

Warning - State Law.
Use of contents for
commercial solicitation
is unlawful.

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Incident Report

Y	N
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Y	N
<input type="checkbox"/>	<input checked="" type="checkbox"/>
Y	N
<input type="checkbox"/>	<input checked="" type="checkbox"/>
Y	N
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Investigation Completed	<input type="checkbox"/>	Revised	<input type="checkbox"/>
Investigation Made at Scene	<input type="checkbox"/>	Fatality	<input type="checkbox"/>
Photographs	<input checked="" type="checkbox"/>	Hit and Run	<input type="checkbox"/>

(1) Reporting Agency	Case Number (Agency Use)	Motor Vehicles Involved	Number Injured	Number Killed
NORMAN POLICE DEPARTMENT	2017-00080931	02	00	00

(2) Date of Collision (mm/dd/yyyy)	Time	County Number and Name	Nearest City or Town Number and Name
10302017	1212	14 CLEVELAND	In <input checked="" type="checkbox"/> Near <input type="checkbox"/> 20 NORMAN

(3) Distance from Nearest City or Town Limits	Control #	Int. ID	Location	East Grid	North Grid	Administrative
Mi. <input type="checkbox"/> Ft. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(4) Street, Road or Highway	Distance from	(Nearest) Intersecting Street, Road or Highway
BANDERA TRL	At <input checked="" type="checkbox"/> of	N PORTER AVE

(5) Unit	Occupants	Type	Ht & Run	Last Name	First	Middle	Suffix	Date of Birth (mm/dd/yyyy)	Sex
01	01	D	<input type="checkbox"/>	YOUNTS	JERRY				M

(6) Address	City	State	Zip	Telephone (Use Area Code)
		OK		

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

(8) Ejected	Extricated	Test	(% BAC)	Transported by	To Medical Facility	License Plate Number	State	Month	Year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0			C126981	OK	12	2017

(9) VIN	Vehicle Year	Color	2nd Color	Make	Model	Veh. Conf.	Extent of Damage
	2010	WHI	0	CONS	06		4

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

(11) Vehicle Removed by	Owner's Last Name	First	Middle	Suffix
<input type="checkbox"/>	OTHER (SEE NARR)			

(12) Owner's Address	City	State	Zip	Towed Veh. Type
201 W GRAY ST	NORMAN	OK	73069	Oversized Load <input type="checkbox"/> 0 <input type="checkbox"/> 00 Rollover <input type="checkbox"/> Burned <input type="checkbox"/> Phone present <input checked="" type="checkbox"/> Phone in use <input type="checkbox"/>

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

(14) Unit	Occupants	Type	Ht & Run	Last Name	First	Middle	Suffix	Date of Birth (mm/dd/yyyy)	Sex
02	01	D	<input type="checkbox"/>	HINKLE	TROY				M

(15) Address	City	State	Zip	Telephone (Use Area Code)
	NOBLE	OK	73068	

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

(17) Ejected	Extricated	Test	(% BAC)	Transported by	To Medical Facility	License Plate Number	State	Month	Year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0				OK	06	2018

(18) VIN	Vehicle Year	Color	2nd Color	Make	Model	Veh. Conf.	Extent of Damage
2	2007	YEL	ONG	PTRB		06	3

(19) Insurance Company Name	Policy Number	Insurance Telephone (Use Area Code)
	UNKNOWN	

(20) Vehicle Removed by	Owner's Last Name	First	Middle	Suffix
<input checked="" type="checkbox"/>				

(21) Owner's Address	City	State	Zip	Towed Veh. Type
		OK		Oversized Load <input type="checkbox"/> 0 <input type="checkbox"/> 00 Rollover <input type="checkbox"/> Burned <input type="checkbox"/> Phone present <input checked="" type="checkbox"/> Phone in use <input type="checkbox"/>

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

(23) Investigating Officer	Badge Number	Trp/Div. Assigned	Trp/Div. Location	Reviewer (Init.)	Reviewer Badge Number	Date of Report (mm/dd/yyyy)
CANAAN	0933			MW	0819	10302017

0 Driver	2 Other Cyclist	0 N/A	4 Incapacitating	0 N/A	3 Trunk - Internal	00 Not Applicable	05 Under the Influence of 08 II (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 Dizziness/Faint	01 None Used	06 Restraint Used - Type Unknown	11 Other
X Pedestrian	A Animal	2 Possible	9 Unknown	2 Trunk - 4 Arms	5 Legs	02 Drinking - Ability Impaired	10 Emotional	02 Lap Belt Only	07 Helmet	99 Unknown
Conveyance	T Train	3 Non-incapacitating		External	9 Unknown	03 Odor of Alcohol Beverage	08 Very Tired	03 Shoulder Belt Only	08 Child Restraint - Forward Facing	
B Bicyclist						04 Illegal Drugs	09 Unknown	04 Shoulder and Lap Belt	09 Child Restraint - Rear Facing	

