

DO NOT WRITE IN THIS SPACE

Incident Report

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

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

| | | | | |
|---|---|--------------------------------------|-----------------------------|----------------------------|
| (1) Reporting Agency NORMAN POLICE DEPARTMENT | Case Number (Agency Use) 2014-07785 | Motor Vehicles Involved 02 | Number Injured 00 | Number Killed 00 |
|---|---|--------------------------------------|-----------------------------|----------------------------|

| | | | |
|---|---------------------|---|---|
| (2) Date of Collision (mm/dd/yyyy) 06062014 | Time 1336 | County Number and Name 14 CLEVELAND | Nearest City or Town Number and Name In <input checked="" type="checkbox"/> 20 Near NORMAN |
|---|---------------------|---|---|

| | | | | | | |
|---|-----------|--------|----------|-----------|------------|----------------|
| (3) Distance from Nearest City or Town Limits MI <input type="checkbox"/> N <input type="checkbox"/> FL <input type="checkbox"/> | Control # | Int ID | Location | East Grid | North Grid | Administrative |
|---|-----------|--------|----------|-----------|------------|----------------|

| | | |
|--|---------------|---|
| (4) Street, Road or Highway PRIVATE PROPERTY | Distance from | (Nearest) Intersecting Street, Road or Highway 110 ED NOBLE PARKWAY |
|--|---------------|---|

| | | | | | | | | |
|-----------------------|------------------------|------------------|---------------------------|------------------------|-------------------------|--------|---|-----------------|
| (5) Unit 01 | Occupants 01 | Type D | Last Name BOGGS | First JEREMY | Middle WYATTE | Suffix | Date of Birth (mm/dd/yyyy) 01141989 | Sex M |
|-----------------------|------------------------|------------------|---------------------------|------------------------|-------------------------|--------|---|-----------------|

| | | | | |
|--|-----------------------|--------------------|---------------------|--|
| (6) Address 1345 REGENT STREET | City NORMAN | State OK | Zip 73069 | Telephone (Use Area Code) 4056267621 |
|--|-----------------------|--------------------|---------------------|--|

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

| | | | | | | | | | |
|-------------------------|------------------------|------------------|----------------------|----------------|---------------------|---------------------------------------|--------------------|--------------------|---------------------|
| (8) Ejected 1 | Extricated 1 | Test 1 | (% BAC) 50 | Transported by | To Medical Facility | License Plate Number C10845 | State OK | Month 12 | Year 2014 |
|-------------------------|------------------------|------------------|----------------------|----------------|---------------------|---------------------------------------|--------------------|--------------------|---------------------|

| | | | | | | | |
|---------|-----------------------------|---------------------|-----------------------|---------------------|---------------------|-------------------------|------------------------------|
| (9) VIN | Vehicle Year 2010 | Color GRN | 2nd Color 0 | Make PTRB | Model 320 | Veh. Conf. 06 | Extent of Damage 1 |
|---------|-----------------------------|---------------------|-----------------------|---------------------|---------------------|-------------------------|------------------------------|

| | | |
|--|---------------|-------------------------------------|
| (10) Insurance Company Name SELF-INSURED | Policy Number | Insurance Telephone (Use Area Code) |
|--|---------------|-------------------------------------|

| | | | | |
|--|--|-------|--------|--------|
| (11) Vehicle Removed by <input checked="" type="checkbox"/> | Owner's Last Name CITY OF NORMAN | First | Middle | Suffix |
|--|--|-------|--------|--------|

| | | | | |
|--|-----------------------|--------------------|---------------------|--|
| (12) Owner's Address 1301 DAVINCI ST | City NORMAN | State OK | Zip 73069 | Towed Veh. Type Overized Load <input type="checkbox"/> 0 00 Rolled <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 02 | Occupants 01 | Type C | Last Name MULKEY | First MARK | Middle WESLEY | Suffix | Date of Birth (mm/dd/yyyy) 10151965 | Sex M |
|------------------------|------------------------|------------------|----------------------------|----------------------|-------------------------|--------|---|-----------------|

| | | | | |
|--|-----------------------|--------------------|---------------------|--|
| (15) Address 3120 W. ROCK CREEK RD | City NORMAN | State OK | Zip 73072 | Telephone (Use Area Code) 4052019060 |
|--|-----------------------|--------------------|---------------------|--|

