

RELEASE BY RECORDS
Oklahoma City Police Department
Capt. Taylor Dinh
Supt. Of Records
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Incident Report Y N
Investigation Completed Revised
Investigation Made at Scene Fatality
Photographs Hit and Run

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

(1) Reporting Agency: OKLAHOMA CITY POLICE DEPARTMENT
Case Number (Agency Use): 2020-0041949
Motor Vehicles Involved: 02
Number Injured: 00
Number Killed: 00

(2) Date of Collision (mm/dd/yyyy): 06/04/2020
Time: 1536
County Number and Name: 55 OKLAHOMA
Nearest City or Town Number and Name: 70 OKLAHOMA CITY

(3) Distance from Nearest City or Town Limits
Control # Int ID Location East Grid North Grid Administrative
00 00 00 00 PARIS

(4) Street, Road or Highway: 9300 N ROCKWELL
Distance from (Nearest) Intersecting Street, Road or Highway: PRIVATE

(5) Unit: 01
Occupants: 01
Type: D
Last Name: SMITH
First: JASON
Middle: T
Date of Birth (mm/dd/yyyy): [REDACTED]
Sex: M

(6) Address: 415 E MAIN ST
City: NORMAN
State: OK
Zip: 73069
Telephone (Use Area Code): (405)307-7200

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

(8) Ejected: 1
Extricated: 1
Test: 1
(% BAC): 0.0
Transported by: [REDACTED]
To Medical Facility: [REDACTED]
License Plate Number: C122731
State: OK
Month: 03
Year: 2014

(9) VIN: 1FT7W2B62EEB47182
Vehicle Year: 2014
Color: RED
2nd Color: YEL
Make: FORD
Model: F250
Veh Conf: 04
Extent of Damage: 3

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

(11) Vehicle Removed by: [REDACTED]
Owner's Last Name: CITY OF NORMAN
First: [REDACTED]
Middle: [REDACTED]
Suffix: [REDACTED]

(12) Owner's Address: 1301 DA VINCI ST
City: NORMAN
State: OK
Zip: [REDACTED]
Towed Veh Type: 00
Oversized Load: 0
Rollover: [REDACTED]
Phone present: [REDACTED]
Burned: [REDACTED]
Phone in use: [REDACTED]

(13) Citation Number: [REDACTED]
Statute/Ordinance Number: [REDACTED]
Citation Number: [REDACTED]
Statute/Ordinance Number: [REDACTED]

(14) Unit: 02
Occupants: 02
Type: D
Last Name: JOY
First: HOUSTON
Middle: C
Date of Birth (mm/dd/yyyy): [REDACTED]
Sex: M

(15) Address: 6708 LAUREL RD
City: OKLAHOMA CITY
State: OK
Zip: 73162
Telephone (Use Area Code): (405)414-1182

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

(17) Ejected: 1
Extricated: 1
Test: 1
(% BAC): 0.0
Transported by: [REDACTED]
To Medical Facility: [REDACTED]
License Plate Number: CLR897
State: OK
Month: 06
Year: 2020

(18) VIN: [REDACTED]E9GH677024
Vehicle Year: 2016
Color: GLD
2nd Color: 0
Make: HYUN
Model: ELAN
Veh Conf: 02
Extent of Damage: 3

(19) Insurance Company Name: LIBERTY MUTUAL
Policy Number: [REDACTED]
Insurance Telephone (Use Area Code): 9

(20) Vehicle Removed by: [REDACTED]
Owner's Last Name: [REDACTED]
First: [REDACTED]
Middle: [REDACTED]
Suffix: [REDACTED]

(21) Owner's Address: [REDACTED]
City: [REDACTED]
State: [REDACTED]
Zip: [REDACTED]
Towed Veh Type: 00
Oversized Load: 0
Rollover: [REDACTED]
Phone present: [REDACTED]
Burned: [REDACTED]
Phone in use: [REDACTED]

(22) Citation Number: [REDACTED]
Statute/Ordinance Number: [REDACTED]
Citation Number: [REDACTED]
Statute/Ordinance Number: [REDACTED]

(23) Investigating Officer: Joseph Gibson
Badge Number: 2146
Trp/Div. Assigned: HF
Trp/Div. Location: HF
Reviewer (Init.): RF
Reviewer Badge Number: 1368
Date of Report (mm/dd/yyyy): 06/04/2020

Table with columns for Driver/Pedestrian, 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, Oversized Load, Towed Vehicle Type.

