hit & Run <input checked="" type="checkbox"/>	CMV <input checked="" type="checkbox"/>	Last Name <b>BOGGS</b>	First <b>JEREMY</b>	Middle <b>WYATTE</b>	Suffix	Date of Birth (mm/dd/yyyy)	Sex <b>M</b>
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(6) Address <b>1345 REGENT ST</b>	City <b>NORMAN</b>	State <b>OK</b>	Zip <b>73069</b>	Telephone (Use Area Code) <b>4053291023</b>
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(7) Driver License Number	State <b>OK</b>	Class <b>A</b>	Endorsement(s)	Restriction(s)	Inj. Sev. <b>1</b>	Type of Injury <b>0</b>	Drv./Ped. Cond. <b>01</b>	OP Use <b>04</b>
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(8) Air Bag <b>1</b>	Ejected <b>1</b>	Extricated <b>1</b>	Test <b>5</b>	(% BAC) <b>0.</b>	Transported by	To Medical Facility	License Plate Number	State <b>OK</b>	Month <b>12</b>	Year <b>2017</b>
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(9) VIN	Vehicle Year <b>2009</b>	Color <b>BRO</b>	2nd Color <b>0</b>	Make <b>PTRB</b>	Model	Veh. Conf. <b>22</b>	Extent of Damage <b>2</b>
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(10) Insurance Verification <b>4</b>	Insurance Company Name	Policy Number	Insurance Telephone (Use Area Code)
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(11) Vehicle Removed by Driver <input checked="" type="checkbox"/>	Owner's Last Name <b>CITY OF NORMAN</b>	First	Middle	Suffix
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(12) Owner's Address <b>201 W GRAY ST</b>	City <b>NORMAN</b>	State <b>OK</b>	Zip <b>73069</b>	Telephone (Use Area Code)	Oversized Load <b>0</b>	Towed Veh. Type <b>00</b>	Rolled <input type="checkbox"/>	Burned <input type="checkbox"/>	Phone present <input checked="" type="checkbox"/>	Phone in use <input type="checkbox"/>
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(13) Citation Number	Statute/Ordinance Number	Citation Number	Statute/Ordinance Number
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(14) Unit <b>02</b>	Occupants <b>00</b>	Type <b>D</b>	Hit & Run <input type="checkbox"/>	CMV <input type="checkbox"/>	Last Name <b>GREB</b>	First <b>ERICA</b>	Middle <b>LYNN</b>	Suffix	Date of Birth (mm/dd/yyyy)	Sex <b>F</b>
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(15) Address <b>2220 S SANTA FE AVE 103</b>	City <b>MOORE</b>	State <b>OK</b>	Zip <b>73160</b>	Telephone (Use Area Code)
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(16) Driver License Number <b>0</b>	State <b>OK</b>	Class	Endorsement(s)	Restriction(s)	Inj. Sev. <b>0</b>	Type of Injury <b>0</b>	Drv./Ped. Cond. <b>00</b>	OP Use <b>00</b>
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(17) Air Bag <b>0</b>	Ejected <b>0</b>	Extricated <b>0</b>	Test <b>5</b>	(% BAC) <b>0.</b>	Transported by	To Medical Facility	License Plate Number <b>621PJS</b>	State <b>OK</b>	Month <b>08</b>	Year <b>2017</b>
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(18) VIN	Vehicle Year <b>2016</b>	Color <b>BLU</b>	2nd Color <b>0</b>	Make <b>HYUN</b>	Model <b>ELAN</b>	Veh. Conf. <b>02</b>	Extent of Damage <b>3</b>
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(19) Insurance Verification <b>2</b>	Insurance Company Name <b>GEICO</b>	Policy Number <b>4368907640</b>	Insurance Telephone (Use Area Code) <b>8008413000</b>
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(20) Vehicle Removed by Driver <input type="checkbox"/>	Owner's Last Name <b>LEFT AT SCENE</b>	First	Middle	Suffix
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(21) Owner's Address	City	State	Zip	Telephone (Use Area Code)	Oversized Load <b>0</b>	Towed Veh. Type <b>00</b>	Rolled <input type="checkbox"/>	Burned <input type="checkbox"/>	Phone present <input type="checkbox"/>	Phone in use <input type="checkbox"/>
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(22) Citation Number	Statute/Ordinance Number	Citation Number	Statute/Ordinance Number
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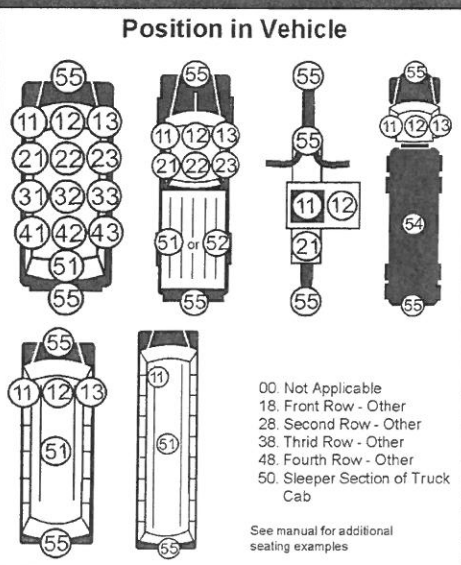
(23) Investigating Officer <b>GATLIN</b>	Badge Number <b>1627</b>	Trp/Div. Assigned	Trp/Div. Location	Reviewer (Init.) <b>MS</b>	Reviewer Badge Number <b>0613</b>	Date of Report (mm/dd/yyyy) <b>06202017</b>
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Driver	Other Cyclist	Other Cyclist	Injury Severity	Type of Injury	Driver/Pedestrian Condition	Occupant Protection (OP) In Use
0 Not Applicable	2 Other Cyclist	0 N/A	4 Incapacitating	0 N/A	00 Not Applicable	05 Child Restraint Type Unknown
1 Not Deployed	3 Other Cyclist	1 No Injury	5 Fatal	1 Head	01 None Used	06 Restraint Used - Type Unknown
2 Deployed - Front	4 Deployed - Other (knee, air belt, etc.)	2 Possible	9 Unknown	2 Trunk - External	02 Lap Belt Only	07 Helmet
3 Deployed - Side	5 Deployed - Combination	3 Non-incapacitating		3 Arms	03 Shoulder Belt Only	08 Child Restraint - Forward Facing
	9 Deployment Unknown			4 Legs	04 Shoulder and Lap Belt	09 Child Restraint - Rear Facing
				9 Unknown	07 Sleepy	
					08 Ill (Sick)	
					09 Dizzy/Faint	
					10 Emotional	
					11 Other	
					99 Unknown	

