

DO NOT WRITE IN THIS SPACE

Incident Report

Y N Pg 1 of 4
[X] Revised [X]
[X] Fatality [X]
[X] Hit and Run [X]

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

COMPLETE

(1) Reporting Agency: NORMAN POLICE DEPARTMENT
Case Number (Agency Use): 2013-13723
Motor Vehicles Involved: 02
Number Injured: 01
Number Killed: 00

(2) Date of Collision (mm/dd/yyyy): 10052013
Time: 1717
County Number and Name: 14 CLEVELAND
Nearest City or Town Number and Name: 20 NORMAN

(3) Distance from Nearest City or Town Limits: [] MI. [] FT.
Control #: [] Int ID: [] Location: [] East Grid: [] North Grid: [] Administrative: []

(4) Street, Road or Highway: CLASSEN BLVD
Distance from: 0122 MI.
(Nearest) Intersecting Street, Road or Highway: LINDSEY ST.

(5) Unit: 0101D
Occupants Type: []
Last Name: EVANS PAUL
First: DARRAW
Middle: []
Date of Birth (mm/dd/yyyy): []
Sex: []

(6) Address: 201 B.W. GRAY ST
City: NORMAN
State: OK
Zip: 73069
Telephone (Use Area Code): 4053211600

(7) Driver License Number: []
State: []
Class: OK
Endorsement(s): D
Restriction(s): []
Inj. Sev.: 1
Type of Injury: 10
Drv./Ped. Cond.: 01
OP Use: 04

(8) Ejected: []
Extricated: []
Test: 50
(% BAC): []
Transported by: []
To Medical Facility: []
License Plate Number: []
State: OK
Month: 12
Year: 2013

(9) VIN: []
Vehicle Year: 2009
Color: BLK
2nd Color: WHI
Make: FORD
Model: CROW
Veh. Conf.: 02
Extent of Damage: 4

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

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

(12) Owner's Address: 201 A.W. GRAY ST
City: NORMAN
State: OK
Zip: 73069
Oversized Load: 0
Towed Veh. Type: 00
Rollover: []
Phone present: [X]
Burned: []
Phone in use: []

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

(14) Unit: 0202D
Occupants Type: []
Last Name: HUGHES
First: MICHAEL
Middle: DOUGLAS
Date of Birth (mm/dd/yyyy): []
Sex: []

(15) Address: 916 BRANDYWINE LN
City: NORMAN
State: OK
Zip: 7307

(16) Driver License Number: []
State: []
Class: OK
Endorsement(s): D
Restriction(s): []
Inj. Sev.: 1
Type of Injury: 10
Drv./Ped. Cond.: 01
OP Use: 04

(17) Ejected: []
Extricated: []
Test: 50
(% BAC): []
Transported by: []
To Medical Facility: []
License Plate Number: 736 BHM
State: OK
Month: 05
Year: 2014

(18) VIN: []
Vehicle Year: 2008
Color: BLK
2nd Color: O
Make: FORD
Model: EXPL
Veh. Conf.: 20
Extent of Damage: 4

(19) Insurance Company Name: USAA
Policy Number: 01019 43 43 C
Insurance Telephone (Use Area Code): 8005318227

(20) Vehicle Removed by: A/A WRECKER
Owner's Last Name: SYMPSON
First: JANET
Middle Initial: []

(21) Owner's Address: 2338 LINDENWOOD LN
City: NORMAN
State: OK
Zip: 73071
Oversized Load: 0
Towed Veh. Type: 00
Rollover: []
Phone present: [X]
Burned: []
Phone in use: []

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

(23) Investigating Officer: Lt. Shattuck
Badge Number: 9779
Troop/Div.: []
Reviewed by (Init.): TR
Reviewer Badge Number: 9465
Date of Report (mm/dd/yyyy): 10062013

Table with columns for 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.

