

DO NOT WRITE IN THIS SPACE

Incident Report

Y N Pg 1 of 4

Investigation Completed  Revised

Investigation Made at Scene  Fatality

Photographs  Hit and Run

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

COMPLETE

11603-12

20528 X0527

(1) Reporting Agency: **NORMAN POLICE DEPARTMENT** Case Number (Agency Use): **2012-11603** Motor Vehicles Involved: **02** Number Injured: **02** Number Killed: **00**

(2) Date of Collision (mm/dd/yyyy): **08232012** Time: **1426** County Number and Name: **14 CLEVELAND** Nearest City or Town Number and Name: **20 NORMAN**

(3) Distance from Nearest City or Town Limits: **0** Mi. **0** Ft. Control #: **0393** Int ID: **0** Location: **0** East Grid: **0** North Grid: **0** Administrative: **0**

(4) Street, Road or Highway: **12TH AVENUE N.E.** Distance from (Nearest) Intersecting Street, Road or Highway: **0393** of **MAIN STREET**

(5) Unit: **01010** Occupants Type: **0** Hit & Run:  Last Name: **GRADY, THOMAS** First: **JAMES** Middle: **JAMES** Date of Birth (mm/dd/yyyy): **10141963** Sex: **M**

(6) Address: **720 IOWA STREET** City: **NORMAN** State: **OK** Zip: **73069** Telephone (Use Area Code): **4053212408**

(7) Driver License Number: **OKB** State: **OK** Class: **B** Endorsement(s): **0** Restriction(s): **0** Inj. Sev.: **1** Type of Injury: **0** Drv./Ped. Cond.: **01** OP Use: **04**

(8) Ejected:  Extricated:  Test: **50** (% BAC): **0** Transported by: **0** To Medical Facility: **0** License Plate Number: **OK072013** State: **OK** Month: **07** Year: **2013**

(9) VIN: **3009GRN0PTRB32006** Vehicle Year: **2009** Color: **GRN** 2nd Color: **0** Make: **PTRB** Model: **320** Veh. Conf.: **06** Extent of Damage: **2**

(10) Insurance Company Name: **SELF INSURED, CITY OF NORMAN** Policy Number: **4** Insurance Telephone (Use Area Code): **4053211600**

(11) Vehicle Removed by:  Driver: **0** Same as Driver:  Owner's Last Name: **CITY OF NORMAN** First: **0** Middle Initial: **0**

(12) Owner's Address: **201 WEST GRAY ST., NORMAN** City: **NORMAN** State: **OK** Zip: **73069** Towed Veh. Type: **000** Oversized Load: **000** Rolled:  Phone present:  Burned:  Phone in use:

(13) Citation Number: **557658** Statute/Ordinance Number: **20-502** Citation Number: **0** Statute/Ordinance Number: **0**

(14) Unit: **02020** Occupants Type: **0** Hit & Run:  Last Name: **BETZ, DALTON** First: **D.** Middle: **D.** Date of Birth (mm/dd/yyyy): **0** Sex: **M**

(15) Address: **3915 FLORA DRIVE** City: **NORMAN** State: **OK** Zip: **73026** Telephone (Use Area Code): **4053438946**

(16) Driver License Number: **OKD** State: **OK** Class: **D** Endorsement(s): **0** Restriction(s): **0** Inj. Sev.: **4** Type of Injury: **13** Drv./Ped. Cond.: **01** OP Use: **04**

(17) Ejected:  Extricated:  Test: **50** (% BAC): **0** Transported by: **EMSS/STAT/NORMAN REGIONAL** To Medical Facility: **0** License Plate Number: **OK062013** State: **OK** Month: **06** Year: **2013**

(18) VIN: **2003WH10DODGNEON02** Vehicle Year: **2003** Color: **WHI** 2nd Color: **0** Make: **DODG** Model: **NEON** Veh. Conf.: **02** Extent of Damage: **4**

(19) Insurance Company Name: **STATE FARM** Policy Number: **0365622E2736E** Insurance Telephone (Use Area Code): **4053217070**

(20) Vehicle Removed by:  Driver: **A & A WRECKER** Same as Driver:  Owner's Last Name: **0** First: **0** Middle Initial: **0**

(21) Owner's Address: **0** City: **0** State: **0** Zip: **0** Towed Veh. Type: **000** Oversized Load: **000** Rolled:  Phone present:  Burned:  Phone in use:

(22) Citation Number: **0** Statute/Ordinance Number: **0** Citation Number: **0** Statute/Ordinance Number: **0**

