

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Incident Report

Investigation Completed

Investigation Made at Scene

Photographs

Y N

☒ ☐

Revised

Fatality

Hit and Run

Y N

☒ ☐☒ ☐☒ ☐

(1) Reporting Agency NORMAN POLICE DEPARTMENT		Case Number (Agency Use) 2013-03338		Motor Vehicles Involved 02		Number Injured 02		Number Killed 00	
(2) Date of Collision (mm/dd/yyyy) 03/12/2013		Time 1427		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 # 0020		Int ID 0020		Location 0020		East Grid 0020	
(4) Street, Road or Highway BERRY RD		Distance from At <input type="checkbox"/> 0020		(Nearest) Intersecting Street, Road or Highway NEBRASKA ST					
(5) Unit 01		Occupants Type 01		Hit & Run <input checked="" type="checkbox"/>		Last Name DORA		First JONATHAN	
						Middle ROBERT		Suffix 00	
(6) Address 130 STONEWOOD DR		City NOBLE		State OK		Zip 73068		Telephone (Use Area Code) 00	
(7) Driver License Number OK		Class B		Endorsement(s) E		Restriction(s) 2		Inj. Sev. 13	
								Type of Injury 09	
								Drv./Ped. Cond. OP Use 04	
(8) Ejected 1		Extricated 1		Test 1		(% BAC) 0		Transported by EMSSTAT	
(9) VIN 3BPZL50X0AF102491		Vehicle Year 2009		Color GRN		2nd Color 0		Make PTRB	
								Model 320	
								Veh. Conf. 06	
								Extent of Damage 3	
(10) Insurance Company Name 4		Policy Number 00		Insurance Telephone (Use Area Code) 00					
(11) Vehicle Removed by L&A		Owner's Last Name CITY OF NORMAN		First 00		Middle 00		Suffix 00	
(12) Owner's Address 201 W GRAY ST		City NORMAN		State OK		Zip 73069		Towed Veh. Type 00	
								Oversized Load 0	
								Rolled 00	
								Phone present <input checked="" type="checkbox"/>	
								Phone in use <input type="checkbox"/>	
(13) Citation Number 00		Statute/Ordinance Number 00		Citation Number 00		Statute/Ordinance Number 00			
(14) Unit 02		Occupants Type 01		Hit & Run <input type="checkbox"/>		Last Name YOUNG		First SHERRI	
						Middle LYNN		Suffix 00	
(15) Address 615 WYLIE RD		City NORMAN		State OK		Zip 73069		Telephone (Use Area Code) 00	
(16) Driver License Number OK		Class D		Endorsement(s) 00		Restriction(s) 2		Inj. Sev. 134	
								Type of Injury 01	
								Drv./Ped. Cond. OP Use 04	
(17) Ejected 2		Extricated 1		Test 1		(% BAC) 0		Transported by PERSONAL	
(18) VIN 00		Vehicle Year 2005		Color BLU		2nd Color 0		Make CHEV	
								Model TAHO	
								Veh. Conf. 20	
								Extent of Damage 4	
(19) Insurance Company Name 2 STATE FARM INSURANCE		Policy Number 028 9022-E12-361		Insurance Telephone (Use Area Code) 4053641626					
(20) Vehicle Removed by L&A		Owner's Last Name 00		First 00		Middle 00		Suffix 00	
(21) Owner's Address 00		City 00		State 00		Zip 00		Towed Veh. Type 00	
								Oversized Load 0	
								Rolled 00	
								Phone present <input checked="" type="checkbox"/>	
								Phone in use <input type="checkbox"/>	
(22) Citation Number 00		Statute/Ordinance Number 00		Citation Number 00		Statute/Ordinance Number 00			
(23) Investigating Officer BARKER		Badge Number 0303		Trp/Div. Assigned 00		Trp/Div. Location 00		Reviewer (Init.) TL	
								Reviewer Badge Number 9694	
								Date of Report (mm/dd/yyyy) 03/12/2013	
Unit Type D Driver P Pedestrian X Pedestrian Conveyance B Bicyclist		Injury Severity 0 N/A 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal 9 Unknown		Type of Injury 0 N/A 1 Head 2 Trunk 3 Trunk 4 Arms 5 Legs 9 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 Medications 07 Very Tired 08 Ill (Sick) 09 Dizzy/Faint 10 Emotional 11 Other 99 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 0 Not Applicable 1 Not Deployed 2 Deployed - Front 3 Deployed - Side 4 Deployed - Other (knee, air belt, etc.) 5 Deployment Unknown		Ejected 0 Not Applicable 1 Not Ejected 2 Ejected 9 Unknown		Extricated 0 N/A 1 No 2 Yes		Chemical Test 0 N/A 1 Blood 2 Breath 3 Blood/Breath 4 Test Refused 5 None Given 6 Other		Extent of Damage 0 N/A 1 None 2 Minor 3 Functional 4 Disabling 9 Unknown	
Insurance Verification 0 N/A 1 Not Permitted 9 Permitted		Oversized Load 0 N/A 1 Not Permitted 9 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