WARNING - STATE LAW Use of contents for commercial solicitation is unlawful

JK 0527 S

(24) Unit Injured Witness Passenger Prop. Owner Pos in Veh. 13 Last Name SYMPSON First JANET Middle Initial _____ Date of Birth (mm/dd/yyyy) _____ Sex _____

(25) Address 2338 LINDENWOOD LN City NORMAN State OK Zip 73071 Telephone (Use Area Code) _____

(26) Injury Severity / Type 21 OP Use 04 Air Bag Ejected 11 Extricated 11 Transported by REFUSED To Medical Facility _____ Property Type _____

(27) Unit Injured Witness Passenger Prop. Owner Pos in Veh. _____ Last Name _____ First _____ Middle Initial _____ Date of Birth (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 Passenger Prop. Owner Pos in Veh. _____ Last Name _____ First _____ Middle Initial _____ Date of Birth (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 Passenger Prop. Owner Pos in Veh. _____ Last Name _____ First _____ Middle Initial _____ Date of Birth (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 OK Placard Number _____ Haz. Mat. Class _____ Haz. Mat. Involved Yes No Haz. Mat. Release 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 OK Placard Number _____ Haz. Mat. Class _____ Haz. Mat. Involved Yes No Haz. Mat. Release Yes No

Position in Vehicle	Vehicle Configuration	Cargo Body Type
	<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>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>00. Not Applicable</p> <p>18. Front Row - Other</p> <p>28. Second Row - Other</p> <p>38. Third Row - Other</p> <p>48. Fourth Row - Other</p> <p>50. Sleeper Section of Truck Cab</p> <p>See manual for additional seating examples</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>	<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>

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 Collision
Workers Present

Light (Daylight, Dark-Not Lighted, etc.)
Weather (Clear, Fog, Rain, etc.)
Locality (Residential, Business, etc.)
Type of Intersection (Not an Intersection, Y-Intersection, etc.)
Incident Type (Not an Incident, Private Property, etc.)
Location of First Harmful Event (On Roadway, Shoulder, etc.)

What Vehicle Was Going to Do (Not Applicable, Go Ahead, Turn Left, etc.)
Underride/Override (Not Applicable, No Underride or Override, etc.)
Traffic Control (No Control, Stop Sign, Traffic Signal, etc.)
Road Surface Conditions (Dry, Wet, Ice/Frost, etc.)
Road Character (Grade, Hillcrest, Uphill, etc.)
Road Alignment (Straight, Curve - Left, etc.)
Road Surface Type (Concrete, Asphalt, Gravel, etc.)

Trafficway (Not Applicable, One Way, Two-Way - Not Divided, etc.)
Unsafe / Unlawful Contributing Factors (Failed to Yield, Tires, Suspension, etc.)
Vehicle Removal (Not Applicable, Towed Due to Vehicle Damage, etc.)
Vehicle Condition (Not Applicable, Apparently Normal, Brakes, etc.)
Special Function of Vehicle (Not Applicable, School Bus, Transit Bus, etc.)

What Vehicle Did (Not Applicable, Went Ahead, Turned Left, etc.)
Visibility Obscured by (Not Applicable, Trees, Embankment, etc.)
Driver Distracted by (Not Applicable, Electronic Communication Devices, etc.)

What Vehicle Did (Continued)
Visibility Obscured by (Continued)

Unsafe / Unlawful Contributing Factors (Continued)
Vehicle Condition (Continued)
Special Function of Vehicle (Continued)

Incident Type (Continued)
Location of First Harmful Event (Continued)
Driver Distracted by (Continued)

Road Surface Conditions (Continued)
Road Character (Continued)
Road Alignment (Continued)
Road Surface Type (Continued)

Special Function of Vehicle (Continued)
Point of First Contact on Vehicle (Diagram)
Most Damaged Area (Diagram)