(24) 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	
Address _____ City _____ State _____ Zip _____ Telephone (Use Area Code) _____										
Same as Driver <input type="checkbox"/>										
(26) Injury Severity / Type	OP Use <input type="checkbox"/>	Air Bag <input type="checkbox"/>	Ejected <input type="checkbox"/>	Extricated <input type="checkbox"/>	Transported by			To Medical Facility		Property Type
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**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							
01	CITY OF NORMAN	201 W GRAY ST							
(37) City	State	Zip	GVWR <input checked="" type="checkbox"/> 0 - 10K lbs.	GCWR <input type="checkbox"/> 10,001 - 26K lbs.	GCWR <input type="checkbox"/> 26K+ lbs.	Axle Qty. <input type="checkbox"/> 03	Cargo Body <input type="checkbox"/> 10	Vehicle Use	
NORMAN	OK	73069						Interstate Commerce <input type="checkbox"/>	Intrastate Commerce <input type="checkbox"/>
(38) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release	Other Non-Commercial <input type="checkbox"/>			
	OK			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Government <input checked="" type="checkbox"/>			



- ### Vehicle Configuration
- 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

- ### Cargo Body Type
- 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



Table with columns: Unit, Total Lanes in Roadway, Legal Speed, Pedestrian / Pedalcyclist Only (Actions Prior to Collision, Location at Time of Collision, Safety Equip., Unit Number of Vehicle Striking).

Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section) Yes [ ] No [X]

Table for Work Zone details: Type of Work Zone (Lane Closure, Lane Shift/Crossover, etc.) and Location of the Work Zone Collision (Before the First Work Zone Warning Sign, etc.).

Table for Light conditions: 1 Daylight, 2 Dark-Not Lighted, 3 Dark-Lighted, 4 Dawn, 5 Dusk, 6 Dark-Unknown Lighting, 7 Other, 9 Unknown.

Table for Underride/Override: 0 Not Applicable, 1 No Underride or Override, 2 Underride, Compartment Intrusion, etc.

Table for Weather: 01 Clear, 02 Fog/Smog/Smoke, 03 Cloudy, 04 Rain, 05 Snow, 06 Sleet/Hail (Freezing Rain/Drizzle), etc.

Table for What Vehicle Was Going to Do: 00 Not Applicable, 01 Go Ahead, 02 Turn Left, 03 Turn Right, etc.

Table for Traffic Control: 00 No Control, 01 Stop Sign, 02 Traffic Signal, 03 Flashing Traffic Signal, etc.

