

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Incident Report

Investigation Completed

Investigation Made at Scene

Photographs

Y	N	Y	N
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Revised		Fatality	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hit and Run	<input checked="" type="checkbox"/>

(1) Reporting Agency NORMAN POLICE DEPARTMENT		Case Number (Agency Use) 2012-14704		Motor Vehicles Involved 02	Number Injured 00	Number Killed 00	
(2) Date of Collision (mm/dd/yyyy) 10232012		Time 0850	County Number and Name 14 CLEVELAND	Nearest City or Town Number and Name In <input checked="" type="checkbox"/> 20 NORMAN Near <input type="checkbox"/>			
(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 <input type="checkbox"/> FL <input type="checkbox"/>		Control #	Int ID	Location	East Grid	North Grid	
(4) Street, Road or Highway CLASSEN BOULEVARD		Distance from 0128	(Nearest) Intersecting Street, Road or Highway CHICKASHA STREET				
(5) Unit 01	Occupants Type 01	HR & Run D	Last Name WHITE	First DAVID	Middle LEROY	Suffix	
(6) Address 431 156TH AVENUE NE		City NORMAN	State OK	Zip 73026	Telephone (Use Area Code)		
(7) Driver License Number		State OK	Class D	Endorsement(s)	Restriction(s)	Inj. Sev. 1	
(8) Ejected Extricated Test (% BAC) Transported by Air Bag 1 1 1 5 0		To Medical Facility	License Plate Number	State OK	Month 05	Year 2013	
(9) VIN		Vehicle Year 2008	Color BLK	2nd Color 0	Make NISS	Model ALTI	
(10) Insurance Company Name PROGRESSIVE DIRECT INSURANCE		Policy Number 18457724-7	Insurance Telephone (Use Area Code) 8007764737				
(11) Vehicle Removed by QUICK WRECKER		Owner's Last Name	First	Middle	Suffix		
(12) Owner's Address		City	State	Zip	Towed Veh. Type		
(13) Citation Number		Statute/Ordinance Number	Citation Number	Statute/Ordinance Number	Towed Veh. Type		
(14) Unit 02	Occupants Type 01	HR & Run D	Last Name CRANE	First ADAM	Middle COLLIN	Suffix	
(15) Address 201 B WEST GRAY		City NORMAN	State OK	Zip 73069	Telephone (Use Area Code) 4053211600		
(16) Driver License Number		State OK	Class D	Endorsement(s)	Restriction(s)	Inj. Sev. 1	
(17) Ejected Extricated Test (% BAC) Transported by Air Bag 1 1 1 5 0		To Medical Facility	License Plate Number CI 10917	State OK	Month 12	Year 2013	
(18) VIN 2FAFP71W33X122204		Vehicle Year 2002	Color BLK	2nd Color WHT	Make FORD	Model CROW	
(19) Insurance Company Name		Policy Number	Insurance Telephone (Use Area Code)				
(20) Vehicle Removed by CITY OF NORMAN WRECKER		Owner's Last Name CITY OF NORMAN	First	Middle	Suffix		
(21) Owner's Address 201 B WEST GRAY		City NORMAN	State OK	Zip 73069	Towed Veh. Type		
(22) Citation Number		Statute/Ordinance Number	Citation Number	Statute/Ordinance Number	Towed Veh. Type		
(23) Investigating Officer LT. RIDDLES		Badge Number 9465	Tpr/Div. Assigned	Tpr/Div. Location	Reviewer (Init.) DR	Reviewer Badge Number MB	
Date of Report (mm/dd/yyyy) 10232012							
Unit Type D Driver P Pedestrian X Pedestrian C Conveyance B Bicyclist		Injury Severity 0 N/A 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal 6 Unknown		Type of Injury 0 N/A 1 Head 2 Trunk 3 Internal 4 Arms 5 Legs 6 Unknown		Driver/Pedestrian Condition 00 Not Applicable 01 Apparently Normal 02 Drinking - Ability Impaired 03 Order of Alcohol Beverage 04 Illegal Drugs 05 Under the Influence of 06 Drowsy/Fatigued 07 Medications 08 Emotional 09 Sleepy 10 Other	
Occupant Protection (OP) in Use 00 N/A 01 None Used 02 Lap Belt Only 03 Shoulder Belt Only 04 Shoulder and Lap Belt		Child Restraint Type Unknown 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 Deployed - Combination 6 Deployment Unknown		Ejected 0 Not Applicable 1 Not Ejected 2 Ejected, Partially 3 Ejected, Totally 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 Operator 2 Owner 3 Operator 4 Exempt P Permitted		Overized Load 0 N/A 1 Not Permitted P 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 Homeade 08 Trailer 09 Box Trailer 06 Stock Trailer 10 Camping Trailer 11 Combination 12 Other 99 Unknown	