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

| | | | | | | | | | |
|--------------------------|------------------------|------------------|----------------------|----------------|---------------------|----------------------|--------------------|--------------------|---------------------|
| (17) Ejected 1 | Extricated 1 | Test 1 | (% BAC) 50 | Transported by | To Medical Facility | License Plate Number | State OK | Month 01 | Year 2015 |
|--------------------------|------------------------|------------------|----------------------|----------------|---------------------|----------------------|--------------------|--------------------|---------------------|

| | | | | | | | |
|----------|-----------------------------|---------------------|-----------------------|---------------------|----------------------|-------------------------|------------------------------|
| (18) VIN | Vehicle Year 2014 | Color DBL | 2nd Color 0 | Make CHEV | Model IMPA | Veh. Conf. 02 | Extent of Damage 3 |
|----------|-----------------------------|---------------------|-----------------------|---------------------|----------------------|-------------------------|------------------------------|

| | | |
|---|---|--|
| (19) Insurance Company Name PHOENIX INS. CO | Policy Number Y810258K1046PHX12 | Insurance Telephone (Use Area Code) 8779457378 |
|---|---|--|

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

| | | | | |
|---|------------------------------|--------------------|---------------------|--|
| (21) Owner's Address 309 N.E. 36TH ST | City OKLAHOMA CITY | State OK | Zip 73105 | Towed Veh. Type Overized Load <input type="checkbox"/> 0 00 Rolled <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 J. HARD | Badge Number 1011 | Trp/Div. Assigned 1 | Trp/Div. Location | Reviewer (Init.) JH | Reviewer Badge Number 1011 | Date of Report (mm/dd/yyyy) 06062014 |
|--|-----------------------------|-------------------------------|-------------------|-------------------------------|--------------------------------------|--|

| | | | | | |
|--|---|---|--|--|---|
| Unit Type D Driver P Pedestrian X Pedestrian C Conveyance B Bicycle | Other Cyclist Z Other Cyclist A Animal T Train | Injury Severity 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-External 3 Trunk-Internal 4 Arms 5 Legs 6 Unknown | Driver/Pedestrian Condition 00 Not Applicable 01 Apparently Normal 02 Drinking - Ability Impaired 03 Odor of Alcohol Beverage 04 Illegal Drugs 05 Under the Influence of 06 Dizzy/Faint 07 Medications 08 Very Tired 09 Sleepy 10 Emotional 11 Other 99 Unknown | Occupant Protection (OP) In Use 00 Not Applicable 01 None Used 02 Lap Belt Only 03 Shoulder Belt Only 04 Shoulder and Lap Belt 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 |
|--|---|---|--|--|---|

| | | | | | | | | | |
|-----------------------------|--|--|-------------|------------|---------------------------|--------|---------------------|-----------------|-----|
| (24) Unit | Injured Witness <input type="checkbox"/> | Passenger Prop. Owner <input type="checkbox"/> | Pos in Veh. | Last Name | First | Middle | Suffix | DOB(mm/dd/yyyy) | Sex |
| (25) Address | City | | State | 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 Witness <input type="checkbox"/> | Passenger 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) | | | | |
| (29) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | | To Medical Facility | Property Type | |
| (30) Unit | Injured Witness <input type="checkbox"/> | Passenger 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) | | | | |
| (32) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | | To Medical Facility | Property Type | |
| (33) Unit | Injured Witness <input type="checkbox"/> | Passenger 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) | | | | |
| (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 | |
| (38) U.S. DOT Number | NAHI Report Number | Placard Number | |
| | OK | | |
| (39) Unit | Carrier Name | Address | |
| (40) City | State | Zip | |
| (41) U.S. DOT Number | NAHI Report Number | Placard Number | |
| | OK | | |