(23) Investigating Officer: **SETTLE** Badge Number: **8977** Troop/Div.: **0** Reviewed by (Init.): **0200** Reviewer Badge Number: **0200** Date of Report (mm/dd/yyyy): **08232012**

<b>D Driver</b>	<b>Z Other Cyclist</b>	<b>0 N/A</b>	<b>4 Incapacitating</b>	<b>0 N/A</b>	<b>3 Trunk - Internal</b>	<b>00 Not Applicable</b>	<b>05 Under the Influence of 09 Dizzy/Faint Medications 10 Emotional</b>	<b>00 Not Applicable</b>	<b>05 Child Restraint Type Unknown</b>	<b>10 Booster Seat</b>
<b>P Pedestrian</b>	<b>C Parked Car</b>	<b>1 No Injury</b>	<b>5 Fatal</b>	<b>1 No</b>	<b>4 Arms</b>	<b>01 Apparently Normal</b>	<b>08 Ill (Sick)</b>	<b>01 None Used</b>	<b>06 Restraint Used - Type Unknown</b>	<b>11 Other</b>
<b>X Pedestrian</b>	<b>A Animal</b>	<b>2 Possible</b>	<b>9 Unknown</b>	<b>2 Trunk - External</b>	<b>5 Legs</b>	<b>02 Drinking - Ability Impaired</b>	<b>11 Other</b>	<b>02 Lap Belt Only</b>	<b>07 Helmet</b>	<b>99 Unknown</b>
<b>Conveyance</b>	<b>T Train</b>	<b>3 Non-incapacitating</b>		<b>9 Unknown</b>	<b>6 Other</b>	<b>03 Odor of Alcohol Beverage</b>	<b>06 Very Tired</b>	<b>03 Shoulder Belt Only</b>	<b>08 Child Restraint - Forward Facing</b>	
<b>B Bicyclist</b>						<b>04 Illegal Drugs</b>	<b>07 Sleepy</b>	<b>04 Shoulder and Lap Belt</b>	<b>09 Child Restraint - Rear Facing</b>	
<b>0 Not Applicable</b>	<b>4 Deployed - Other (knee, air belt, etc.)</b>	<b>0 Not Applicable</b>	<b>3 Ejected, Totally</b>	<b>0 N/A</b>	<b>4 Test Refused</b>	<b>0 N/A</b>	<b>3 Functional</b>	<b>0 N/A</b>	<b>05 Another Vehicle</b>	<b>09 Stock Trailer</b>
<b>1 Not Deployed</b>	<b>5 Deployed - Combination</b>	<b>1 Not Ejected</b>	<b>9 Unknown</b>	<b>1 No</b>	<b>5 None Given</b>	<b>1 None</b>	<b>4 Disabling</b>	<b>1 No</b>	<b>06 Utility Trailer</b>	<b>10 Camping Trailer</b>
<b>2 Deployed - Front</b>	<b>9 Deployment Unknown</b>	<b>2 Ejected, Partially</b>		<b>2 Yes</b>	<b>3 Blood/Breath</b>	<b>2 Minor</b>	<b>9 Unknown</b>	<b>2 Owner</b>	<b>07 Homemade</b>	<b>11 Combination</b>
<b>3 Deployed - Side</b>									<b>03 Farm Trailer</b>	<b>12 Other</b>
									<b>04 Horse Trailer</b>	<b>08 Box Trailer</b>
										<b>99 Unknown</b>

WARNING - STATE LAW Use of contents for commercial solicitation is unlawful

(24) Unit  Injured  Passenger  Prop. Owner  Pos in Veh. 13 Last Name WRIGHT, First TRENTON Middle Initial D. Date of Birth (mm/dd/yyyy) 08/27/1990 Sex M

(25) Address 1613 HIGH CIRCLE City NORMAN State OK Zip 73071 Telephone (Use Area Code) 4053078649

(26) Injury Severity / Type 313 OP Use 04 Air Bag Ejected 11 Extricated 11 Transported by EMSSTAT / NORMAN REGIONAL HOSP. To Medical Facility Property Type

(27) Unit  Injured  Passenger  Prop. Owner  Pos in Veh. Last Name STOUT, First STACI Middle Initial L. Date of Birth (mm/dd/yyyy) 02/12/1965 Sex F

(28) Address 525 S. UNIVERSITY BLVD., City NORMAN State OK Zip 73069 Telephone (Use Area Code) 4053080641