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(24) Unit Injured Passenger Witness Prop. Owner Pos In Veh 13 Last Name HANNAH First MORGAN Middle Suffix DOB(mm/dd/yyyy) Sex F

(25) Address City EDMOND State OK Zip Telephone (Use Area Code)

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

(27) Unit Injured Passenger Witness Prop. Owner 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 Passenger Witness Prop. Owner 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 Passenger Witness Prop. Owner 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

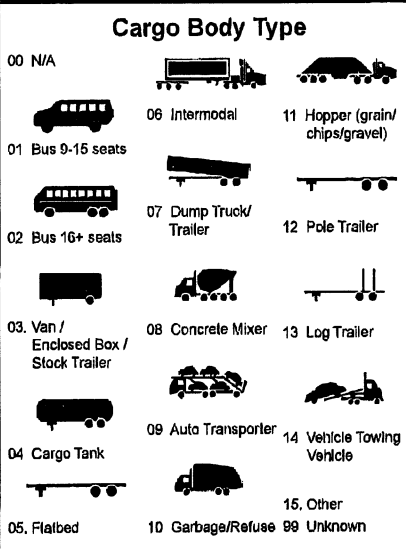
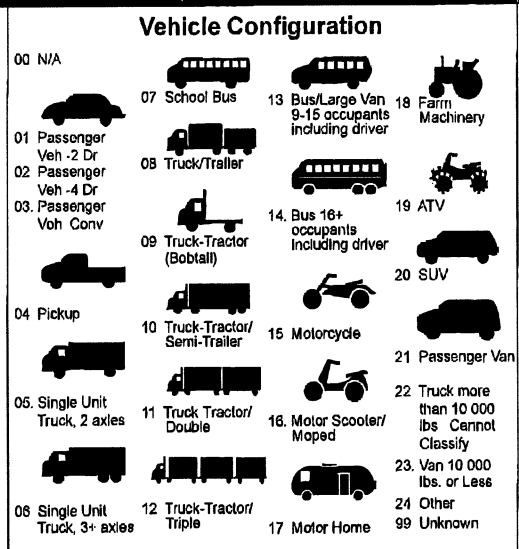
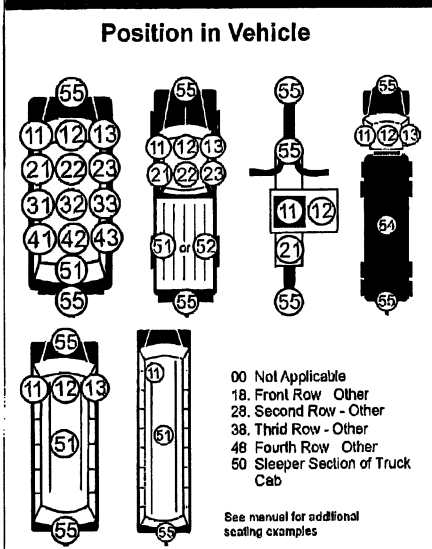
(37) City State Zip GVWR 0 10K lbs 10,001 26K lbs 26K+ lbs Axle Qty Cargo Body Vehicle Use Interstate Commerce Intrastate Commerce Other Non-Commercial Government

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



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Unit	Total Lanes in Roadway	Legal Speed	Pedestrian / Pedalcyclist Only			
01	00	00	Actions Prior to Collision	Location at Time of Collision	Safety Equip	Unit Number of Vehicle Striking
02	00	00				

