

DO NOT WRITE IN THIS SPACE

## OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

## Incident Report

Investigation Completed  
Investigation Made at Scene  
PhotographsPg 1 of 4  
Y N  
☒ Revised  
☒ Fatality  
☒ Hit and Run

COMPLETE 11603-12

(1) Reporting Agency: **NORMAN POLICE DEPARTMENT** Case Number (Agency Use): **2012-11603** Motor Vehicles Involved: **02** Number Injured: **02** Number Killed: **00**

(2) Date of Collision (mm/dd/yyyy): **08/23/2012** Time: **1426** County Number and Name: **14 CLEVELAND** Nearest City or Town Number and Name: **20 NORMAN**

(3) Distance from Nearest City or Town Limits: **0** Mi. **N** **0** Mi. **E** **0** Mi. **W** Control # **0** Int ID **0** Location **0** East Grid **0** North Grid **0** Administrative **0**

(4) Street, Road or Highway: **12TH AVENUE N.E.** Distance from **0393** Mi. **N** **E** **W** of **MAIN STREET**

(5) Unit: **01** Occupants Type: **01** Hit & Run: **0** Last Name: **GRADY, THOMAS** First: **JAMES** Middle: **JAMES** Date of Birth (mm/dd/yyyy): **01/01/00** Sex: **M**

(6) Address: **720 IOWA STREET** City: **NORMAN** State: **OK** Zip: **73069** Telephone (Use Area Code): **4053211600**

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

(8) Ejected: **0** Extricated: **0** Test: **50** (% BAC): **0** Transported by: **0** To Medical Facility: **0** License Plate Number: **OK 072013** State: **OK** Month: **07** Year: **2013**

(9) VIN: **3009 GRN0 PTRB32006** Vehicle Year: **2009** Color: **GRN** 2nd Color: **0** Make: **PTRB** Model: **320** Veh. Conf.: **06** Extent of Damage: **2**

(10) Insurance Company Name: **SELF INSURED, CITY OF NORMAN** Policy Number: **4053211600** Insurance Telephone (Use Area Code): **4053211600**

(11) Vehicle Removed by: **0** Owner's Last Name: **CITY OF NORMAN** First: **0** Middle Initial: **0**

(12) Owner's Address: **201 WEST GRAY ST., NORMAN** City: **NORMAN** State: **OK** Zip: **73069** Towed Veh. Type: **0** Oversized Load: **0** Rolled: **0** Phone present: **0** Burned: **0** Phone in use: **0**

(13) Citation Number: **557658** Statute/Ordinance Number: **20-502** Citation Number: **0** Statute/Ordinance Number: **0**

(14) Unit: **02** Occupants Type: **02** Hit & Run: **0** Last Name: **BETZ, DALTON** First: **D.** Middle: **D.** Date of Birth (mm/dd/yyyy): **01/01/00** Sex: **M**

(15) Address: **3915 FLORA DRIVE** City: **NORMAN** State: **OK** Zip: **73026** Telephone (Use Area Code): **4053438946**

(16) Driver License Number: **OK D** State: **OK** Class: **D** Endorsement(s): **0** Restriction(s): **0** Inj. Sev.: **4** Type of Injury: **13** Drv./Ped. Cond.: **01** OP Use: **04**

(17) Ejected: **0** Extricated: **0** Test: **50** (% BAC): **0** Transported by: **0** To Medical Facility: **0** License Plate Number: **OK 062013** State: **OK** Month: **06** Year: **2013**

(18) VIN: **2003 WH10 DODG NEON02** Vehicle Year: **2003** Color: **WH1** 2nd Color: **0** Make: **DODG** Model: **NEON** Veh. Conf.: **02** Extent of Damage: **4**

(19) Insurance Company Name: **STATE FARM** Policy Number: **036 5622 E27 36E** Insurance Telephone (Use Area Code): **4053217070**

(20) Vehicle Removed by: **0** Owner's Last Name: **A & A WRECKER** First: **0** Middle Initial: **0**

(21) Owner's Address: **0** City: **0** State: **0** Zip: **0** Towed Veh. Type: **0** Oversized Load: **0** Rolled: **0** Phone present: **0** Burned: **0** Phone in use: **0**

(22) Citation Number: **0** Statute/Ordinance Number: **0** Citation Number: **0** Statute/Ordinance Number: **0**

(23) Investigating Officer: **SETTLE** Badge Number: **8977** Troop/Div.: **0** Reviewed by (Init.): **0** Reviewer Badge Number: **0200** Date of Report (mm/dd/yyyy): **08/23/2012**

