

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Incident Report

Investigation Completed
Investigation Made at Scene
Photographs

Y	N		
X		Revised	X
X		Fatality	X
X		Hit and Run	X

(1) Reporting Agency NORMAN POLICE DEPARTMENT				Case Number (Agency Use) 2019-00062599				Motor Vehicles Involved 02		Number Injured 00		Number Killed 00							
(2) Date of Collision (mm/dd/yyyy) 08042019				Time 0145		County Number and Name 14 CLEVELAND		Nearest City or Town Number and Name In <input checked="" type="checkbox"/> NORMAN Near <input type="checkbox"/>											
(3) Distance from Nearest City or Town Limits Mi. <input type="text"/> Ft. <input type="text"/> N <input type="checkbox"/> S <input type="checkbox"/>				Control # <input type="text"/>		Int ID <input type="text"/>		Location <input type="text"/>		East Grid <input type="text"/>		North Grid <input type="text"/>		Administrative <input type="text"/>					
(4) Street, Road or Highway E MAIN ST				Distance from <input type="text"/>		At <input checked="" type="checkbox"/>		Mi. <input type="text"/> Ft. <input type="text"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		of S CRAWFORD AVE									
(5) Unit 01		Occupants 01		Type D		Hit & Run <input type="checkbox"/>		Last Name VANZANT		First NATHAN		Middle <input type="text"/>		Suffix <input type="text"/>		Date of Birth (mm/dd/yyyy) <input type="text"/>		Sex M	
(6) Address 201 W GRAY ST B				City NORMAN				State OK		Zip 73069		Telephone (Use Area Code) 4053211600							
(7) Driver License Number <input type="text"/>				State OK		Class D		Endorsement(s) <input type="text"/>		Restriction(s) <input type="text"/>		Inj. Sev. 1		Type of Injury 0		Drv./Ped. Cond. 01		OP Use 04	
(8) Ejected 1		Extricated 1		Test 1		(% BAC) 5 0.		Transported by <input type="text"/>		To Medical Facility <input type="text"/>		License Plate Number C124450		State OK		Month 12		Year 2019	
(9) VIN <input type="text"/>				Vehicle Year 2015		Color BLK		2nd Color WHI		Make FORD		Model EXPL		Veh. Conf. 20		Extent of Damage 2			
(10) Insurance Company Name 4				Policy Number <input type="text"/>				Insurance Telephone (Use Area Code) <input type="text"/>											
(11) Vehicle Removed by Driver <input checked="" type="checkbox"/>				Owner's Last Name CITY OF NORMAN				First <input type="text"/>		Middle <input type="text"/>		Suffix <input type="text"/>							
(12) Owner's Address 1301 DA VINCI ST				City NORMAN				State OK		Zip 73069		Towed Veh. Type Oversized Load 0		Rollover 00		Phone present <input type="checkbox"/>		Phone in use <input type="checkbox"/>	
(13) Citation Number <input type="text"/>				Statute/Ordinance Number <input type="text"/>				Citation Number <input type="text"/>				Statute/Ordinance Number <input type="text"/>							
(14) Unit 02		Occupants 02		Type D		Hit & Run <input type="checkbox"/>		Last Name IRISH		First SERENITI		Middle <input type="text"/>		Suffix <input type="text"/>		Date of Birth (mm/dd/yyyy) <input type="text"/>		Sex F	
(15) Address MOORE				City MOORE				State OK		Zip 73160		Telephone (Use Area Code) <input type="text"/>							
(16) Driver License Number <input type="text"/>				State OK		Class D		Endorsement(s) <input type="text"/>		Restriction(s) <input type="text"/>		Inj. Sev. 1		Type of Injury 0		Drv./Ped. Cond. 00		OP Use 04	
(17) Ejected 1		Extricated 1		Test 1		(% BAC) 5 0.		Transported by <input type="text"/>		To Medical Facility <input type="text"/>		License Plate Number <input type="text"/>		State OK		Month 3		Year 2020	
(18) VIN <input type="text"/>				Vehicle Year 2011		Color GRY		2nd Color 0		Make CHEV		Model CRUZ		Veh. Conf. 02		Extent of Damage 2			
(19) Insurance Company Name 2 FARMERS				Policy Number <input type="text"/>				Insurance Telephone (Use Area Code) (405) 341-7878											
(20) Vehicle Removed by Driver <input checked="" type="checkbox"/>				Owner's Last Name <input type="text"/>				First <input type="text"/>		Middle <input type="text"/>		Suffix <input type="text"/>							
(21) Owner's Address <input type="text"/>				City <input type="text"/>				State <input type="text"/>		Zip <input type="text"/>		Towed Veh. Type Oversized Load 0		Rollover 00		Phone present <input type="checkbox"/>		Phone in use <input type="checkbox"/>	
(22) Citation Number <input type="text"/>				Statute/Ordinance Number <input type="text"/>				Citation Number <input type="text"/>				Statute/Ordinance Number <input type="text"/>							
(23) Investigating Officer Fletcher				Badge Number 109239		Trp/Div. Assigned <input type="text"/>		Trp/Div. Location <input type="text"/>		Reviewer (Init.) Bolin		Reviewer Badge Number 59979		Date of Report (mm/dd/yyyy) 842019					