(29) Injury Severity / Type OP Use Air Bag Ejected Extricated Transported by To Medical Facility Property Type

(30) Unit  Injured  Passenger  Prop. Owner  Pos in Veh. Last Name GONSALVES, First JESSE Middle Initial Date of Birth (mm/dd/yyyy) 08/23/1974 Sex M

(31) Address 304 CHALMETTE DR. #A, City NORMAN State OK Zip 73071 Telephone (Use Area Code) 4053885202

(32) Injury Severity / Type OP Use Air Bag Ejected Extricated Transported by To Medical Facility Property Type

(33) Unit  Injured  Passenger  Prop. Owner  Pos in Veh. Last Name First Middle Initial Date of Birth (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 01 Carrier Name CITY OF NORMAN Address 201 W. GRAY ST.

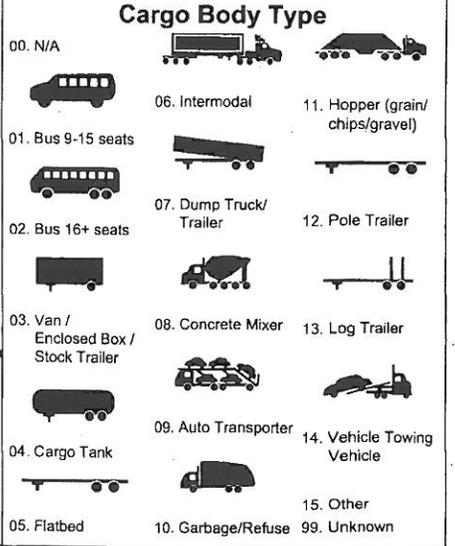
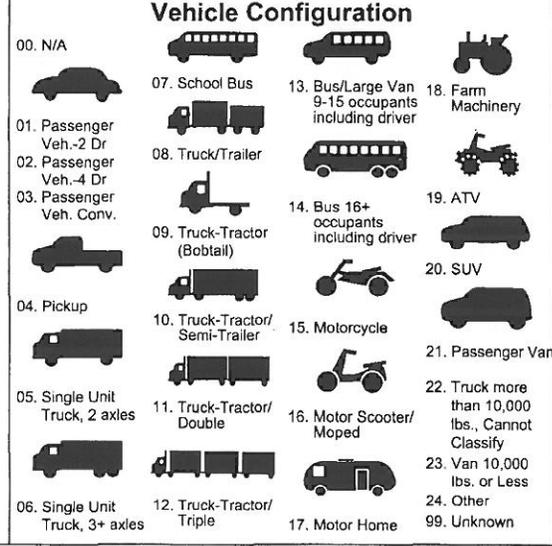
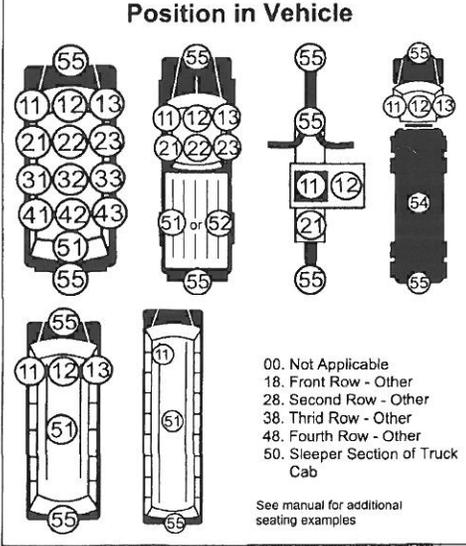
(37) City NORMAN State OK Zip 73069 GVWR  0 - 10K lbs. Axle Qty. 06 Cargo Body 10 Vehicle Use Interstate Commerce  GCWR  10,001 - 26K lbs.  26K+ lbs. Intrastate Commerce  Other Non-Commercial  Government

(38) U.S. DOT Number 0 NASI Report Number OK Placard Number Haz. Mat. Class Haz. Mat. Involved Yes  No  Haz. Mat. Release Yes  No

(39) Unit Carrier Name Address

(40) City State Zip GVWR  0 - 10K lbs. Axle Qty. Cargo Body Vehicle Use Interstate Commerce  GCWR  10,001 - 26K lbs.  26K+ lbs. Intrastate Commerce  Other Non-Commercial  Government