Table for Locality: 1 Residential, 2 Business, 3 Industrial, 4 School, 5 Not Built-up, 6 Mixed Use, 7 Other, 9 Unknown.

Table for What Vehicle Did: 00 Not Applicable, 01 Went Ahead, 02 Turned Left, 03 Turned Right, etc.

Table for Road Surface Conditions: 01 Dry, 02 Wet, 03 Ice/Frost, 04 Snow, 05 Mud, Dirt, Gravel, etc.

Table for Type of Intersection: 0 Not an Intersection, 2 Y-Intersection, 3 T-Intersection, 4 Four-Way Intersection, etc.

Table for Visibility Obscured by: 00 Not Applicable, 01 Trees, 02 Embankment, 03 Building, etc.

Table for Road Character: Grade (Level, Hillcrest, Uphill, Downhill, Sag), Road Alignment (Straight, Curve - Left, Curve - Right).

Table for Incident Type: 00 Not an Incident, 51 Private Property, 52 Deliberate Intent, 53 Medical Condition, etc.

Table for Driver Distracted by: 0 Not Applicable/None, 1 Electronic Communication Devices, 2 Other Electronic Device, etc.

Table for Road Surface Type: 1 Concrete, 2 Asphalt, 3 Gravel, 4 Brick, 5 Other, 9 Unknown.

Table for Location of First Harmful Event: 01 On Roadway, 02 Shoulder, 03 Median, 04 Roadside, etc.

Table for Driver Distracted by (continued): 2 Other Electronic Device, 3 Other Inside Vehicle, 4 Other Outside Vehicle, 9 Unknown.

Table for Road Surface Type (continued): 1 Concrete, 2 Asphalt, 3 Gravel, 4 Brick, 5 Other, 9 Unknown.

Workers Present Yes [ ] No [ ] Unknown [ ]

Table for Trafficway: 0 Not Applicable, 1 One Way, 2 Two-Way - Not Divided, 3 Two-Way - Divided, etc.

Table for Vehicle Removal: 0 Not Applicable, 1 Towed Due to Vehicle Damage, 2 Towed For Reasons Other Than Damage, etc.

Table for Vehicle Condition: 00 Not Applicable, 01 Apparently Normal, 02 Brakes, 03 Headlights, etc.

Table for Special Function of Vehicle: 00 Not Applicable, 01 School Bus, 02 Transit Bus, 03 Intercity Bus, etc.

Table for Point of First Contact on Vehicle and Most Damaged Area: 03, 07, 03, 07.

Table for Emergency Vehicle Responding to an Emergency: 0 N/A, 1 Yes, 2 No, 9 Unknown.