Unit Type		Injury Severity		Type of Injury		Driver/Pedestrian Condition				Occupant Protection (OP) In Use			
P Driver	Z Other Cyclist	0 N/A	4 Incapacitating	0 N/A	3 Trunk - Internal	00 Not Applicable	05 Under the	08 Ill (Sick)	00 Not Applicable	05 Child Restraint Type Unknown	10 Booster Seat		
P Pedestrian	C Parked Car	1 No Injury	5 Fatal	1 Head	4 Arms	01 Apparently Normal	09 Influence of 09 Dizzy/Faint	10 Emotional	01 None Used	06 Restraint Used - Type Unknown	11 Other		
X Pedestrian	A Animal	2 Possible	9 Unknown	2 Trunk - External	5 Legs	02 Drinking - Ability Impaired	10 Medications	11 Emotional	02 Lap Belt Only	07 Helmet	99 Unknown		
Conveyance	T Train	3 Non-incapacitating		9 Unknown	0 None Given	03 Odor of Alcohol Beverage	06 Very Tired	11 Other	03 Shoulder Belt Only	08 Child Restraint - Forward Facing			
B Bicyclist						04 Illegal Drugs	07 Sleepy	99 Unknown	04 Shoulder and Lap Belt	09 Child Restraint - Rear Facing			

Air Bag Deployed		Ejected		Extricated		Chemical Test		Extent of Damage		Insurance Verification		Oversized Load		Towed Vehicle Type	
0 Not Applicable	4 Deployed - Other (knee, air belt, etc.)	0 Not Applicable	3 Ejected, Totally	0 N/A	1 No	0 N/A	4 Test Refused	0 N/A	3 Functional	0 N/A	3 Operator	0 N/A	00 N/A	05 Another Vehicle	09 Stock Trailer
1 Not Deployed		1 Not Ejected		1 No	2 Yes	1 Blood	5 None Given	1 None	4 Disabling	N Not Permitted	4 Exempt	N Not Permitted	01 Boat Trailer	06 Utility Trailer	10 Camping Trailer
2 Deployed - Front	5 Deployed - Combination	2 Ejected, Partially	9 Unknown			2 Breath	6 Other	2 Minor	9 Unknown	2 Owner			02 House Trailer	07 Homemade	11 Combination
3 Deployed - Side	9 Deployment Unknown					3 Blood/Breath							03 Farm Trailer	08 Box Trailer	12 Other
													04 Horse Trailer		99 Unknown

