

DO NOT WRITE IN THIS SPACE

Incident Report

Y	N		Y	N
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Revised	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fatality	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hit and Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

(1) Reporting Agency NORMAN POLICE DEPARTMENT		Case Number (Agency Use) 2017-00012822		Motor Vehicles Involved 02	Number Injured 00	Number Killed 00
(2) Date of Collision (mm/dd/yyyy) 02222017		Time 1216	County Number and Name 14 CLEVELAND		Nearest City or Town Number and Name NORMAN	
(3) Distance from Nearest City or Town Limits		Control #	Int ID	Location	East Grid	North Grid
(4) Street, Road or Highway PRIVATE PROPERTY		Distance from		(Nearest) Intersecting Street, Road or Highway 760 N INTERSTATE DR		
(5) Unit 01	Occupants 01	Type D	Last Name T		First	Middle
(6) Address 201 W GRAY ST						
(7) Driver License Number OK B						
(8) Ejected 1						
(9) VIN 2014 GRN 0 PTRB						
(10) Insurance Company Name 4						
(11) Vehicle Removed by LEFT AT SCENE						
(12) Owner's Address 201 W GRAY ST						
(13) Citation Number						
(14) Unit 02	Occupants 00	Type C	Last Name SIMON		First DUSTIN	Middle
(15) Address 201 W GRAY ST						
(16) Driver License Number OK D						
(17) Ejected 0						
(18) VIN 2010 RED 0 DODG						
(19) Insurance Company Name 2						
(20) Vehicle Removed by LEFT AT SCENE						
(21) Owner's Address 201 W GRAY ST						
(22) Citation Number						
(23) Investigating Officer Crane						

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



(24) Unit	<input type="checkbox"/> Injured <input type="checkbox"/> Witness	<input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner	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	<input type="checkbox"/> Injured <input type="checkbox"/> Witness	<input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner	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	<input type="checkbox"/> Injured <input type="checkbox"/> Witness	<input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner	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	<input type="checkbox"/> Injured <input type="checkbox"/> Witness	<input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner	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
City		
State		
Zip		
U.S. DOT Number		
NASI Report Number		
Placard Number		
Haz. Mat. Class		
Haz. Mat. Involved		
Haz. Mat. Release		
Vehicle Use		
Interstate Commerce		
Intrastate Commerce		
Other Non-Commercial		
Government		

(39) Unit	Carrier Name	Address
City		
State		
Zip		
U.S. DOT Number		
NASI Report Number		
Placard Number		
Haz. Mat. Class		
Haz. Mat. Involved		
Haz. Mat. Release		
Vehicle Use		
Interstate Commerce		
Intrastate Commerce		
Other Non-Commercial		
Government		

<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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OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT Pg 3 of 4