| Position in Vehicle | Vehicle Configuration | Cargo Body Type |
|---|---|--|
| <p>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</p> <p>See manual for additional seating examples</p> | <p>00. N/A</p> <p>01. Passenger Veh.-2 Dr</p> <p>02. Passenger Veh.-4 Dr</p> <p>03. Passenger Veh. Conv.</p> <p>04. Pickup</p> <p>05. Single Unit Truck, 2 axles</p> <p>06. Single Unit Truck, 3+ axles</p> <p>07. School Bus</p> <p>08. Truck/Trailer</p> <p>09. Truck-Tractor (Bobtail)</p> <p>10. Truck-Tractor/Semi-Trailer</p> <p>11. Truck-Tractor/Double</p> <p>12. Truck-Tractor/Triple</p> <p>13. Bus/Large Van 8-16 occupants including driver</p> <p>14. Bus 16+ occupants including driver</p> <p>15. Motorcycle</p> <p>16. Motor Scooter/Moped</p> <p>17. Motor Home</p> <p>18. Farm Machinery</p> <p>19. ATV</p> <p>20. SUV</p> <p>21. Passenger Van</p> <p>22. Truck more than 10,000 lbs., Cannot Classify</p> <p>23. Van 10,000 lbs. or Less</p> <p>24. Other</p> <p>99. Unknown</p> | <p>00. N/A</p> <p>01. Bus 8-15 seats</p> <p>02. Bus 16+ seats</p> <p>03. Van / Enclosed Box / Stock Trailer</p> <p>04. Cargo Tank</p> <p>05. Flatbed</p> <p>05. Intermodal</p> <p>07. Dump Truck/Trailer</p> <p>08. Concrete Mixer</p> <p>09. Auto Transporter</p> <p>10. Garbage/Refuse</p> <p>11. Hopper (grain/chips/gravel)</p> <p>12. Pole Trailer</p> <p>13. Log Trailer</p> <p>14. Vehicle Towing Vehicle</p> <p>15. Other</p> <p>99. Unknown</p> |

| | | | | | | |
|---------------------------------------|------------------------|-------------|--------------------------------|-------------------------------|---------------|---------------------------------|
| 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 | 00 | | | | |
| This unit will correspond to "Unit 2" | 02 | 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 | | 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 | Unit 1 | Unit 2 | Underride/Override | Unit 1 | Unit 2 |
| 1 Daylight | | 11 | 13 | 0 Not Applicable | | |
| 2 Dark-Not Lighted | | | | 1 No Underride or Override | | |
| 3 Dark-Lighted | | | | 2 Underride, Compartment Intrusion | | |
| 4 Dawn | | | | 3 Underride, No Compartment Intrusion | | |
| 5 Dusk | | | | 4 Underride, Compartment Intrusion Unknown | | |
| 6 Dark-Unknown | | | | 5 Override, Motor Vehicle In Transport | | |
| 7 Lighting | | | | 6 Override, Other Motor Vehicle | | |
| 8 Other | | | | 9 Unknown | | |
| 9 Unknown | | | | | | |

Workers Present Yes No Unknown

| | | | | | | |
|---------------------------------------|----|--------|--------|----------------------------------|--------|--------|
| Weather | 01 | Unit 1 | Unit 2 | Traffic Control | Unit 1 | Unit 2 |
| 01 Clear | | 11 | 13 | 00 No Control | 00 | 00 |
| 02 Fog/Smog/Smoke | | | | 01 Stop Sign | | |
| 03 Cloudy | | | | 02 Traffic Signal | | |
| 04 Rain | | | | 03 Flashing Traffic Signal | | |
| 05 Snow | | | | 04 School Zone Signs | | |
| 06 Sleet/Hail (Freezing Rain/Drizzle) | | | | 05 Yield Sign | | |
| 07 Severe Crosswind | | | | 06 Warning Sign | | |
| 08 Blowing Snow | | | | 07 Railroad Advance Warning Sign | | |
| 09 Blowing Sand, Soil, Dirt | | | | 08 Railroad Cross Bucks | | |
| 10 Other | | | | 09 Railroad Gates | | |
| 99 Unknown | | | | 10 Railroad Signal | | |

