

DO NOT WRITE IN THIS SPACE

Incident Report

Y N Pg 1 of 4
Investigation Completed [X] Revised [X]
Investigation Made at Scene [X] Fatality [X]
Photographs [X] Hit and Run [X]

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

COMPLETE

(1) Reporting Agency: NORMAN POLICE DEPARTMENT
Case Number (Agency Use): 2013-13723
Motor Vehicles Involved: 02
Number Injured: 01
Number Killed: 00

(2) Date of Collision (mm/dd/yyyy): 10052013
Time: 1717
County Number and Name: 14 CLEVELAND
Nearest City or Town Number and Name: 20 NORMAN

(3) Distance from Nearest City or Town Limits: MI. N. MI. E. W.
Control #, Int ID, Location, East Grid, North Grid, Administrative

(4) Street, Road or Highway: CLASSEN BLVD
Distance from (Nearest) Intersecting Street, Road or Highway: LINDSEY ST.

(5) Unit: 0101D
Occupants Type: D
Last Name: EVANS PAUL
First: DARRAW
Date of Birth (mm/dd/yyyy):
Sex: M

(6) Address: 201 B.W. GRAY ST
City: NORMAN
State: OK
Zip: 73069
Telephone (Use Area Code): 4053211600

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

(8) Ejected Extricated Test (% BAC) Transported by To Medical Facility License Plate Number State Month Year
Air Bag 1 1 1 50. CI10625 OK 12 2013

(9) VIN: 21
Vehicle Year: 2009
Color: BLK
2nd Color: WHI
Make: FORD
Model: CROW
Veh. Conf.: 02
Extent of Damage: 4

(10) Insurance Company Name:
Policy Number:
Insurance Telephone (Use Area Code):

(11) Vehicle Removed by: CITY WRECKER
Owner's Last Name: CITY OF NORMAN
First:
Middle Initial:

(12) Owner's Address: 201 A.W. GRAY ST
City: NORMAN
State: OK
Zip: 73069
Towed Veh. Type: Rolled [] Phone present [X]
Burned [] Phone in use []

(13) Citation Number:
Statute/Ordinance Number:
Citation Number:
Statute/Ordinance Number:

(14) Unit: 0202D
Occupants Type: D
Last Name: HUGHES MICHAEL
First: DOUGLAS
Date of Birth (mm/dd/yyyy):
Sex: M

(15) Address: 916 BRANDYWINE LN
City: NORMAN
State: OK
Zip: 73071
Telephone (Use Area Code): 4

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

(17) Ejected Extricated Test (% BAC) Transported by To Medical Facility License Plate Number State Month Year
Air Bag 1 1 1 50. 736BHM OK 05 2014

(18) VIN:
Vehicle Year: 2008
Color: BLK
2nd Color: O
Make: FORD
Model: EXPL
Veh. Conf.: 20
Extent of Damage: 4

(19) Insurance Company Name: USAA
Policy Number: 01019 43 43 C
Insurance Telephone (Use Area Code): 8005318227

(20) Vehicle Removed by: A/A WRECKER
Owner's Last Name: SYMPSON
First: JANET
Middle Initial:

(21) Owner's Address: 2338 LINDENWOOD LN
City: NORMAN
State: OK
Zip: 73071
Towed Veh. Type: Rolled [] Phone present [X]
Burned [] Phone in use []

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

(23) Investigating Officer: Lt. Shattuck
Badge Number: 9779
Troop/Div.:
Reviewed by (Init.): TR
Reviewer Badge Number: 9465
Date of Report (mm/dd/yyyy): 10062013

Table with columns for Driver/Pedestrian Condition, Injury Severity, Type of Injury, Driver/Pedestrian Condition, Occupant Protection (OP) in Use, Air Bag Deployed, Ejected, Extricated, Chemical Test, Extent of Damage, Insurance Verification, Overloaded Load, Towed Vehicle Type.