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

Type of Work Zone

1 Lane Closure 2 Lane Shift/Invasion 3 Work on Shoulder 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

Workers Present Yes No Unknown

Light 1 Daylight 2 Dark-Not Lighted 3 Dark-Lighted 4 Dawn 5 Dusk 6 Dark-Unknown Lighting 7 Other 9 Unknown

Weather 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

What Vehicle Was Going to Do

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

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

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

What Vehicle Did Unit 1: 11, Unit 2: 12

Type of Intersection 0 Not an Intersection 2 Y-Intersection 3 T-Intersection 4 Four-Way Intersection 5 Five-Point or More Intersection as Part of Interchange 7 Traffic Circle 8 Roundabout 9 Unknown

Visibility Obscured by Unit 1: 15, Unit 2: 00

Incident Type 51 Private Property

Location of First Harmful Event 10 On Roadway

Driver Distracted by Unit 1: 0, Unit 2: 0

Driver Distracted by 0 Not Applicable/None 1 Electronic Communication Devices 2 Other Electronic Device 3 Other Inside Vehicle 4 Other Outside Vehicle 9 Unknown

Road Surface Type Unit 1: 2, Unit 2: 2

Trafficway Unit 1: 0, Unit 2: 0

Vehicle Removal Unit 1: 4, Unit 2: 4

Vehicle Condition Unit 1: 01, Unit 2: 01

Road Surface Conditions Unit 1: 01, Unit 2: 01

Road Character Unit 1: 1, Unit 2: 1

Road Alignment Unit 1: 0, Unit 2: 0

Unsafe/Unlawful Contributing Factors Unit 1: 00, Unit 2: 00

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

IMPROPER OVERTAKING 62 In Marked Zone 63 On Hill/Curve 64 At Intersection 65 Without Sufficient Clearance 66 Other

IMPROPER PARKING 67 On Roadway 68 Where Prohibited 69 Other

INATTENTION 70 Distracted by Passenger in Vehicle 71 Other Distraction Inside Vehicle 72 Distraction From Outside Vehicle 73 Other

WRONG WAY 74 On One Way 75 On Exit Ramp 76 On Entrance Ramp 77 Other

IMPROPER START FROM 78 Parked Position 79 Other

ALCOHOL-DUI/DWI 80

DRUG-DUI 81

OTHER IMPROPER ACT/MOVEMENT 82 Failed to Signal 83 Disregarded Warning Signal 84 Improper Use of Lane 85 Improper Backing 86 Apparently Sleepy 87 Failed to Secure Load 88 Other/Unknown

UNKN./NO IMPROPER ACT 89

Animal in Roadway 90

Deer in Roadway 91

Domestic Animal in Rdwy 92

Avoiding Other Vehicle 93

Avoiding Pedestrian 94

Object/Debris in Roadway 95

Defect in Roadway 96

Abnormal Traffic Control 97

Improper Bicyclist Action 98

NO IMPROPER ACTION BY DRIVER 99

PEDESTRIAN ACTION 99

Road Character Unit 1: 1, Unit 2: 1

Road Alignment Unit 1: 0, Unit 2: 0

Road Surface Type Unit 1: 2, Unit 2: 2

Special Function of Vehicle Unit 1: 11, Unit 2: 00

Emergency Vehicle Responding to an Emergency Unit 1: 2, Unit 2: 0

Point of First Contact on Vehicle Unit 1: 05, Unit 2: 07

Most Damaged Area Unit 1: 05, Unit 2: 07

Point of First Contact on Vehicle (Diagram)

Most Damaged Area (Diagram)

Point of First Contact on Vehicle Unit 1: 05, Unit 2: 07

Most Damaged Area Unit 1: 05, Unit 2: 07

Point of First Contact on Vehicle (Diagram)

Most Damaged Area (Diagram)