| | | | | | |
|------------|--------|--------|--|--------|--------|
| Trafficway | Unit 1 | Unit 2 | Unsafe / Unlawful Contributing Factors | Unit 1 | Unit 2 |
| 8 | 8 | 8 | 85 | 98 | |

| | | | | | |
|------------------------------|--------|--------|------------------|--------|--------|
| What Vehicle Was Going to Do | Unit 1 | Unit 2 | What Vehicle Did | Unit 1 | Unit 2 |
| 00 Not Applicable | | | 11 | 13 | |
| 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 | | | | | |

| | | | | | |
|-----------------|--------|--------|-------------------|--------|--------|
| Vehicle Removal | Unit 1 | Unit 2 | Vehicle Condition | Unit 1 | Unit 2 |
| 4 | 4 | 4 | 00 | 00 | |

| | | | | |
|----------------|---|-------------------------|--------|--------|
| Locality | 2 | Road Surface Conditions | Unit 1 | Unit 2 |
| 1 Residential | | 01 | 01 | |
| 2 Business | | | | |
| 3 Industrial | | | | |
| 4 School | | | | |
| 5 Not Built-up | | | | |
| 6 Mixed Use | | | | |
| 7 Other | | | | |
| 9 Unknown | | | | |

| | | |
|-----------------------------|--------|--------|
| Special Function of Vehicle | Unit 1 | Unit 2 |
| 12 | 00 | |

| | | | | |
|-----------------------|----|----------------|--------|--------|
| Incident Type | 51 | Road Character | Unit 1 | Unit 2 |
| 00 Not an Incident | | Grade | 1 | 1 |
| 01 Private Property | | | | |
| 02 Deliberate Intent | | | | |
| 03 Medical Condition | | | | |
| 04 Legal Intervention | | | | |
| 05 Suicide | | | | |
| 06 Drowning | | | | |
| 07 Other | | | | |

| | | |
|-----------------------------------|--------|--------|
| Point of First Contact on Vehicle | Unit 1 | Unit 2 |
| 06 | 08 | |

| | | | | |
|----------------------------------|----|----------------|--------|--------|
| Location of First Harmful Event | 10 | Road Alignment | Unit 1 | Unit 2 |
| 01 On Roadway | | 1 | 1 | |
| 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 | | | | |

| | | |
|-------------------|--------|--------|
| Most Damaged Area | Unit 1 | Unit 2 |
| 06 | 08 | |