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

JLK 0527 S

(24) Unit Injured Witness Passenger Prop. Owner Pos in Veh. **13** Last Name **SYMPSON** First **JANET** Middle Initial Date of Birth (mm/dd/yyyy) **03/13/1962** Sex **F**

(25) Address **2338 LINDENWOOD LN NORMAN** City **OK** State **73071** Zip **4054089689** Telephone (Use Area Code)

(26) Injury Severity / Type **21** OP Use **04** Air Bag Ejected **1** Extricated **1** Transported by **1** To Medical Facility **REFUSED** Property Type

(27) Unit Injured Witness Passenger Prop. Owner Pos in Veh. Last Name First Middle Initial Date of Birth (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 Witness Passenger Prop. Owner Pos in Veh. Last Name First Middle Initial Date of Birth (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 Witness 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 Carrier Name Address

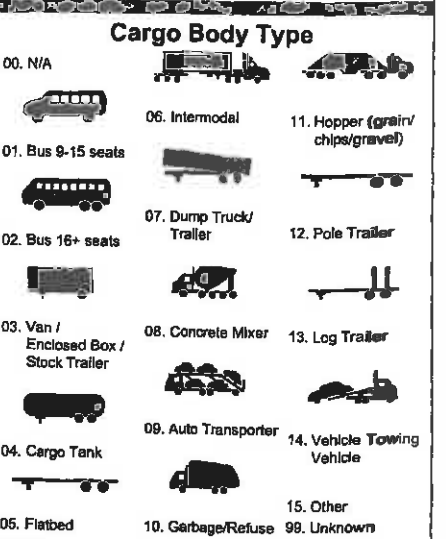
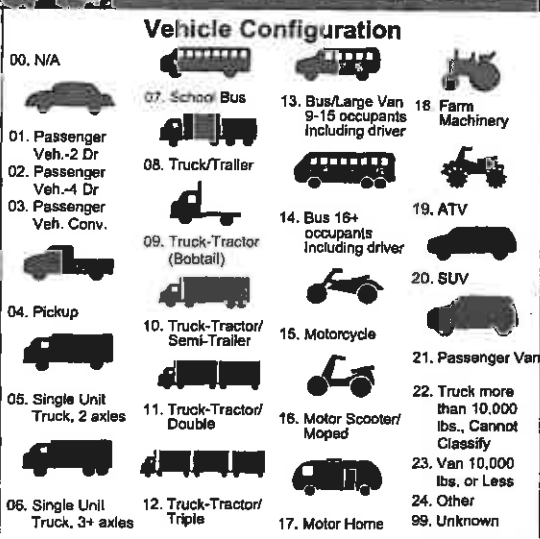
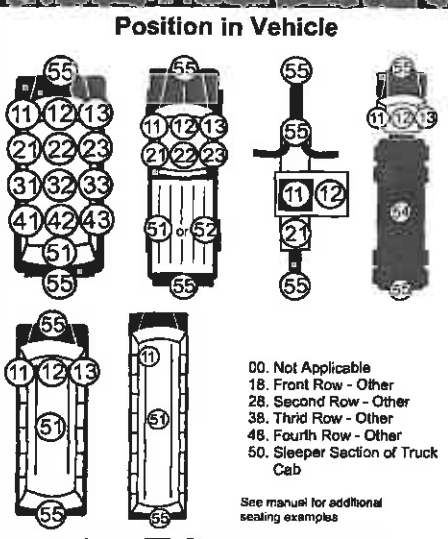
(37) City State Zip GVWR 0 - 10K lbs. 10,001 - 26K lbs. 26K+ lbs. Axle Qty. Cargo Body Vehicle Use Interstate Commerce Intrastate Commerce Other Non-Commercial Government

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

(39) Unit Carrier Name Address

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

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



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
This unit will correspond to 'Unit 1'	01	02	35			
This unit will correspond to 'Unit 2'	02	02	35			

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

Type of Work Zone		Location of the Work Zone	
1 Lane Closure	<input type="checkbox"/>	1 Before the First Work Zone Warning Sign	<input type="checkbox"/>
2 Lane Shift/Crossover	<input type="checkbox"/>	2 Advance Warning Area	<input type="checkbox"/>
3 Work on Shoulder or Median	<input type="checkbox"/>	3 Transition Area	<input type="checkbox"/>
4 Intermittent or Moving Work	<input type="checkbox"/>	4 Activity Area	<input type="checkbox"/>
9 Unknown	<input type="checkbox"/>	5 Termination Area	<input type="checkbox"/>
		9 Unknown	<input type="checkbox"/>

Light 1

- Daylight
- Dark-Not Lighted
- Dark-Lighted
- Dawn
- Dusk
- Dark-Unknown
- Lighting
- Other
- Unknown