Unit Type: **0** Driver **0** Pedestrian **0** Bicyclist **0** Other Cyclist **0** Parked Car **0** Animal **0** Train **0** Injury Severity: **0** N/A **0** No Injury **0** Possible **0** Fatal **0** Unknown **0** Incapacitating **0** Type of Injury: **0** N/A **0** Head **0** Trunk **0** Internal **0** External **0** Blood **0** Arms **0** Legs **0** Unknown **0** 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** Emotional **09** Very Tired **10** Other **11** Sleepy **99** Unknown **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 **00** Not Applicable **01** Not Deployed **02** Deployed - Front **03** Deployed - Side **04** Deployed - Combination **05** Deployed - Unknown **06** Not Applicable **07** Ejected **08** Extricated **09** Chemical Test **10** Extent of Damage **11** Insurance Verification **12** Oversized Load **13** Towed Vehicle Type **14** Stock Trailer **15** Camping Trailer **16** Combination Trailer **17** Horse Trailer **18** Box Trailer **19** Unknown

WARNING - STATE LAW

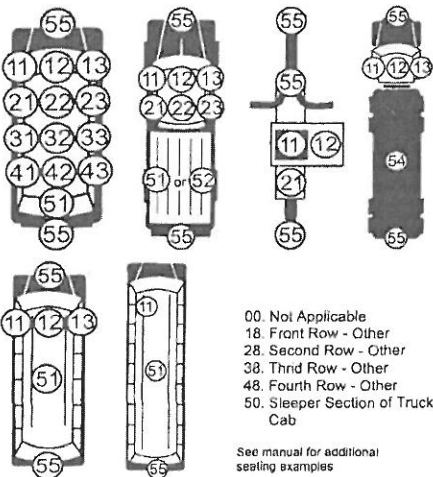
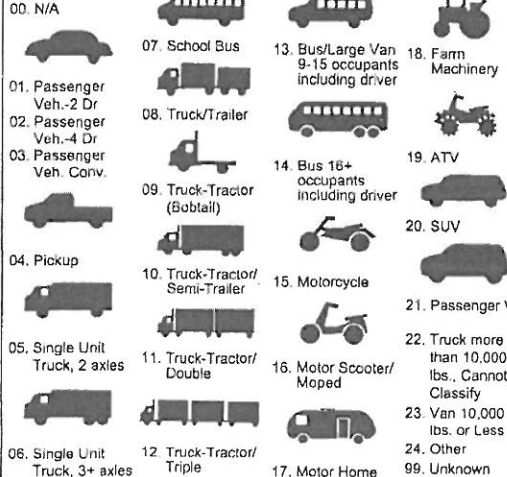
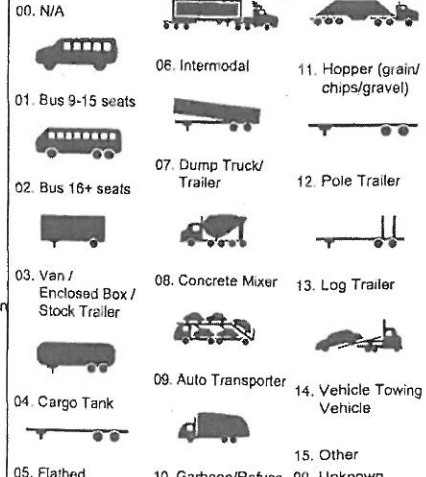
Use of contents for commercial solicitation is unlawful

DPS: 0192-01 REV 0107

(24) Unit	Injured <input checked="" type="checkbox"/> Passenger <input checked="" type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)	Sex
02		13	WRIGHT	TRENTON	D.		
(25) Address	City	State	Zip	Telephone (Use Area Code)			
1613 HIGH CIRCLE	NORMAN	OK	730714				
(26) Injury Severity / Type	OP Use	Air Bag Ejected	Extricated	Transported by	To Medical Facility	Property Type	
313	04	11	1	EMSSTAT / NORMAN REGIONAL HOSP.			
(27) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input checked="" type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)	Sex
			STOUT	STACI	L.		
(28) Address	City	State	Zip	Telephone (Use Area Code)			
525 S. UNIVERSITY BLVD.	NORMAN	OK	730694				
(29) Injury Severity / Type	OP Use	Air Bag Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(30) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input checked="" type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)	Sex
			GONSALVES	JESSE			
(31) Address	City	State	Zip	Telephone (Use Area Code)			
304 CHALMETTE DR. #A	NORMAN	OK	730714				
(32) Injury Severity / Type	OP Use	Air Bag Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(33) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	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				
01	CITY OF NORMAN	201 W. GRAY ST.				
(37) City	State	Zip	GVWR <input checked="" type="checkbox"/> 0 - 10K lbs. GCWR <input type="checkbox"/> 10,001 - 26K lbs. 26K+ lbs.	Axle Qty.	Cargo Body	Vehicle Use
NORMAN	OK	73069		06	10	Interstate Commerce <input type="checkbox"/> Intrastate Commerce <input type="checkbox"/> Other Non-Commercial <input type="checkbox"/> Government <input checked="" type="checkbox"/>
(38) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release	
0	OK			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
(39) Unit	Carrier Name	Address				
(40) City	State	Zip	GVWR <input type="checkbox"/> 0 - 10K lbs. GCWR <input type="checkbox"/> 10,001 - 26K lbs. 26K+ lbs.	Axle Qty.	Cargo Body	Vehicle Use
						Interstate Commerce <input type="checkbox"/> Intrastate Commerce <input type="checkbox"/> Other Non-Commercial <input type="checkbox"/> Government <input type="checkbox"/>
(41) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release	
	OK			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>Position in Vehicle</b>	<b>Vehicle Configuration</b>	<b>Cargo Body Type</b>
		