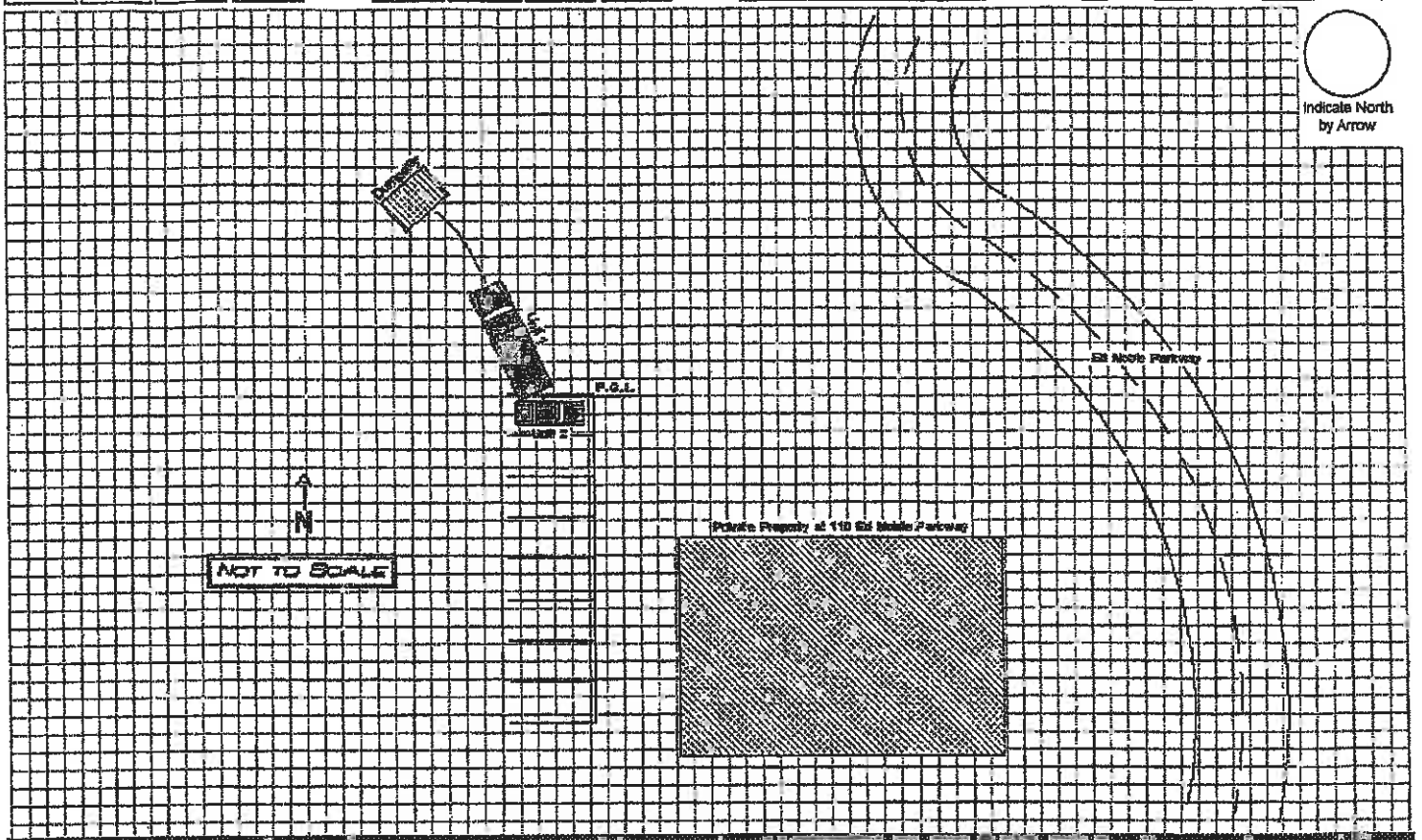
| | | | | | |
|------------------------------------|--------|--------|-------------------|--------|--------|
| Driver Distracted by | Unit 1 | Unit 2 | Road Surface Type | Unit 1 | Unit 2 |
| 0 | 0 | | 2 | 2 | |
| 0 Not Applicable/None | | | | | |
| 1 Electronic Communication Devices | | | | | |
| 2 Other Electronic Device | | | | | |
| 3 Other Inside Vehicle | | | | | |
| 4 Other Outside Vehicle | | | | | |
| 9 Unknown | | | | | |

| | | |
|--|-----------|--------|
| Emergency Vehicle Responding to an Emergency | Unit 1 | Unit 2 |
| 0 | 0 | |
| 0 N/A | 2 No | |
| 1 Yes | 9 Unknown | |

| | | |
|-----------------------------------|--------|--------|
| Point of First Contact on Vehicle | Unit 1 | Unit 2 |
| 06 | 08 | |

| | | |
|-------------------|--------|--------|
| Most Damaged Area | Unit 1 | Unit 2 |
| 06 | 08 | |

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



COLLISION EVENTS

| Unit | First Event | Second Event | Third Event | Fourth Event | Most Harmful Event | First Harmful Event for the Entire Collision |
|------|-------------|--------------|-------------|--------------|--------------------|--|
| 01 | 35 | 00 | 00 | 00 | 35 | 34 |
| 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, Brakes 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 Trees (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 ONE WAS A CITY OF NORMAN SANITATION TRUCK (#230). UNIT ONE WAS BACKING UP AFTER HAVING EMPTIED A DUMPSTER AND BACKED INTO UNIT TWO.

UNIT TWO WAS OCCUPIED AT THE TIME OF THE INCIDENT.