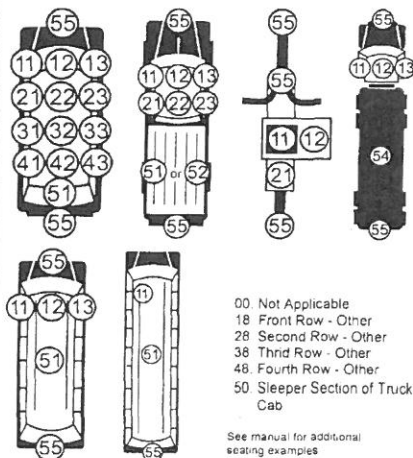
DPS: 0192-01 REV 0107

(24) Unit	Injured <input type="checkbox"/> Witness <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB (mm/dd/yyyy)	Sex
00		00	PRICER	MARLAYNE	ORietta			F
(25) Address	City	State	Zip	Telephone (Use Area Code)				
3209 FAIRWAY DR	MOORE	OK	73160					
(26) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(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	

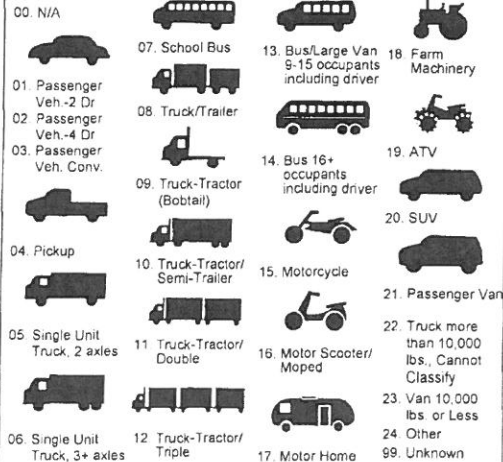
Complete information below if this vehicle is being used for COMMERCE/BUSINESS and has a GVWR/GCWR IN EXCESS OF 10,000 LBS., or has a HAZMAT PLACARD, or is a BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER

(36) Unit	Carrier Name	Address				
01	CITY OF NORMAN	201 WEST GRAY ST				
(37) City	State	Zip	GVWR <input checked="" type="checkbox"/> 0 - 10K lbs GCWR <input type="checkbox"/> 10,001 - 26K lbs <input type="checkbox"/> 26K+ lbs	Axle Qty	Cargo Body	Vehicle Use
NORMAN	OK	73069		03	10	Interstate Commerce <input type="checkbox"/> Intrastate Commerce <input type="checkbox"/> Other Non-Commercial <input type="checkbox"/> Government <input checked="" type="checkbox"/>
(38) U.S. DOT Number	NASi Report Number	Placard Number	Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release	
0	OK					
(39) Unit	Carrier Name	Address				
(40) City	State	Zip	GVWR <input type="checkbox"/> 0 - 10K lbs GCWR <input type="checkbox"/> 10,001 - 26K lbs <input type="checkbox"/> 26K+ lbs	Axle Qty	Cargo Body	Vehicle Use
						Interstate Commerce <input type="checkbox"/> Intrastate Commerce <input type="checkbox"/> Other Non-Commercial <input type="checkbox"/> Government <input type="checkbox"/>
(41) U.S. DOT Number	NASi Report Number	Placard Number	Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release	
	OK					