WARNING - STATE LAW

Use of contents for commercial solicitation is unlawful

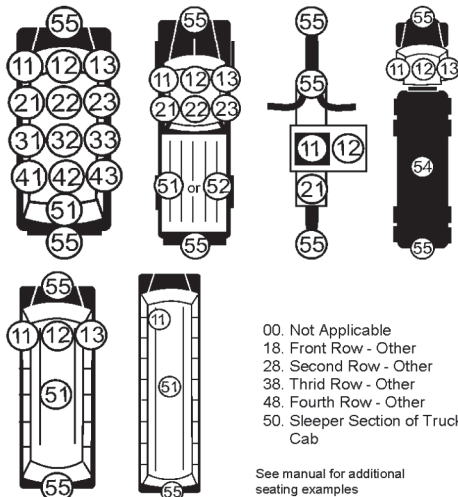


DPS: 0192-01 REV 0107

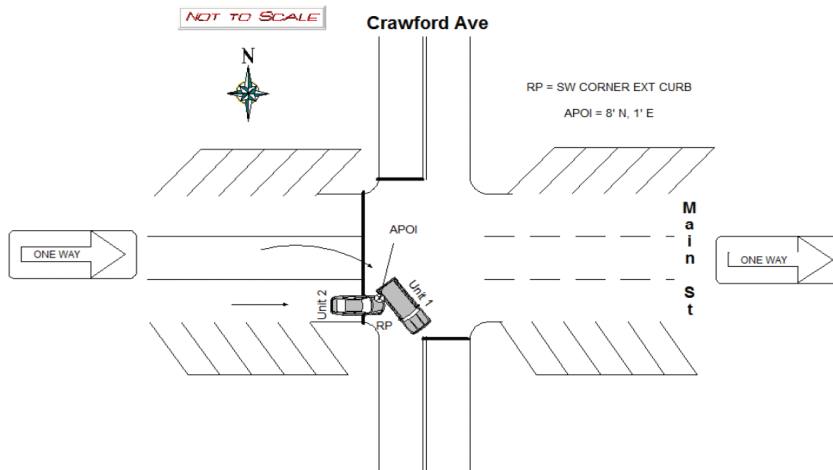
(24) Unit	Injured <input type="checkbox"/> Witness <input type="checkbox"/>	Passenger <input checked="" type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
02			13	SUMMERS	LAUREN				F
(25) Address	City				State	Zip	Telephone (Use Area Code)		
Same as Driver					OK				
(26) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type		
1 0	04	1	1	1					
(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)		
Same as Driver									
(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)		
Same as Driver									
(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)		
Same as Driver									
(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. GCWR <input type="checkbox"/> 10,001 - 26K lbs. 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"/>
(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"/>	
(39) Unit	Carrier Name	Address				
(40) City	State	Zip	GVWR <input type="checkbox"/> 0 - 10K lbs. GCWR <input type="checkbox"/> 10,001 - 26K lbs. 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			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Position in Vehicle  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	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
--	--	---