What Vehicle Was Going to Do

Unit 1	Unit 2
04	02

Underride/Override

Unit 1	Unit 2

Weather 01

- Clear
- Fog/Smog/Smoke
- Cloudy
- Rain
- Snow
- Sleet/Hail (Freezing Rain/Drizzle)
- Severe Crosswind
- Blowing Snow
- Blowing Sand, Soil, Dirt
- Other
- Unknown

What Vehicle Did

Unit 1	Unit 2
04	01

Traffic Control

Unit 1	Unit 2
02	02

Locality 2

- Residential
- Business
- Industrial
- School
- Not Built-up
- Mixed Use
- Other
- Unknown

What Vehicle Did

Unit 1	Unit 2
04	01

Road Surface Conditions

Unit 1	Unit 2
01	01

Type of Intersection 0

- Not an Intersection
- Y-Intersection
- T-Intersection
- Four-Way Intersection
- Five-Point or More Intersection as Part of Interchange
- Traffic Circle
- Roundabout
- Unknown

Visibility Obscured by

Unit 1	Unit 2
00	00

Road Character

Grade	Unit 1	Unit 2
1 Level	1	1
2 Hillcrest		
3 Uphill		
4 Downhill		
5 Sag (bottom)		
Road Alignment	Unit 1	Unit 2
1 Straight	1	1
2 Curve - Left		
3 Curve - Right		

Incident Type 00

- Not an Incident
- Private Property
- Deliberate Intent
- Medical Condition
- Legal Intervention
- Suicide
- Drowning
- Other

Not Applicable

- Trees
- Embankment
- Building
- Signs
- Parked Vehicles
- High Weeds
- Fences
- Shrubbery
- Ice, Snow or Frost on Windows
- Smoke
- Fog
- Dust
- Rain
- Sun
- Other
- Unknown

Road Surface Type

Unit 1	Unit 2
2	2

Location of First Harmful Event 01

- On Roadway
- Shoulder
- Median
- Roadside
- Gore
- Separator
- Parking Lane/Zone
- Off Roadway, Location Unknown
- Outside Right-of-Way
- Other
- Unknown

Driver Distracted by

- Not Applicable/None
- Electronic Communication Devices
- Other Electronic Device
- Other Inside Vehicle
- Other Outside Vehicle
- Unknown

Road Surface Type

Unit 1	Unit 2
2	2

Trafficway

Unit 1	Unit 2
2	2

Unsafe / Unlawful Contributing Factors

Unit 1	Unit 2
34	98

Vehicle Removal

Unit 1	Unit 2
1	1

Vehicle Condition

Unit 1	Unit 2
01	01

Vehicle Condition

- Not Applicable
- Apparently Normal
- Brakes
- Headlights
- Steering
- Tail Lights
- Brake Lights
- Tires/Wheels
- Suspension
- Signal lights
- Windows
- Truck Coupling/Trailer Hitch/Safety Chains
- Mirrors
- Wipers
- Power Train
- Other
- Unknown