Case Number **2017-00012822**

This unit will correspond to 'Unit 1' Unit: <input type="text" value="01"/> Total Lanes in Roadway: <input type="text" value="00"/> Legal Speed: <input type="text" value="00"/>		This unit will correspond to 'Unit 2' Unit: <input type="text" value="02"/> Total Lanes in Roadway: <input type="text" value="00"/> Legal Speed: <input type="text" value="00"/>		Pedestrian / Pedalcyclist Only Actions Prior to Collision: <input type="text"/> Location at Time of Collision: <input type="text"/> Safety Equip: <input type="text"/> Unit Number of Vehicle Striking: <input type="text"/>		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"/>																									
Light: <input type="text" value="1"/>		What Vehicle Was Going to Do: Unit 1: <input type="text" value="01"/> Unit 2: <input type="text" value="13"/>		Underride/Override: Unit 1: <input type="text"/> Unit 2: <input type="text"/>		Type of Work Zone: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1 Lane Closure</td> <td><input type="checkbox"/></td> <td>1 Before the First Work Zone Warning Sign</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2 Lane Shift/Crossover</td> <td><input type="checkbox"/></td> <td>2 Advance Warning Area</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3 Work on Shoulder or Median</td> <td><input type="checkbox"/></td> <td>3 Transition Area</td> <td><input type="checkbox"/></td> </tr> <tr> <td>4 Intermittent or Moving Work</td> <td><input type="checkbox"/></td> <td>4 Activity Area</td> <td><input type="checkbox"/></td> </tr> <tr> <td>9 Unknown</td> <td><input type="checkbox"/></td> <td>5 Termination Area</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>9 Unknown</td> <td><input type="checkbox"/></td> </tr> </table>		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"/>
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Weather: <input type="text" value="01"/>		What Vehicle Did: Unit 1: <input type="text" value="01"/> Unit 2: <input type="text" value="13"/>		Traffic Control: Unit 1: <input type="text" value="00"/> Unit 2: <input type="text" value="00"/>		Workers Present: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>																									
Locality: <input type="text" value="2"/>		Visibility Obscured by: Unit 1: <input type="text" value="00"/> Unit 2: <input type="text" value="00"/>		Road Surface Conditions: Unit 1: <input type="text" value="00"/> Unit 2: <input type="text" value="00"/>		Unsafe / Unlawful Contributing Factors: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Unit 1: <input type="text" value="73"/></td> <td>Unit 2: <input type="text" value="98"/></td> </tr> </table>		Unit 1: <input type="text" value="73"/>	Unit 2: <input type="text" value="98"/>																						
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Type of Intersection: <input type="text" value="0"/>		Road Character: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Grade: Unit 1: <input type="text" value="0"/> Unit 2: <input type="text" value="0"/></td> </tr> <tr> <td>Road Alignment: Unit 1: <input type="text" value="0"/> Unit 2: <input type="text" value="0"/></td> </tr> <tr> <td>Road Surface Type: Unit 1: <input type="text" value="0"/> Unit 2: <input type="text" value="0"/></td> </tr> </table>		Grade: Unit 1: <input type="text" value="0"/> Unit 2: <input type="text" value="0"/>	Road Alignment: Unit 1: <input type="text" value="0"/> Unit 2: <input type="text" value="0"/>	Road Surface Type: Unit 1: <input type="text" value="0"/> Unit 2: <input type="text" value="0"/>	Vehicle Removal: Unit 1: <input type="text" value="3"/> Unit 2: <input type="text" value="3"/>		Vehicle Condition: Unit 1: <input type="text" value="01"/> Unit 2: <input type="text" value="01"/>		Point of First Contact on Vehicle: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Unit 1: <input type="text" value="01"/></td> <td>Unit 2: <input type="text" value="05"/></td> </tr> </table>		Unit 1: <input type="text" value="01"/>	Unit 2: <input type="text" value="05"/>																	
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Unit 1: <input type="text" value="01"/>	Unit 2: <input type="text" value="05"/>																														
Incident Type: <input type="text" value="51"/>		Driver Distracted by: Unit 1: <input type="text" value="9"/> Unit 2: <input type="text" value="0"/>		Emergency Vehicle Responding to an Emergency: Unit 1: <input type="text" value="0"/> Unit 2: <input type="text" value="0"/>		Most Damaged Area: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Unit 1: <input type="text" value="00"/></td> <td>Unit 2: <input type="text" value="05"/></td> </tr> </table>		Unit 1: <input type="text" value="00"/>	Unit 2: <input type="text" value="05"/>																						
Unit 1: <input type="text" value="00"/>	Unit 2: <input type="text" value="05"/>																														
Location of First Harmful Event: <input type="text" value="10"/>		Road Character (continued): <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1 Level: <input type="text" value="0"/></td> <td>2 Hillcrest: <input type="text" value="0"/></td> </tr> <tr> <td>3 Uphill: <input type="text"/></td> <td>4 Downhill: <input type="text"/></td> </tr> <tr> <td>5 Sag (bottom): <input type="text"/></td> <td></td> </tr> </table>		1 Level: <input type="text" value="0"/>	2 Hillcrest: <input type="text" value="0"/>	3 Uphill: <input type="text"/>	4 Downhill: <input type="text"/>	5 Sag (bottom): <input type="text"/>		Special Function of Vehicle: Unit 1: <input type="text" value="12"/> Unit 2: <input type="text" value="00"/>		Most Damaged Area (continued): <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>00 Not Applicable</td> <td>14 Undercarriage</td> </tr> <tr> <td>13 Top</td> <td>99 Unknown</td> </tr> </table>		00 Not Applicable	14 Undercarriage	13 Top	99 Unknown														
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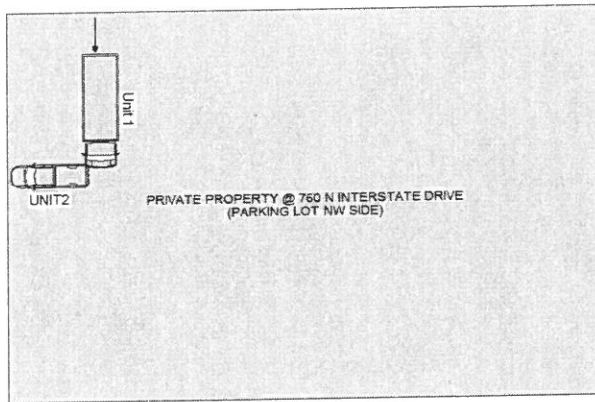
Latitude

Longitude
 N

Railroad Crossing Number
 W

Roadway Orientation
 Unit Number **01** NE **0** SW **0**

Unit Number **02** NE **0** SW **0**



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, 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 DRIVING THROUGH A PARKING LOT ON THE WEST SIDE OF THE BUSINESS. UNIT #1 PULLED FORWARD AND STRUCK UNIT #2 WHICH WAS AN UNOCCUPIED PARKED CAR IN THE LOT.

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