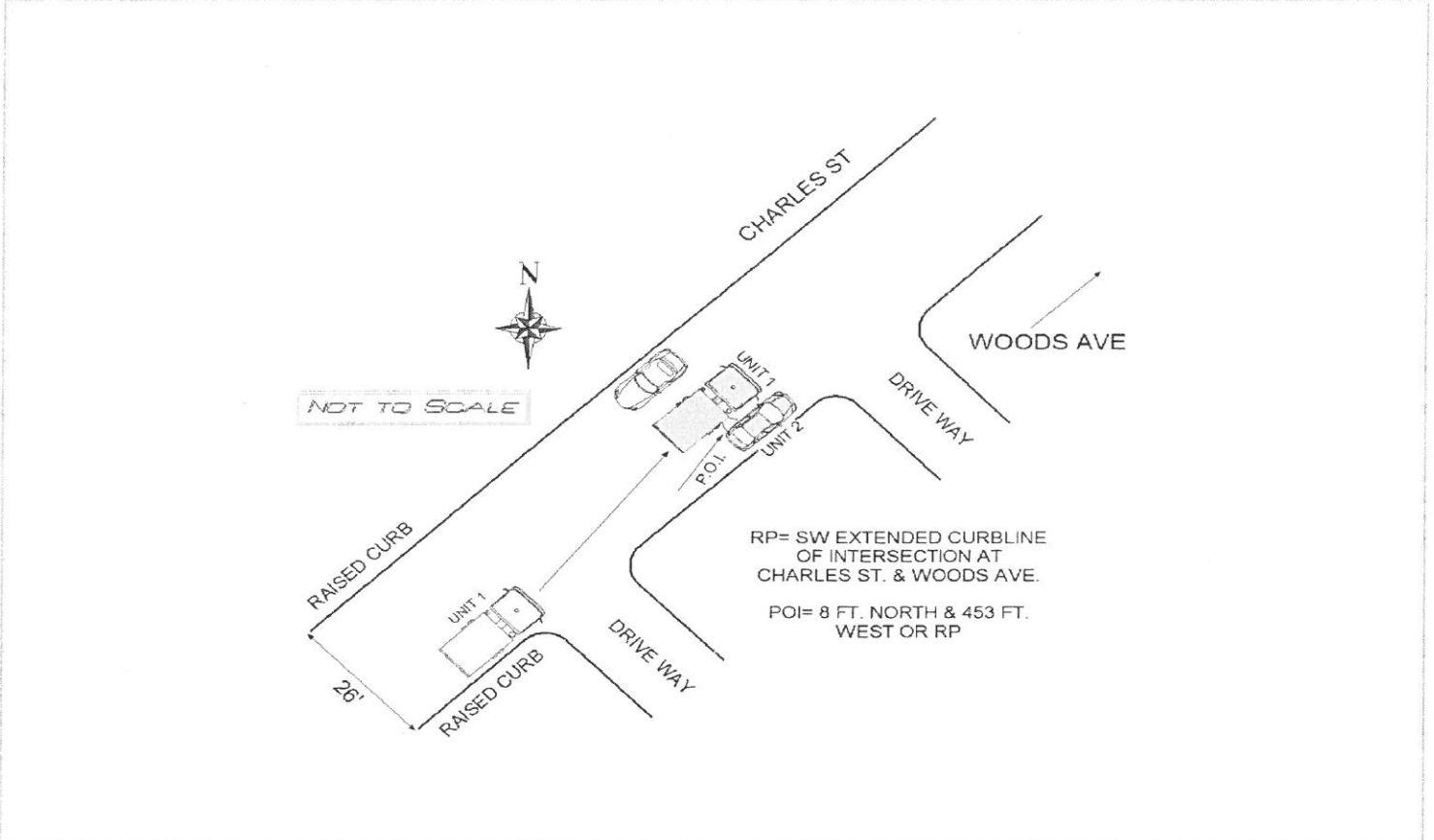


Latitude

Longitude N

Railroad Crossing Number W

Roadway Orientation Unit Number 01 NE SW E



**COLLISION EVENTS**

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
01	35	00	00	00	35	34
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	<b>PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:</b>
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
- 38 Other Non-Fixed Object
- FIXED OBJECT:**
- 40 Barrier (Cable)
- 41 Barrier (Concrete)
- 42 Barrier (Other)
- 43 Fence Pole
- 44 Fence
- 45 Traffic Signal Support
- 46 Traffic Sign Support
- 47 Utility Pole/Light Support
- 48 Other Post/Pole/Support
- 49 Guardrail/Guardrail Face
- 50 Guardrail End
- 51 Culvert
- 52 Curb
- 53 Island
- 54 Sand Barrels
- 55 Impact Attenuator/ Crash Cushion
- 56 Pavement Drop-Off
- 57 Ditch
- 58 Embankment
- 59 Tree (Standing)
- 60 Dividing Strip
- 61 Retaining Wall
- 62 Bridge Abutment
- 63 Bridge Pier or Support
- 64 Bridge Rail
- 65 Bridge Post
- 66 Bridge Curb
- 67 Bridge Super Structure (Beams)
- 68 Bridge Overhead Structure
- 69 Delineator
- 70 Mailbox
- 71 Other Fixed Object
- 72 Other Highway Structure
- 73 Ground
- 99 Unknown

**Remarks**

U2 WAS A PARKED CAR FACING E/B ON THE SOUTH SIDE OF THE ROAD. U1 WAS A TRASH TRUCK (MODEL 320 SIDE LOADER) HEADED E/B. U1 HAD JUST EMPTIED A TRASH CAN TO THE WEST OF U2 AND IN THE PROCESS DROPPED THE TRASH CAN INTO THE TRUCK. THE DRIVER OF U1 WAS ATTEMPTING TO RADIO IN WHAT HAD HAPPENED AND DRIVE E/B AT THE SAME TIME AND FORGOT TO LIFT UP THE PICKUP ARM. THE ARM COLLIDED WITH THE REAR DRIVER SIDE QUARTER PANEL OF U2. THE ARM SCRAPED UP THE QUARTER PANEL AND STOPPED IN THE DRIVER SIDE REAR WHEEL WELL. THIS PUSHED U2 FORWARD ABOUT THREE FEET AND THE FRONT PASSENGER TIRE SLIGHTLY UP ONTO THE CURB. THE ARM GOT STUCK IN THE REAR DRIVER SIDE WHEEL WELL.

This report is based on the officer's investigation of this collision. This report may contain the opinion of the officer.

