

DO NOT WRITE IN THIS SPACE

Incident Report

Y	N
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OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

(1) Reporting Agency NORMAN POLICE DEPARTMENT		Case Number (Agency Use) 2019-00075229		Motor Vehicles Involved 02	Number Injured 00	Number Killed 00											
(2) Date of Collision (mm/dd/yyyy) 09172019		Time 1714	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="checkbox"/> Ft. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/>		Control #	Int ID	Location	East Grid	North Grid	Administrative										
(4) Street, Road or Highway E ROBINSON ST		Distance from At <input type="checkbox"/> 0172 Mi. <input type="checkbox"/> Ft. <input checked="" type="checkbox"/>	N <input type="checkbox"/> S <input type="checkbox"/> W <input checked="" type="checkbox"/>	(Nearest) Intersecting Street, Road or Highway N PETERS AVE													
(5) Unit 01	Occupants 01	Type D	Hit & Run <input type="checkbox"/>	CMV <input type="checkbox"/>	Last Name DAWSON	First ZACHARY	Middle	Suffix	Date of Birth (mm/dd/yyyy)	Sex M							
(6) Address 201 W GRAY ST		City NORMAN	State OK	Zip 73069	Telephone (Use Area Code) 4053211600												
(7) Driver License Number		State OK	Class D	Endorsement(s)	Restriction(s)	Inj. Sev. 1	Type of Injury 0	Drv./Ped. Cond. 01	OP Use 04								
(8) Air Bag 1	Ejected 1	Extricated 1	Test 5	(% BAC) 0.	Transported by	To Medical Facility	License Plate Number CI30036	State OK	Month 12	Year 2019							
(9) VIN 1FM5K8AR7HGA89270		Vehicle Year 2017	Color BLK	2nd Color WHI	Make FORD	Model EXPL	Veh. Conf. 20	Extent of Damage 1									
(10) Insurance Company Name 4		Policy Number	Insurance Telephone (Use Area Code)														
(11) Vehicle Removed by Driver <input checked="" type="checkbox"/>		Owner's Last Name CITY OF NORMAN	First	Middle	Suffix												
(12) Owner's Address 201 W GRAY ST		City NORMAN	State OK	Zip 73069	Towed Veh. Type Oversized Load <input type="checkbox"/> 0 00	Rolled <input type="checkbox"/>	Phone present <input checked="" type="checkbox"/>	Burned <input 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 D	Hit & Run <input type="checkbox"/>	CMV <input type="checkbox"/>	Last Name MCDOWELL	First NIKKI	Middle	Suffix	Date of Birth (mm/dd/yyyy)	Sex F							
(15) Address NOBLE		City NOBLE	State OK	Zip 73068	Telephone (Use Area Code)												
(16) Driver License Number		State OK	Class D	Endorsement(s)	Restriction(s)	Inj. Sev. 1	Type of Injury 0	Drv./Ped. Cond. 01	OP Use 04								
(17) Air Bag 1	Ejected 1	Extricated 1	Test 5	(% BAC) 0.	Transported by	To Medical Facility	License Plate Number	State OK	Month 2	Year 2020							
(18) VIN 70345		Vehicle Year 2018	Color SIL	2nd Color 0	Make FORD	Model EXPL	Veh. Conf. 20	Extent of Damage 3									
(19) Insurance Company Name 2 GIECO		Policy Number	Insurance Telephone (Use Area Code) (800) 841-3000														
(20) Vehicle Removed by Driver <input checked="" type="checkbox"/>		Owner's Last Name	First	Middle	Suffix												
(21) Owner's Address		City	State	Zip	Towed Veh. Type Oversized Load <input type="checkbox"/> 0 00	Rolled <input type="checkbox"/>	Phone present <input checked="" type="checkbox"/>	Burned <input type="checkbox"/>	Phone in use <input type="checkbox"/>								
(22) Citation Number		Statute/Ordinance Number	Citation Number	Statute/Ordinance Number													
(23) Investigating Officer Grippen		Badge Number 106183	Trp/Div. Assigned	Trp/Div. Location	Reviewer (Init.) Oesterling	Reviewer Badge Number 121418	Date of Report (mm/dd/yyyy) 9172019										
Unit Type D Driver P Pedestrian X Pedestrian Conveyance B Bicyclist		Injury Severity 0 N/A 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal 9 Unknown		Type of Injury 0 N/A 1 Head Internal 2 Trunk - External 3 Trunk - Internal 4 Arms 5 Legs 6 Other 9 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 09 Dizzy/Faint 06 Medications 07 Very Tired 08 Sleepy 09 Unknown 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								
Air Bag Deployed 0 Not Applicable 1 Not Deployed 2 Deployed - Front 3 Deployed - Side 4 Deployed - Other (Knee, air belt, etc.) 5 Possible 9 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 3 Blood/Breath		Chemical Test 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 No 2 Owner 3 Operator 4 Exempt P Permitted		Oversized Load 0 N/A N 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 Homebased Trailer 08 Box Trailer 09 Stock Trailer 10 Camping Trailer 11 Combination 12 Other 99 Unknown			