WARNING - STATE LAW

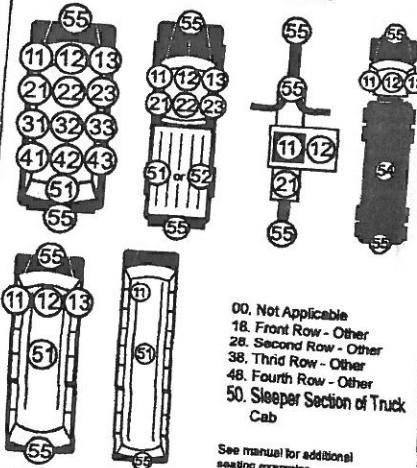
Use of contents for commercial solicitation is unlawful

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

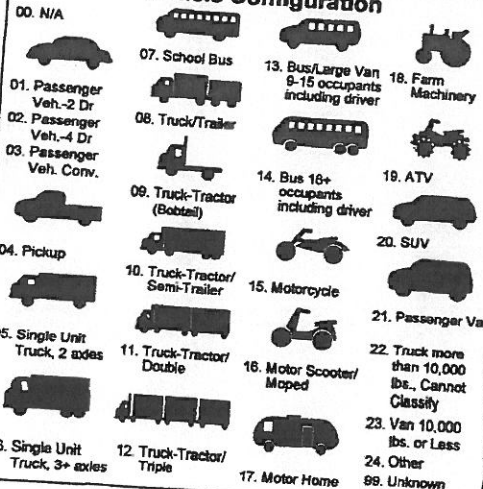
Complete information below if this vehicle is being used for COMMERCE/BUSINESS and has a GVWR/GCWR IN EXCESS OF 10,000 LBS., or has a HAZMAT PLACARD, or is a BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER

(36) Unit	Carrier Name	Address	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
(37) City					Placard Number	Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release
(38) U.S. DOT Number	NASI Report Number	OK			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Intestate Commerce <input type="checkbox"/> Intrastate Commerce <input type="checkbox"/> Other Non-Commercial <input type="checkbox"/> Government <input type="checkbox"/>
(39) Unit	Carrier Name	Address	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
(40) City					Placard Number	Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release
(41) U.S. DOT Number	NASI Report Number	OK			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Intestate Commerce <input type="checkbox"/> Intrastate Commerce <input type="checkbox"/> Other Non-Commercial <input type="checkbox"/> Government <input type="checkbox"/>