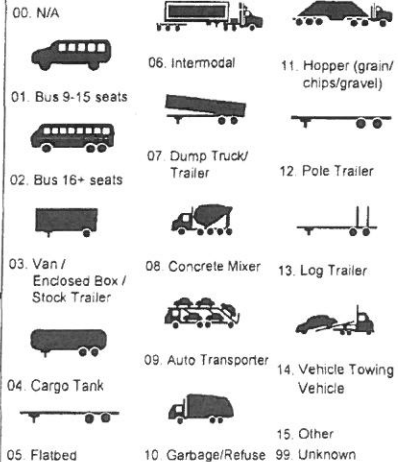
Position in Vehicle



Vehicle Configuration



Cargo Body Type



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	30							<input checked="" type="checkbox"/>
02	02	30							

Light		What Vehicle Was Going to Do		Underride/Override	
Unit 1	Unit 2	Unit 1	Unit 2	Unit 1	Unit 2
1 Daylight	01	01	01		
2 Dark-Not Lighted					
3 Dark-Light					
4 Dawn					
5 Dusk					
6 Dark-Unknown					
7 Lighting					
8 Other					
9 Unknown					

Weather		What Vehicle Did	
Unit 1	Unit 2	Unit 1	Unit 2
01 Clear	01	18	05
02 Fog/Smog/Smoke			
03 Cloudy			
04 Rain			
05 Snow			
06 Sleet/Hail (Freezing Rain/Drizzle)			
07 Severe Crosswind			
08 Blowing Snow			
09 Blowing Sand, Soil, Dirt			
10 Other			
99 Unknown			

Locality		Road Surface Conditions	
Unit 1	Unit 2	Unit 1	Unit 2
1 Residential	1	01	01
2 Business			
3 Industrial			
4 School			
5 Not Built-up			
6 Mixed Use			
7 Other			
9 Unknown			

Type of Intersection		Road Character	
Unit 1	Unit 2	Unit 1	Unit 2
0 Not an Intersection	0	1 Level	1
1 Y-Intersection		2 Hillcrest	1
2 T-Intersection		3 Uphill	
3 Four-Way Intersection		4 Downhill	
4 Five-Point or More Intersection as Part of Interchange		5 Sag (bottom)	
5 Traffic Circle			
6 Roundabout			
9 Unknown			

Incident Type		Road Alignment	
Unit 1	Unit 2	Unit 1	Unit 2
00 Not an Incident	00	1 Straight	1
01 Private Property		2 Curve - Left	1
02 Deliberate Intent		3 Curve - Right	
03 Medical Condition			
04 Legal Intervention			
05 Suicide			
06 Drowning			
07 Other			

Location of First Harmful Event		Road Surface Type	
Unit 1	Unit 2	Unit 1	Unit 2
01 On Roadway	01	1 Concrete	1
02 Shoulder		2 Asphalt	1
03 Median		3 Gravel	
04 Roadside		4 Dirt	
05 Gore		5 Brick	
06 Separator		6 Other	
07 Parking Lane/Zone		9 Unknown	
08 Off Roadway, Location Unknown			
09 Outside Right-of-Way			
10 Other			
99 Unknown			

Driver Distracted by		Emergency Vehicle Responding to an Emergency	
Unit 1	Unit 2	Unit 1	Unit 2
0 Not Applicable/None	0	0 N/A	0
1 Electronic Communication Devices		1 Yes	2 No
2 Other Electronic Device			9 Unknown
3 Other Inside Vehicle			
4 Other Outside Vehicle			
9 Unknown			

Type of Work Zone		Location of the Work Zone Collision	
Unit 1	Unit 2	Unit 1	Unit 2
1 Lane Closure		1 Before the First Work Zone Warning Sign	
2 Lane Shift/Crossover		2 Advance Warning Area	
3 Work on Shoulder or Median		3 Transition Area	
4 Intermittent or Moving Work		4 Activity Area	
9 Unknown		5 Termination Area	
		9 Unknown	

Workers Present		Unsafe / Unlawful Contributing Factors	
Unit 1	Unit 2	Unit 1	Unit 2
2	2	60	98