0 Not Applicable	4 Deployed - Other (knee, air belt, etc.)	0 Not Applicable	3 Ejected, Totaly	0 N/A	4 Test Refused	0 N/A	3 Functional	0 N/A	3 Operator	0 N/A	5 Another Vehicle	09 Stock Trailer	
1 Not Deployed		1 Not Ejected	9 Unknown	1 No	5 None Given	1 None	4 Disabling	1 No	4 Exempt	N Not Permitted	06 Utility Trailer	10 Camping Trailer	
2 Deployed - Front	5 Deployed - Combination	2 Ejected, Partially		2 Yes	6 Other	2 Minor	9 Unknown	2 Owner		P Permitted	07 HomeMade	11 Combination	
3 Deployed - Side	9 Deployment Unknown										03 Farm Trailer	12 Other	
											04 Horse Trailer	08 Box Trailer	99 Unknown

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(24) Unit Injured Passenger Pos in Veh. 00 Last Name UMBER First LARRY Middle Suffix DOB(mm/dd/yyyy) Sex M
 Witness Prop. Owner

(25) Address City NORMAN State OK Zip 73069 Telephone (Use Area Code)
 Same as Driver

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

(27) Unit Injured Passenger Pos in Veh. 00 Last Name ZORTMAN First Middle Suffix DOB(mm/dd/yyyy) Sex F
 Witness Prop. Owner

(28) Address City NORMAN State OK Zip 73069 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 Passenger Pos in Veh. Last Name First Middle Suffix DOB(mm/dd/yyyy) Sex
 Witness Prop. Owner

(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 Passenger Pos in Veh. Last Name First Middle Suffix DOB(mm/dd/yyyy) Sex
 Witness Prop. Owner

(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

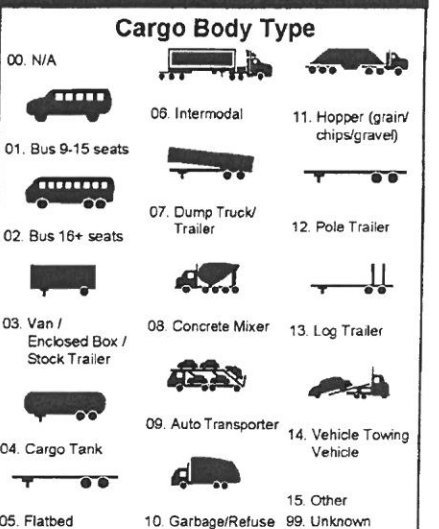
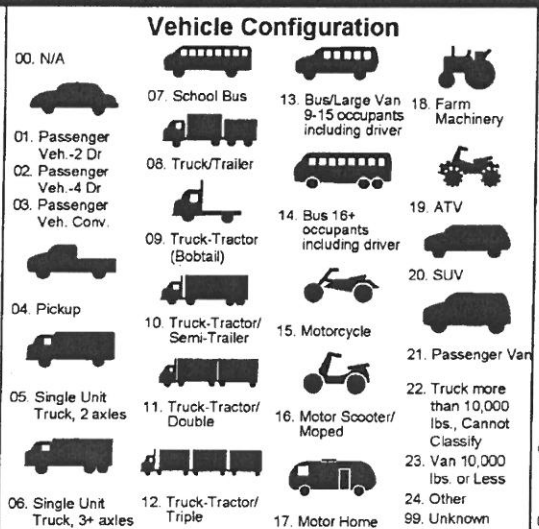
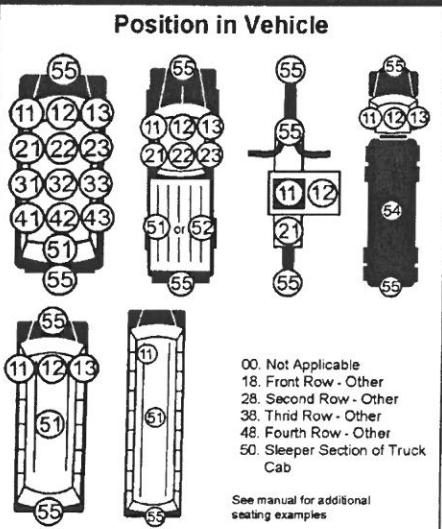
(37) City State Zip GVWR 0 - 10K lbs. Axle Qty. Cargo Body Vehicle Use
 GCWR 10,001 - 26K lbs. Interstate Commerce
 26K+ lbs. Intrastate Commerce