Unit	Total Lanes in Roadway	Legal Speed	Pedestrian / Pedalcyclist Only				Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section)	
Actions Prior to Collision	Location at Time of Collision	Safety Equip.	Unit Number of Vehicle Sinking	Yes	No			
This unit will correspond to 'Unit 1'	01	05	40					
This unit will correspond to 'Unit 2'	02	05	40					
<b>Light</b> 1								
1 Daylight								
2 Dark-Not Lighted								
3 Dark-Lighted								
4 Dawn								
5 Dusk								
6 Dark-Unknown Lighting								
7 Other								
9 Unknown								
<b>Weather</b> 03								
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								
<b>Locality</b> 2								
1 Residential								
2 Business								
3 Industrial								
4 School								
5 Not Built-up								
6 Mixed Use								
7 Other								
9 Unknown								
<b>Type of Intersection</b> 0								
0 Not an Intersection								
2 Y-Intersection								
3 T-Intersection								
4 Four-Way Intersection								
5 Five-Point or More Intersection as Part of Interchange								
7 Traffic Circle								
8 Roundabout								
9 Unknown								
<b>Incident Type</b> 00								
00 Not an Incident								
01 Private Property								
02 Deliberate Intent								
03 Medical Condition								
04 Legal Intervention								
05 Suicide								
07 Drowning								
58 Other								
<b>Location of First Harmful Event</b> 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								
<b>What Vehicle Was Going to Do</b> Unit 1: 01, Unit 2: 01								
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								
<b>What Vehicle Did</b> Unit 1: 01, Unit 2: 05								
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								
<b>Visibility Obscured by</b> 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 Shrubbery								
09 Ice, Snow or Frost on Windows								
10 Smoke								
11 Fog								
12 Dust								
13 Rain								
14 Sun								
15 Other								
99 Unknown								
<b>Driver Distracted by</b> Unit 1: 9, 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								
<b>Underride/Override</b> 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								
<b>Traffic Control</b> 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								
<b>Road Surface Conditions</b> 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								
<b>Road Character</b> Unit 1: 1, Unit 2: 1								
1 Level								
2 Hillcrest								
3 Uphill								
4 Downhill								
5 Sag (bottom)								
<b>Road Alignment</b> Unit 1: 1, Unit 2: 1								
1 Straight								
2 Curve - Left								
3 Curve - Right								
<b>Road Surface Type</b> Unit 1: 2, Unit 2: 2								
1 Concrete								
2 Asphalt								
3 Gravel								
4 Dirt								
5 Brick								
6 Other								
9 Unknown								
<b>Trafficway</b> 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								
<b>Vehicle Removal</b> Unit 1: 4, Unit 2: 1								
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								
<b>Vehicle Condition</b> 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								
<b>Special Function of Vehicle</b> Unit 1: 1, Unit 2: 2								
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								
<b>Unsafe / Unlawful Contributing Factors</b> Unit 1: 73, Unit 2: 98								
<b>FAILED TO YIELD</b>				<b>49 Tires</b>				
01 From Stop Sign				50 Suspension				
02 From Yield Sign				51 Headlights				
03 Private Drive				52 Tail Lights				
04 County Road at Through Highway				53 Stop Lights				
05 From Signal Light				54 Wheel				
06 From Alley				55 Exhaust System				
07 To Pedestrian				56 Windshield Wipers				
08 To Vehicle on Right				57 Other Mechanical Defects				
09 To Vehicle in Intersection				<b>LEFT OF CENTER</b>				
10 To Emergency Vehicles				59 In Meeting				
12 Other				59 No Passing Zone (Unmarked)				
<b>FOLLOWED TOO CLOSELY</b>				60 Marked Zone				
13 Human Element				61 Other				
14 Traffic Condition				<b>IMPROPER OVERTAKING</b>				
15 Weather Condition				62 In Marked Zone				
<b>UNSAFE SPEED</b>				63 On Hill/Curve				
16 Driver's Ability (Aged)				64 At Intersection				
17 Inexperienced Driver - Young				65 Without Sufficient Clearance				
18 Exceeding Legal Limit				66 Other				
19 For Traffic Conditions				<b>IMPROPER PARKING</b>				
20 For Type of Roadway (Gravel, Dirt, etc.)				67 On Roadway				
21 For Ice or Snow on Roadway				68 Where Prohibited				
22 Rain or Wet Roadway				69 Other				
23 Wind				<b>INATTENTION</b>				
24 Other Weather Conditions				70 Distracted by Passenger in Vehicle				
25 Vehicle Condition				71 Other Distraction Inside Vehicle				
26 View Obstruction				72 Distraction From Outside Vehicle				
27 On Curve/Turn				73 Other				
28 Impeding Traffic				<b>WRONG WAY</b>				
29 Other				74 On One Way				
<b>IMPROPER TURN</b>				75 On Exit Ramp				
30 From Wrong Lane				76 On Entrance Ramp				
31 From Direct Course				77 Other				
32 Right				<b>IMPROPER START FROM</b>				
33 Left				78 Parked Position				
34 Turn About/U-Turn				79 Other				
35 To Enter Private Drive				80 ALCOHOL/DUI/DWI				
36 In Front of Oncoming Traffic				81 DRUG-DUI				
37 Other				<b>OTHER IMPROPER ACT/ MOVEMENT</b>				
38 <b>CHANGED LANES UNSAFELY</b>				82 Failed to Signal				
39 <b>STOPPED IN TRAFFIC LANE</b>				83 Disregarded Warning Signal				
40 <b>FAILED TO STOP</b>				84 Improper Use of Lane				
41 For Stop Sign				85 Improper Backing				
42 For Traffic Signal				86 Apparently Sleepy				
43 For School Bus				87 Failed to Secure Load				
44 For Railroad Gates/Signal				88 Other/Unknown				
45 For Officer/Flagman				<b>UNKN/NO IMPROPER ACT</b>				
46 Other				89 Deer in Roadway				
<b>UNSAFE VEHICLE</b>				90 Animal in Roadway				
47 Brakes				91 Domestic Animal in Rdwy				
48 Steering				92 Avoiding Other Vehicle				
13 Top				93 Avoiding Pedestrian				
14 Undercarriage				94 Object/Debris in Roadway				
99 Unknown				95 Defect in Roadway				
				96 Abnormal Traffic Control				
				97 Improper Bicyclist Action				
				98 NO IMPROPER ACTION BY DRIVER				
				99 PEDESTRIAN ACTION				