(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	
Address										
City										
State										
Zip										
Telephone (Use Area Code)										
Same as Driver <input type="checkbox"/>										
(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	
Address										
City										
State										
Zip										
Telephone (Use Area Code)										
Same as Driver <input type="checkbox"/>										
(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	
Address										
City										
State										
Zip										
Telephone (Use Area Code)										
Same as Driver <input type="checkbox"/>										
(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	
Address										
City										
State										
Zip										
Telephone (Use Area Code)										
Same as Driver <input type="checkbox"/>										
(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.	Axle Qty.	Cargo Body	Vehicle Use		
			GCWR <input type="checkbox"/>	10,001 - 26K lbs.			Interstate Commerce	<input type="checkbox"/>	
			26K+ lbs.				Intrastate Commerce	<input type="checkbox"/>	
(38) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release	Other Non-Commercial			
	OK			Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>			
			No <input type="checkbox"/>	No <input type="checkbox"/>	Government				<input type="checkbox"/>
(39) Unit	Carrier Name	Address							
(40) City	State	Zip	GVWR <input type="checkbox"/>	0 - 10K lbs.	Axle Qty.	Cargo Body	Vehicle Use		
			GCWR <input type="checkbox"/>	10,001 - 26K lbs.			Interstate Commerce	<input type="checkbox"/>	
			26K+ lbs.				Intrastate Commerce	<input type="checkbox"/>	
(41) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release	Other Non-Commercial			
	OK			Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>			
			No <input type="checkbox"/>	No <input type="checkbox"/>	Government				<input type="checkbox"/>

<h3 style="text-align:center;">Position in Vehicle</h3> <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>	<h3 style="text-align:center;">Vehicle Configuration</h3> <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 9-15 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>	<h3 style="text-align:center;">Cargo Body Type</h3> <p>00. N/A</p> <p>01. Bus 9-15 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>06. 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>
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Table with columns: 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)

Was the collision in or near a construction, maintenance or utility work zone? (if yes, complete this section)
Type of Work Zone
Location of the Work Zone
Workers Present

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

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

Locality 6
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 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

What Vehicle Was Going to Do
Unit 1: 01, Unit 2: 12
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: [], 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: 02, Unit 2: 02
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: 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: 1, Unit 2: 1
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

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

Vehicle Removal
Unit 1: 4, 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
15 Other
13 Wipers
99 Unknown
14 Power Train

Special Function of Vehicle
Unit 1: 08, 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

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

Unsafe / Unlawful Contributing Factors
Unit 1: 71, Unit 2: 98
0 Not Applicable
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

Unsafe / Unlawful Contributing Factors (continued)
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
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
38 CHANGED LANES UNSAFELY
39 STOPPED IN TRAFFIC LANE
40 For Stop Sign
41 For Traffic Signal
42 For School Bus
43 For Railroad Gates/Signal
44 For Officer/Flagman
45 At Sidewalk/Stipline
46 Other
47 Brakes
48 Steering

Point of First Contact on Vehicle
Unit 1: 12, Unit 2: 06
Most Damaged Area
Unit 1: 12, Unit 2: 06
00 Not Applicable
13 Top
14 Undercarriage
99 Unknown

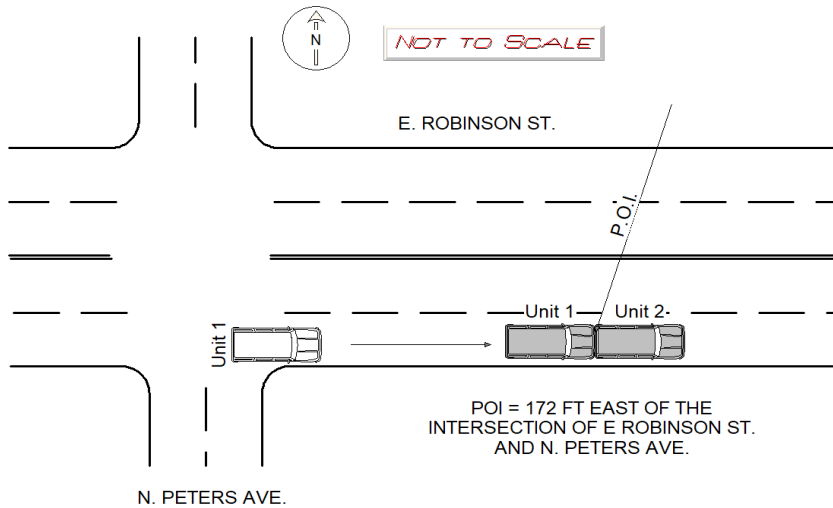


Latitude

Longitude N

W Railroad Crossing Number

Roadway Orientation Unit Number **01** 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	34	00	00	00	34	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, 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 EASTBOUND ON E. ROBINSON ST. PASSING N. PETERS AVE. IN THE OUTSIDE LANE OF TRAFFIC. UNIT 2 WAS STOPPED DUE TO HEAVY TRAFFIC FACING EASTBOUND ON E. ROBINSON ST. JUST EAST OF N. PETERS AVE.

UNIT 1 DRIVER STATED THAT HE WAS LOOKING DOWN AT HIS COMPUTER TO GET SOME INFORMATION ABOUT A CALL HE WAS GOING ON. UNIT 1 DRIVER SAID THAT WHEN HE LOOKED DOWN AND LOOKED BACK UP HE DID NOT REALIZE UNIT 2 WAS AS CLOSE AS THEY WERE AND TRIED TO STOP. UNIT 1 WAS NOT ABLE TO STOP IN TIME. UNIT 1 STRUCK UNIT 2 IN THE REAR BUMPER WITH UNIT 1'S FRONT PUSH BAR. THERE WAS SOME DAMAGE TO UNIT 2'S REAR BUMPER BUT NOT VISIBLE DAMAGE TO UNIT 1.