(38) U.S. DOT Number NASI Report Number Placard Number Haz. Mat. Class Haz. Mat. Involved Haz. Mat. Release
 OK Yes No Yes No Other Non-Commercial
 Government

(39) Unit Carrier Name Address

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

(41) U.S. DOT Number NASI Report Number Placard Number Haz. Mat. Class Haz. Mat. Involved Haz. Mat. Release
 OK Yes No Yes No Other Non-Commercial
 Government

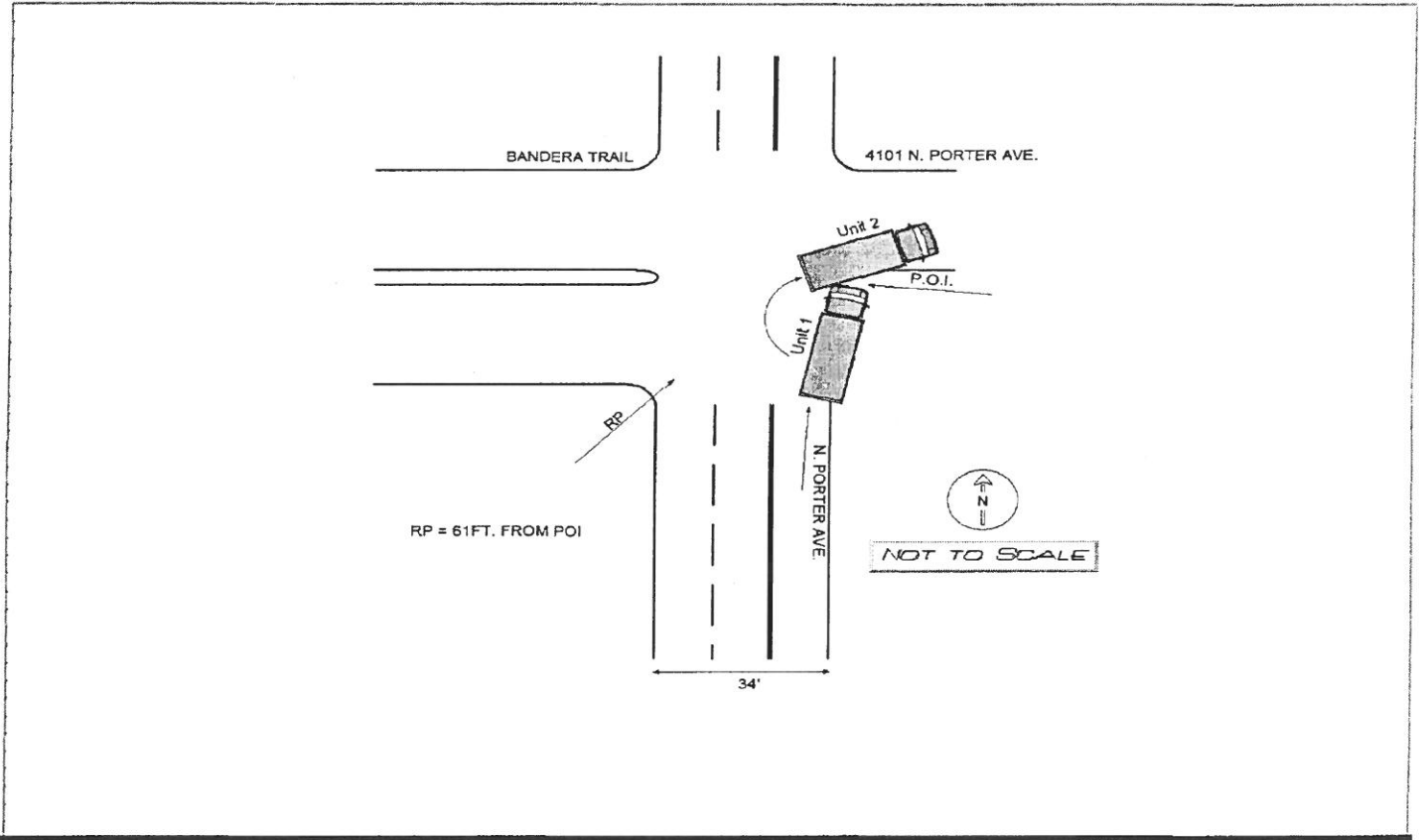


OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT Pg 3 of 4

Case Number 2017-0080931

This unit will correspond to 'Unit 1' Unit 01 Total Lanes in Roadway 02 Legal Speed 50 Actions Prior to Collision Location at Time of Collision Safety Equip. Unit Number of Vehicle Striking	This unit will correspond to 'Unit 2' Unit 02 Total Lanes in Roadway 02 Legal Speed 50 Actions Prior to Collision Location at Time of Collision Safety Equip. Unit Number of Vehicle Striking	Pedestrian / Pedalcyclist Only 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"/>	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			
Light 1 Daylight 2 Dark-Not Lighted 3 Dark-Lighted 4 Dawn 5 Dusk 6 Dark-Unknown Lighting 7 Other 9 Unknown	What Vehicle Was Going to Do Unit 1: 01 Unit 2: 03 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: <input type="checkbox"/> Unit 2: <input type="checkbox"/> 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	Workers Present Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	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	Unsafe / Unlawful Contributing Factors Unit 1: 26 Unit 2: 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 UNSAFE SPEED 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 IMPROPER TURN 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 39 STOPPED IN TRAFFIC LANE 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			
Weather 01 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 Did Unit 1: 01 Unit 2: 03 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	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	Vehicle Removal Unit 1: 1 Unit 2: 4 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: 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 13 Wipers 14 Power Train	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	Road Character Grade Unit 1: 4 Unit 2: 4 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	Special Function of Vehicle Unit 1: 12 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	Point of First Contact on Vehicle Unit 1: 11 Unit 2: 05 Most Damaged Area Unit 1: 11 Unit 2: 05 00 Not Applicable 13 Top