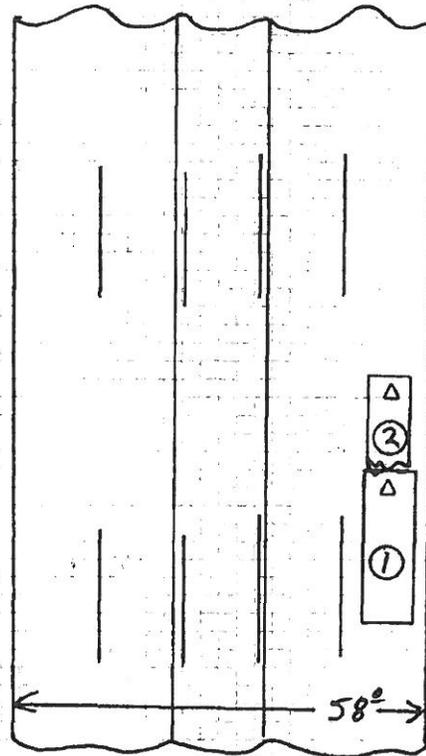
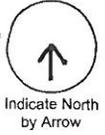
(41) U.S. DOT Number NASI Report Number OK Placard Number Haz. Mat. Class Haz. Mat. Involved Yes  No  Haz. Mat. Release Yes  No



This unit will correspond to 'Unit 1' Unit: 01, Total Lanes in Roadway: 05, Legal Speed: 40		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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	
This unit will correspond to 'Unit 2' Unit: 02, Total Lanes in Roadway: 05, Legal Speed: 40		Location at Time of Collision: [ ] [ ] Safety Equip.: [ ] Unit Number of Vehicle Striking: [ ] [ ]		Type of Work Zone: [ ] [ ] Location of the Work Zone Collision: [ ] [ ]	
Light: 1 1 Daylight 2 Dark-Not Lighted 3 Dark-Lighted 4 Dawn 5 Dusk 6 Dark-Unknown 7 Lighting 8 Other 9 Unknown		What Vehicle Was Going to Do: Unit 1: 01, Unit 2: 01 00 Not Applicable 01 Go Ahead 02 Turn Left 03 Turn Right 04 Make "U" Turn 05 Stop 06 Slow for Cause 07 Start from Park/Stop 08 Change Lanes 09 Overtake 10 Pass 11 Back 12 Remain Stopped 13 Remain Parked 14 Enter/Merge in Traffic 15 Negotiate a Curve 16 Park 17 Other 99 Unknown		Underride/Override: Unit 1: [ ] Unit 2: [ ] 0 Not Applicable 1 No Underride or Override 2 Underride, Compartment Intrusion 3 Underride, No Compartment Intrusion 4 Underride, Compartment Intrusion Unknown 5 Override, Motor Vehicle in Transport 6 Override, Other Motor Vehicle 9 Unknown	
Weather: 03 01 Clear 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		Traffic Control: Unit 1: 00, Unit 2: 00 00 No Control 01 Stop Sign 02 Traffic Signal 03 Flashing Traffic Signal 04 School Zone Signs 05 Yield Sign 06 Warning Sign 07 Railroad Advance Warning Sign 08 Railroad Cross Bucks 09 Railroad Gates 10 Railroad Signal 11 No Passing Zone 12 Person (including flagger, law enforcement, crossing guard, etc.) 13 Abnormal Control 14 Other 99 Unknown		Workers Present: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
Locality: 2 1 Residential 2 Business 3 Industrial 4 School 5 Not Built-up 6 Mixed Use 7 Other 9 Unknown		What Vehicle Did: Unit 1: 01, Unit 2: 05 00 Not Applicable 01 Went Ahead 02 Turned Left 03 Turned Right 04 Entered "U" Turn 05 Stopped 06 Slowed 07 Started From Park/Stop 08 Entered Other Lane 09 Overtaking 10 Passing 11 Backed 12 Remained Stopped 13 Remained Parked 14 Entered/Merged 15 Departed Rdwy-Right 16 Departed Rdwy-Left 17 Swerved Right 18 Swerved Left 19 Parked 20 Other 99 Unknown		Trafficway: Unit 1: 2, Unit 2: 2 0 Not Applicable 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	
Type of Intersection: 0 0 Not an Intersection 2 Y-Intersection 3 T-Intersection 4 Four-Way Intersection 5 Five-Point or More 6 Intersection as Part of Interchange 7 Traffic Circle 8 Roundabout 9 Unknown		Road Surface Conditions: Unit 1: 01, Unit 2: 01 01 Dry 02 Wet 03 Ice/Frost 04 Snow 05 Mud, Dirt, Gravel 06 Slush 07 Water (standing, moving) 08 Sand 09 Oil 10 Other 99 Unknown		Unsafe / Unlawful Contributing Factors: Unit 1: 73, Unit 2: 98 <b>FAILED TO YIELD</b> 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 <b>FOLLOWED TOO CLOSELY</b> 13 Human Element 14 Traffic Condition 15 Weather Condition <b>UNSAFE SPEED</b> 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 <b>IMPROPER TURN</b> 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 <b>CHANGED LANES UNSAFELY</b> 39 <b>STOPPED IN TRAFFIC LANE</b> <b>FAILED TO STOP</b> 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 <b>UNSAFE VEHICLE</b> 47 Brakes 48 Steering	
Incident Type: 00 00 Not an Incident 51 Private Property 52 Deliberate Intent 53 Medical Condition 54 Legal Intervention 55 Suicide 57 Drowning 58 Other		Road Character: Unit 1: 1, Unit 2: 1 Grade: 1 Level, 2 Hillcrest, 3 Uphill, 4 Downhill, 5 Sag (bottom) Road Alignment: Unit 1: 1, Unit 2: 1 1 Straight, 2 Curve - Left, 3 Curve - Right		Vehicle Removal: Unit 1: 4, Unit 2: 1 0 Not Applicable 1 Towed Due to Vehicle Damage 2 Towed For Reasons Other Than Damage 3 Remained at Scene 4 Driven from Scene 9 Unknown	
Location of First Harmful Event: 01 01 On Roadway 02 Shoulder 03 Median 04 Roadside 05 Gore 06 Separator 07 Parking Lane/Zone 08 Off Roadway, Location Unknown 09 Outside Right-of-Way 10 Other 99 Unknown		Road Surface Type: Unit 1: 2, Unit 2: 2 1 Concrete 2 Asphalt 3 Gravel 4 Dirt 5 Brick 6 Other 9 Unknown		Vehicle Condition: Unit 1: 01, Unit 2: 01 00 Not Applicable 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 15 Other 13 Wipers 99 Unknown 14 Power Train	
Driver Distracted by: Unit 1: 9, Unit 2: 0 0 Not Applicable/None 1 Electronic Communication Devices 2 Other Electronic Device 3 Other Inside Vehicle 4 Other Outside Vehicle 9 Unknown		Special Function of Vehicle: Unit 1: 1, 2, Unit 2: 00 00 Not Applicable 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 99 Unknown		Emergency Vehicle Responding to an Emergency: Unit 1: 0, Unit 2: 0 0 N/A 2 No 1 Yes 9 Unknown	
Point of First Contact on Vehicle: Unit 1: 12, Unit 2: 06 Most Damaged Area: Unit 1: 12, Unit 2: 06		Point of First Contact on Vehicle: [ ] [ ] Most Damaged Area: [ ] [ ]			