Trafficway		Vehicle Removal	
Unit 1	Unit 2	Unit 1	Unit 2
0 Not Applicable		0 Not Applicable	
1 One Way		1 Towed Due to Vehicle Damage	
2 Two-Way - Not Divided		2 Towed For Reasons Other Than Damage	
3 Two-Way - Divided		3 Remained at Scene	
4 Two-Way - Divided - Positive Median Barrier		4 Driven from Scene	
5 Turn Lane		9 Unknown	
6 Ramp / Loop			
7 Driveway			
8 Alley / Parking Lot			
9 Unknown			

Vehicle Condition		Special Function of Vehicle	
Unit 1	Unit 2	Unit 1	Unit 2
01	01	12	00

Vehicle Condition		Point of First Contact on Vehicle	
Unit 1	Unit 2	Unit 1	Unit 2
00 Not Applicable		12	12
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			

Most Damaged Area		Point of First Contact on Vehicle	
Unit 1	Unit 2	Unit 1	Unit 2
12	12	12	12

Emergency Vehicle Responding to an Emergency		Point of First Contact on Vehicle	
Unit 1	Unit 2	Unit 1	Unit 2
0 N/A	0	12	12
1 Yes	2 No		
	9 Unknown		

Point of First Contact on Vehicle		Most Damaged Area	
Unit 1	Unit 2	Unit 1	Unit 2
12	12	12	12

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Unit 1	Unit 2	Unit 1	Unit 2
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Point of First	
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Case Number 2013-03338

 Latitude

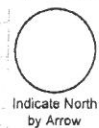
 Longitude N

 Railroad Crossing Number W

Roadway Orientation

 Unit Number 01 NE S SW

Pg 4 of 5

 Unit Number 02 NE S W N


* SEE DIAGRAM ON PAGE 5 *

COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
01	19	34	52	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

UNIT 2 WAS NORTHBOUND ON BERRY ROAD, APPROACHING NEBRASKA STREET. UNIT 1 WAS SOUTHBOUND ON BERRY ROAD, APPROACHING NEBRASKA STREET. THE REFERENCE POINT OF THE COLLISION IS THE SOUTHEAST CORNER OF BERRY AND NEBRASKA. UNIT 1 TRAVELED LEFT OF CENTER, CAUSING UNIT 2 TO STOP, AND STRUCK UNIT 2 20'8" SOUTH AND 10'3" WEST. UNIT 1 CONTINUED TO TRAVEL ONTO THE EASTERN SHOULDER OF BERRY AND THE FRONT RIGHT WHEEL CAME TO A REST 94'8" SOUTH AND 5'7" EAST. THE GAP BETWEEN UNIT 1'S RIGHT REAR WHEELS CAME TO REST AT 78'0" SOUTH AND 4'8" EAST. UNIT 2'S DRIVER'S SIDE FRONT WHEEL CAME TO REST 48'7" SOUTH AND 0'8" WEST, AND ITS DRIVER'S SIDE REAR WHEEL CAME TO REST AT 51'1" SOUTH AND 13'6" WEST.

DRIVER OF UNIT 1 WAS TRANSPORTED BY EMSSTAT TO NORMAN REGIONAL HOSPITAL PORTER CAMPUS. DRIVER OF UNIT 2 WAS TRANSPORTED TO NORMAN REGIONAL HOSPITAL, PORTER CAMPUS BY PERSONAL VEHICLE.

THE WITNESS WAS NORTHBOUND DIRECTLY BEHIND UNIT 2 AND OBSERVED THAT THE DRIVER OF UNIT 1 WAS SLUMPED OVER THE WHEEL AT THE TIME OF THE COLLISION.

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

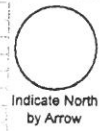


DPS: 0192-04 REV 0107

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT DIAGRAM SUPPLEMENTAL

Case Number 2013-03338

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NOT TO SCALE

Legend:
RP: Southeast corner of Nebraska and Berry
POI: 20'8" S; 10'3" W

Unit 1 struck east curb: 20'1" S along east curb

Point of Rest (Unit 1)
A: Right Front Tire: 94'8" S; 57' E
B: Between Two Right Rear Wheels: 78'0" S; 4'8" E

Point of Rest (Unit 2)
C: Driver's Front Tire: 48'7" S; 0'8" W
D: Driver's Rear Tire: 51'1" S; 13'6" W