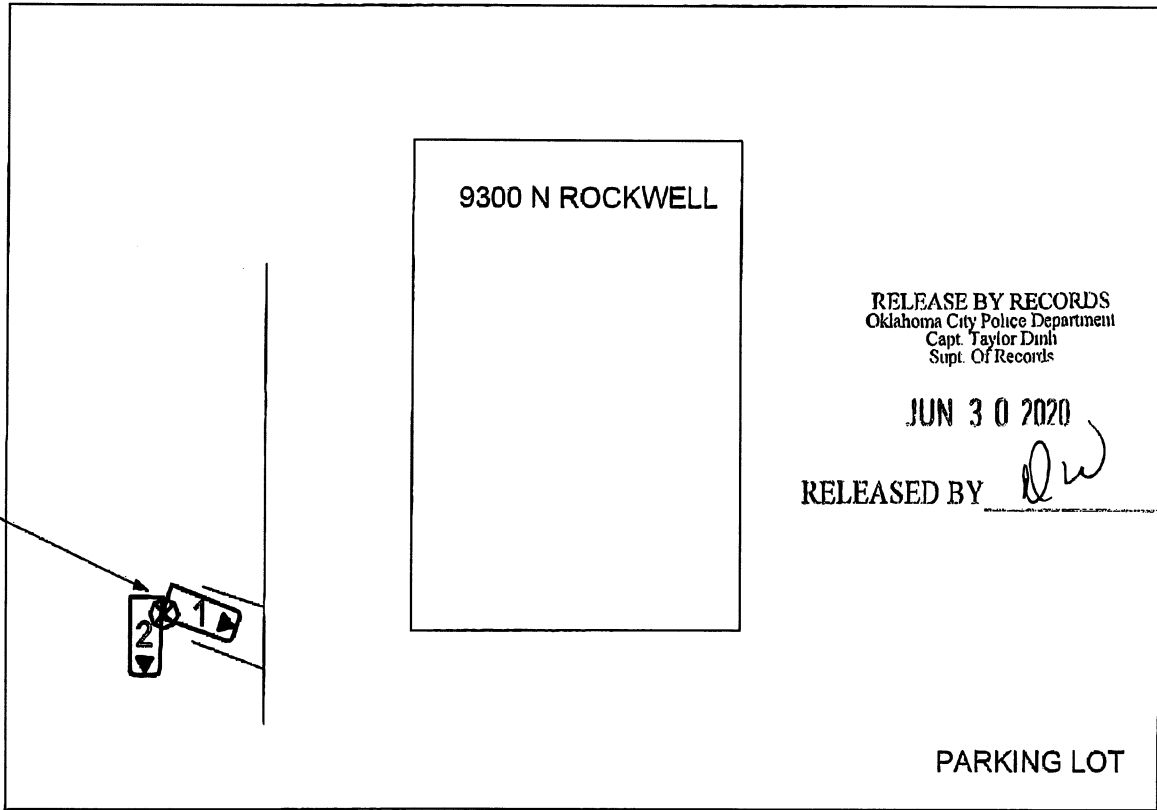
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Latitude N Longitude W Railroad Crossing Number Roadway Orientation Unit Number 01 NE 0 SW 0 Unit Number 02 NE 0 SW 0



COLLISION EVENTS

Unit <input type="text"/> 01	First Event <input type="text"/> 34	Second Event <input type="text"/> 00	Third Event <input type="text"/> 00	Fourth Event <input type="text"/> 00	Most Harmful Event <input type="text"/> 34	First Harmful Event for the Entire Collision <input type="text"/> 34
Unit <input type="text"/> 02	First Event <input type="text"/> 34	Second Event <input type="text"/> 00	Third Event <input type="text"/> 00	Fourth Event <input type="text"/> 00	Most Harmful Event <input type="text"/> 34	<input type="text"/>

- 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 1 WAS BACKING OUT OF A PARKING SPOT AT SONIC UNIT 2 HAD ALREADY BACKED OUT OF A PARKING SPOT AND WAS ABOUT TO DRIVE FORWARD UNIT 1 RAN INTO UNIT 2

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