Case Number **2012-11603**

Latitude       N Longitude       W Railroad Crossing Number       Roadway Orientation Unit Number     NE SW   Unit Number     NE SW



**12<sup>TH</sup> AVENUE NE**

**APOI = 393° N & 6° W**  
**UNIT 1 SKIA = 62°**

**COLLISION EVENTS**

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

- 00 Not Applicable
- 10 Overturn/Rollover
- 11 Fire/Explosion
- 12 Immersion
- 13 Jackknife
- 14 Cargo/Equipment Loss or Shift
- 15 Equipment Failure (Blown Tire, Brake Failure, etc.)
- 16 Separation of Units
- 17 Departed Road Right
- 18 Departed Road Left
- 19 Cross Median/Centerline
- 20 Downhill Runaway

- 21 Fell/Jumped From Motor Vehicle
- 22 Thrown Or Falling Object
- 23 Other Non-Collision
- PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:**
- 30 Pedestrian
- 31 Pedal Cycle
- 32 Railway Vehicle (train, engine)
- 33 Animal
- 34 Motor Vehicle in Transport
- 35 Parked Motor Vehicle
- 36 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle

- 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**

**UNIT 2'S DRIVER ADVISED HE WAS N/B ON NE 12<sup>TH</sup> AVENUE WHEN HE OBSERVED WITNESS STOUT CROSSING THE STREET E/B IN FRONT OF HIM. UNIT 2 STOPPED TO AVOID HITTING WITNESS STOUT. UNIT 1 WAS N/B ON NE 12<sup>TH</sup> AVENUE FOLLOWING UNIT 2. UNIT 1 WAS UNABLE TO STOP AND REARENDED UNIT 2.**

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