Locality 6 1 Residential 2 Business 3 Industrial 4 School 5 Not Built-up 6 Mixed Use 7 Other 9 Unknown	Visibility Obscured by Unit 1: 00 Unit 2: 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	Road Surface Type Unit 1: 1 Unit 2: 1 1 Concrete 2 Asphalt 3 Gravel 4 Dirt 5 Brick 6 Other 9 Unknown	Emergency Vehicle Responding to an Emergency Unit 1: 0 Unit 2: 0 0 N/A 1 Yes 2 No 9 Unknown	Point of First Contact on Vehicle Unit 1: 11 Unit 2: 05 Most Damaged Area Unit 1: 11 Unit 2: 05 00 Not Applicable 14 Undercarriage 99 Unknown	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	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	Driver Distracted by Unit 1: 0 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	49 Tires 50 Suspension 51 Headlights 52 Tail Lights 53 Stop Lights 54 Wheel 55 Exhaust System 56 Windshield Wipers 57 Other Mechanical Defects LEFT OF CENTER 58 In Meeting 59 No Passing Zone (Unmarked) 60 Marked Zone 61 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 80 ALCOHOL-DUI/DWI 81 DRUG-DUI 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 Deer in Roadway 90 Animal 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

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



COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
01	34	17	70	00	34	34
02	34	00	00	00	34	

- | | | | |
|--|---|-------------------------------------|-----------------------------------|
| 00 Not Applicable | 21 Fell/Jumped From Motor Vehicle | 37 Work Zone/Maintenance Equipment | 56 Pavement Drop-Off |
| 10 Overtum/Rollover | 22 Thrown Or Falling Object | 38 Other Non-Fixed Object | 57 Ditch |
| 11 Fire/Explosion | 23 Other Non-Collision | FIXED OBJECT: | 58 Embankment |
| 12 Immersion | PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT: | 40 Barrier (Cable) | 59 Tree (Standing) |
| 13 Jackknife | 30 Pedestrian | 41 Barrier (Concrete) | 60 Dividing Strip |
| 14 Cargo/Equipment Loss or Shift | 31 Pedal Cycle | 42 Barrier (Other) | 61 Retaining Wall |
| 15 Equipment Failure (Blown Tire, Brake Failure, etc.) | 32 Railway Vehicle (train, engine) | 43 Fence Pole | 62 Bridge Abutment |
| 16 Separation of Units | 33 Animal | 44 Fence | 63 Bridge Pier or Support |
| 17 Departed Road Right | 34 Motor Vehicle in Transport | 45 Traffic Signal Support | 64 Bridge Rail |
| 18 Departed Road Left | 35 Parked Motor Vehicle | 46 Traffic Sign Support | 65 Bridge Post |
| 19 Cross Median/Centerline | 36 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle | 47 Utility Pole/Light Support | 66 Bridge Curb |
| 20 Downhill Runaway | | 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 TWO WAS TRAVELING NORTH ON PORTER AND TURNED RIGHT ONTO 4101 N. PORTER AVE. WHILE DOING SO, UNIT ONE WAS TRAVELING THE SAME DIRECTION AND STRUCK UNIT TWO'S REAR PASSENGER SIDE WITH IT'S FRONT BUMPER. WHILE DOING SO, THE MAILBOX OF 4101 N. PORTER WAS DAMAGED. CITY RECORD TOOK UNIT ONE.

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