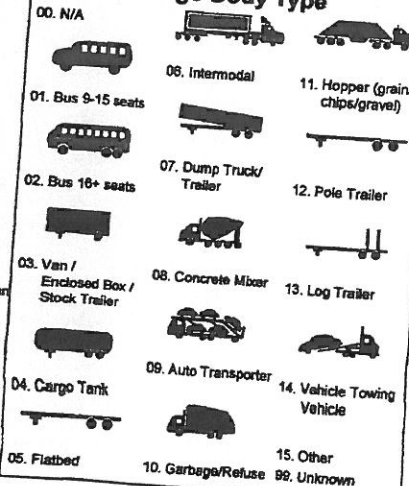
Position in Vehicle



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)		
			Actions Prior to Collision	Location at Time of Collision	Safety Equip.	Unit Number of Vehicle Striking	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
01	04	35						
02	04	35						
This unit will correspond to Unit 1								
This unit will correspond to Unit 2								
Light 1								
1 Daylight 2 Dark-Not Lighted 3 Dark-Lighted 4 Dawn 5 Dusk 6 Dark-Unknown 7 Lighting 8 Other 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								
Locality 1								
1 Residential 2 Business 3 Industrial 4 School 5 Not Built-up 6 Mixed Use 7 Other 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								
Incident Type 00								
00 Not an Incident 51 Private Property 52 Deliberate Intent 53 Medical Condition 54 Suicide 55 Drowning 56 Other								
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								
What Vehicle Was Going to Do Unit 1 Unit 2								
01 01 04								
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								
What Vehicle Did Unit 1 Unit 2								
01 01 04								
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								
Visibility Obscured by Unit 1 Unit 2								
00 00 00								
00 Not Applicable 01 Trees 02 Embankment 03 Building 04 Signs 05 Parked Vehicles 06 High Weeds 07 Fences 08 Shrubby 09 Ice, Snow or Frost on Windows 10 Smoke 11 Fog 12 Dust 13 Rain 14 Sun 15 Other 99 Unknown								
Driver Distracted by Unit 1 Unit 2								
0 0 0								
0 Not Applicable/None 1 Electronic Communication Device 2 Other Electronic Device 3 Other Inside Vehicle 4 Other Outside Vehicle 9 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								
Traffic Control Unit 1 Unit 2								
00 00 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								
Road Surface Conditions Unit 1 Unit 2								
01 01 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								
Road Character 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								
Road Surface Type Unit 1 Unit 2								
2 2 2								
1 Concrete 2 Asphalt 3 Gravel 4 Dirt 5 Brick 6 Other 9 Unknown								
Emergency Vehicle Responding to an Emergency Unit 1 Unit 2								
0 2 0								
0 N/A 2 No 1 Yes 9 Unknown								
Workers Present Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>								
Type of Work Zone								
1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 9 Unknown								
Location of the Work Zone Collision								
1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area 9 Unknown								
Trafficway Unit 1 Unit 2								
2 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								
Vehicle Removal Unit 1 Unit 2								
1 1 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								
Vehicle Condition Unit 1 Unit 2								
01 01 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								
Special Function of Vehicle Unit 1 Unit 2								
00 08 08								
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								
Unsafe / Unlawful Contributing Factors Unit 1 Unit 2								
98 34 98								
FAILED TO YIELD								
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 12 Other								
FOLLOWED TOO CLOSELY								
13 Human Element 14 Traffic Condition 15 Weather Condition 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								
UNSAFE SPEED								
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								
CHANGED LANES UNSAFELY								
38 Stopped in Traffic Lane 39 Failed to Stop 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								
UNSAFE VEHICLE								
47 Brakes 48 Steering								
Point of First Contact on Vehicle Unit 1 Unit 2								
01 09 01 09								
Most Damaged Area Unit 1 Unit 2								
01 09 01 09								
00 Not Applicable 14 Undercarriage 99 Unknown								

Case Number 2012-14704

Latitude

Longitude

 N W

Railroad Crossing Number

Roadway Orientation

Unit Number 01 NE SW S

Pg 4 of 4

Unit Number 02 NE SW S


Indicate North by Arrow

Point of Impact is 128'9" north and 21 feet west
of the northeast corner of the intersection of
Classen and Chickasha

NOT TO SCALE



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	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

UNITS ONE AND TWO WERE SOUTHBOUND ON CLASSEN IN THE INSIDE LANE. UNIT TWO WAS GOING TO MAKE A U TURN TO ASSIST WITH A TRAFFIC COLLISION JUST NORTH. UNIT ONE WAS TRAVELING DIRECTLY BEHIND UNIT TWO WHEN UNIT TWO BEGAN TO NEGOTIATE A U TURN. UNIT TWO PULLED TO THE OUTSIDE LANE AND SLOWED TO ALMOST A STOP WAITING FOR AN OPENING TO OCCUR IN THE ONCOMING TRAFFIC LANES. UNIT TWO BEGAN TO INITIATE THE U TURN AND PULLED BACK INTO THE INSIDE LANE DIRECTLY INTO THE PATH OF UNIT ONE. THE FRONT PASSENGER SIDE QUARTER PANEL/BUMPER OF UNIT ONE STRUCK THE DRIVER SIDE DOOR OF UNIT TWO. THE DRIVER'S OF BOTH UNITS WERE CONSISTENT IN THEIR STATEMENTS THAT NO EMERGENCY EQUIPMENT HAD BEEN ACTIVATED ON UNIT TWO PRIOR TO 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