2010 600-0000				Pedestrian / Pedalcyclist Only				Was the collision in or near a construction or utility work zone? (If yes, complete this section)					
Unit		Total Lanes in Roadway	Legal Speed	Actions Prior to Collision	Location at Time of Collision	Safety Equip.	Unit Number of Vehicle Striking	Type of Work Zone		Location of the Work Zone Collision		Yes	No
This unit will correspond to 'Unit 1'		01	02	25				1 Lane Closure		1 Before the First Work Zone Warning Sign		<input type="checkbox"/>	<input checked="" type="checkbox"/>
This unit will correspond to 'Unit 2'		02	03	25				2 Lane Shift/Crossover		2 Advance Warning Area		<input type="checkbox"/>	
								3 Work on Shoulder or Median		3 Transition Area			
								4 Intermittent or Moving Work		4 Activity Area			
								9 Unknown		5 Termination Area			
										9 Unknown			
Light		3	What Vehicle Was Going to Do		Unit 1 03	Unit 2 01	Override/Override		Unit 1	Unit 2			
1 Daylight			00 Not Applicable				0 Not Applicable						
2 Dark-Not Lighted			01 Go Ahead				1 No Override or Override						
3 Dark-Lighted			02 Turn Left				2 Underide, Compartment Intrusion						
4 Dawn			03 Turn Right				3 Underide, No Compartment Intrusion						
5 Dusk			04 Make "U" Turn				4 Underide, Compartment Intrusion Unknown						
6 Dark-Unknown Lighting			05 Stop				5 Override, Motor Vehicle in Transport						
7 Other			06 Slow for Cause				6 Override, Other Motor Vehicle						
9 Unknown			07 Start from Park/Stop				9 Unknown						
Weather		01	What Vehicle Did		Unit 1 03	Unit 2 01	Traffic Control		Unit 1 02	Unit 2 02			
01 Clear			00 Not Applicable				00 No Control						
02 Fog/Smog/Smoke			01 Went Ahead				01 Stop Sign						
03 Cloudy			02 Turned Left				02 Traffic Signal						
04 Rain			03 Turned Right				03 Flashing Traffic Signal						
05 Snow			04 Entered "U" Turn				04 School Zone Signs						
06 Sleet/Hail (Freezing Rain/Drizzle)			05 Stopped				05 Yield Sign						
07 Severe Crosswind			06 Slowed				06 Warning Sign						
08 Blowing Snow			07 Started From Park/Stop				07 Railroad Advance Warning Sign						
09 Blowing Sand, Soil, Dirt			08 Entered Other Lane				08 Railroad Cross Bucks						
10 Other			09 Overtaking				09 Railroad Gates						
99 Unknown			10 Passing				10 Railroad Signal						
Locality		2	What Vehicle Did		Unit 1 03	Unit 2 01	Road Surface Conditions		Unit 1 01	Unit 2 01			
1 Residential			00 Not Applicable				01 Dry						
2 Business			01 Went Ahead				02 Wet						
3 Industrial			02 Turned Left				03 Ice/Frost						
4 School			03 Turned Right				04 Snow						
5 Not Built-up			04 Entered "U" Turn				05 Mud, Dirt, Gravel						
6 Mixed Use			05 Stopped				06 Slush						
7 Other			06 Slowed				07 Water (standing, moving)						
9 Unknown			07 Started From Park/Stop				08 Sand						
Type of Intersection		4	08 Entered Other Lane				09 Oil						
0 Not an Intersection			09 Overtaking				10 Other						
2 Y-Intersection			10 Passing				99 Unknown						
3 T-Intersection			11 Backed				Road Character		Unit 1 1	Unit 2 1			
4 Four-Way Intersection			12 Remained Stopped				Grade						
5 Five-Point or More Intersection as Part of Interchange			13 Remained Parked				1 Level						
7 Traffic Circle			14 Entered/Merged				2 Hillcrest						
8 Roundabout			15 Departed Rdwy-Right				3 Uphill						
9 Unknown			16 Departed Rdwy-Left				4 Downhill						
Incident Type		00	17 Swerved Right				5 Sag (bottom)						
00 Not an Incident			18 Swerved Left				Road Alignment		Unit 1 1	Unit 2 1			
51 Private Property			19 Parked				1 Straight						
52 Deliberate Intent			20 Other				2 Curve - Left						
53 Medical Condition			99 Unknown				3 Curve - Right						
54 Legal Intervention			Visibility Obscured by		Unit 1 00	Unit 2 00	Road Surface Type		Unit 1 2	Unit 2 2			
55 Suicide			00 Not Applicable				1 Concrete						
57 Drowning													



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
Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	
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	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 02 WAS FACING EASTBOUND. UNIT 01 WAS EASTBOUND BUT TURNED RIGHT ON TO CRAWFORD, SOUTHBOUND. UNIT 01 HAD EMERGENCY LIGHTS ACTIVATED BUT NO SIREN AND WAS ATTEMPTING TO FOLLOW ANOTHER OFFICER TO PARK ON CRAWFORD IN REFERENCE TO A FIGHT CALL WHERE MORE OFFICERS WERE REQUESTED. WHEN UNIT 01 TURNED RIGHT, HE DID SO FROM ONE OF THE LANES NEXT TO UNIT 02. HE TURNED IN FRONT OF UNIT 02 WHICH WAS IN THE OUTSIDE LANE. THE TRAFFIC SIGNAL FOR UNIT 02 TURNED GREEN, AND UNIT 02 PROCEEDED FORWARD AS UNIT 01 TURNED IN FRONT, RESULTING IN THE COLLISION. UNIT 02 STATED THE LIGHT TURNED GREEN AND SO SHE DROVE FORWARD. UNIT 01 DID NOT KNOW IF THE LIGHT HAD TURNED GREEN FOR UNIT 02.