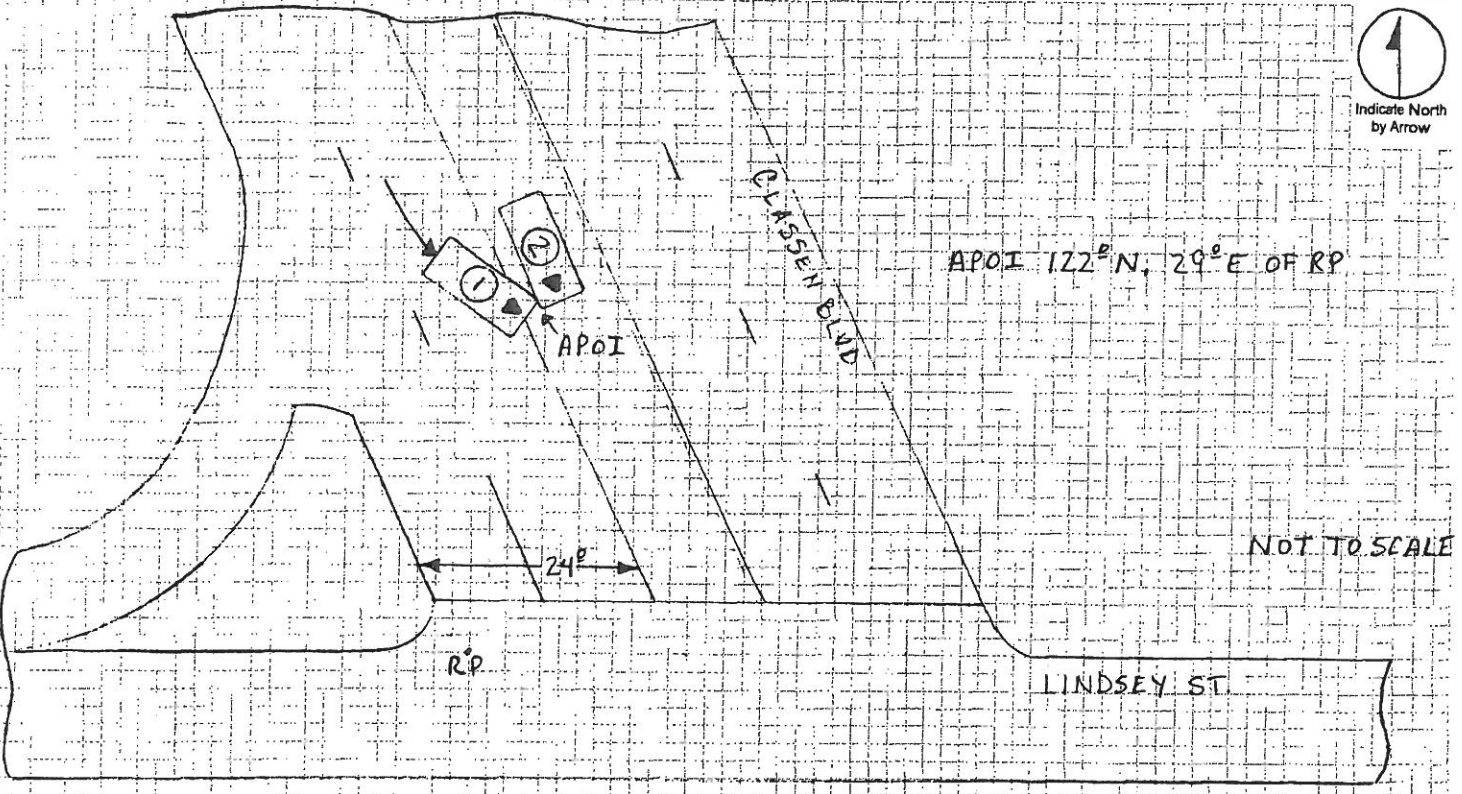
Driver Distracted by (Continued)

Road Surface Type (Continued)

Emergency Vehicle Responding to an Emergency (Yes/No)
Point of First Contact on Vehicle (Diagram)
Most Damaged Area (Diagram)

Case Number 2013-13723

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



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

UNITS 1 AND 2 WERE SB ON CLASSEN BLVD APPROACHING LINDSEY ST. UNIT 2 WAS IN THE LEFT TURN LANE. UNIT 1 WAS IN THE INSIDE SB LANE AND APPROX PARALLEL WITH UNIT 2. DRIVER OF UNIT 1 ATTEMPTED TO MAKE A U-TURN IN ORDER TO STOP A TRAFFIC VIOLATION FOR A CAR THAT WAS NB. DRIVER OF UNIT 1 DID NOT SEE UNIT 2 AND TURNED HIS CAR INTO UNIT 2. THE LEFT FRONT SECTION OF UNIT 1 MADE CONTACT WITH THE RIGHT FRONT OF UNIT 2. BOTH UNITS WERE TOWED FROM THE SCENE DUE TO DAMAGE. PASSENGER OF UNIT 2 COMPLAINED OF INJURY TO FACE (POSSIBLE SCRATCHES). THIS ACCIDENT WAS COMPLETE WITH ASSISTANCE FROM MPD SMALLWOOD.

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