Special Function of Vehicle

Unit 1	Unit 2
08	00

Emergency Vehicle Responding to an Emergency

Unit 1	Unit 2
2	0

Point of First Contact on Vehicle

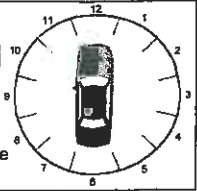
Unit 1	Unit 2
10	02

Most Damaged Area

Unit 1	Unit 2
10	02

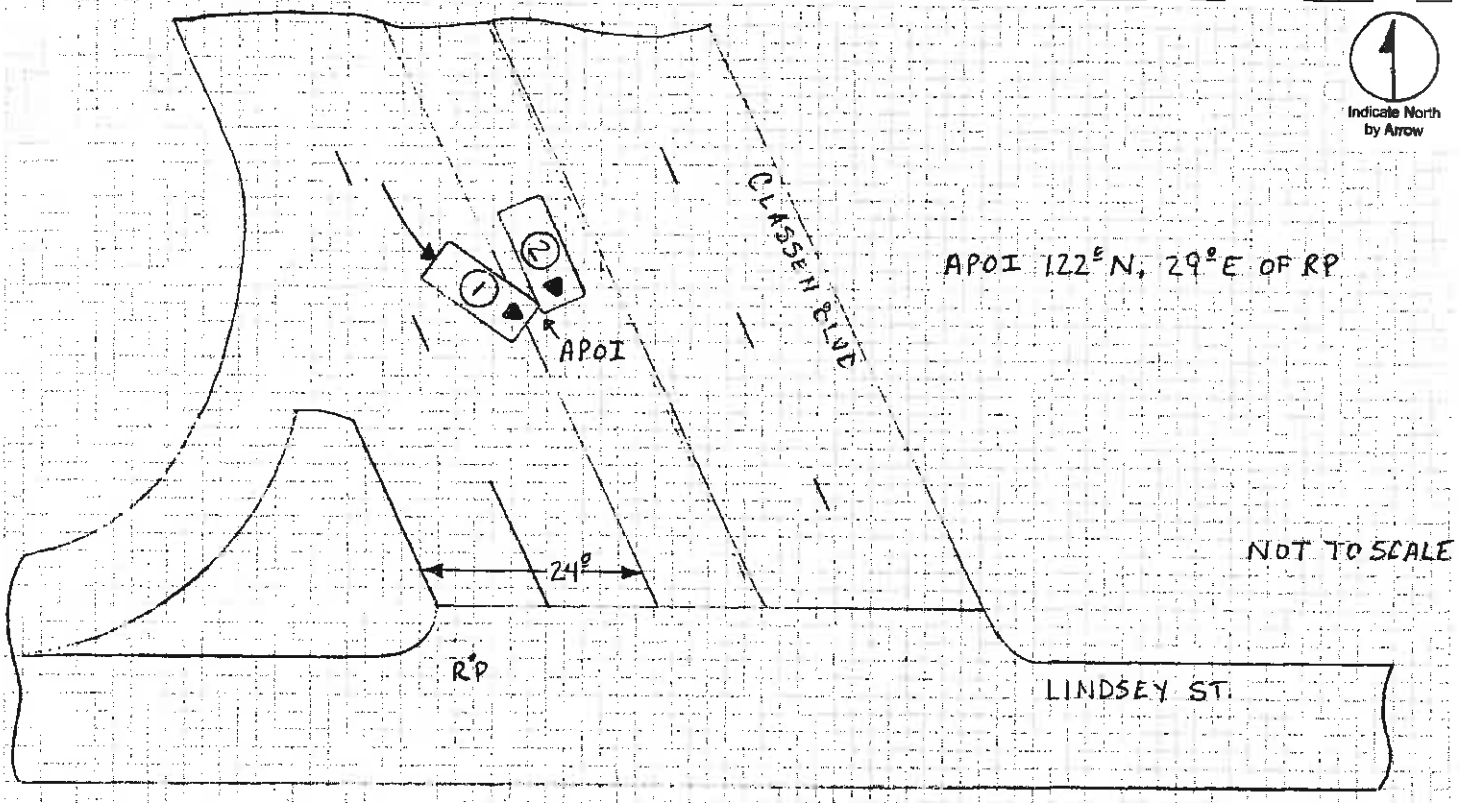
Most Damaged Area

Unit 1	Unit 2
10	02



Case Number 2013-13723

Latitude N Longitude W Railroad Crossing Number Roadway Orientation Unit Number 01 NE SW S Unit Number 02 NE SW S



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	

- 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

UNITS 1 AND 2 WERE SB ON CLASSEN BLVD APPROACHING LINDSEY ST. UNIT 2 WAS IN THE LEFT TURN LANE. UNIT 1 WAS IN THE INSIDE SB LANE AND APPROX PARALLEL WITH UNIT 2. DRIVER OF UNIT 1 ATTEMPTED TO MAKE A U-TURN IN ORDER TO STOP A TRAFFIC VIOLATION FOR A CAR THAT WAS NB. DRIVER OF UNIT 1 DID NOT SEE UNIT 2 AND TURNED HIS CAR INTO UNIT 2. THE LEFT FRONT SECTION OF UNIT 1 MADE CONTACT WITH THE RIGHT FRONT OF UNIT 2. BOTH UNITS WERE TOWED FROM THE SCENE DUE TO DAMAGE. PASSENGER OF UNIT 2 COMPLAINED OF INJURY TO FACE (POSSIBLE SCRATCHES). THIS ACCIDENT WAS COMPLETE WITH ASSISTANCE FROM MPD SMALLWOOD.