Case Number **2012-11603**Pg **4** of **4**

Latitude

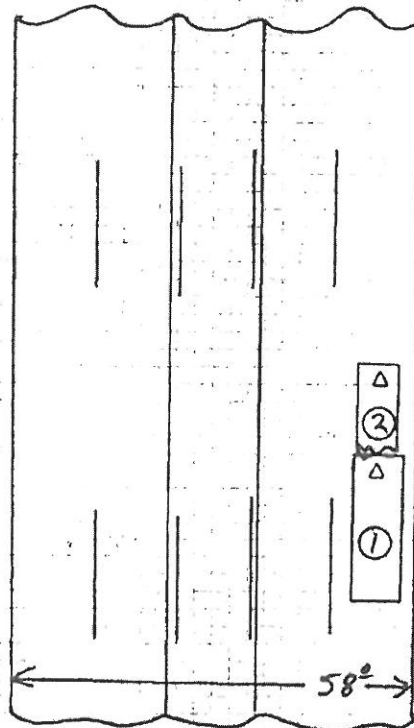
Longitude

Railroad Crossing Number

Roadway Orientation

Unit Number **01** NE **N** SWUnit Number **02** NE **N** SW

Indicate North by Arrow

**12<sup>TH</sup> AVENUE NE****APOL = 393° N & 6° W  
UNIT 1 SKID = 62°**

## COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
<b>01</b>	<b>34</b>	<b>00</b>	<b>00</b>	<b>00</b>	<b>34</b>	<b>34</b>
Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
<b>02</b>	<b>34</b>	<b>00</b>	<b>00</b>	<b>00</b>	<b>34</b>	<b>34</b>

- 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 2'S DRIVER ADVISED HE WAS N/B ON NE 12<sup>TH</sup> AVENUE WHEN HE OBSERVED WITNESS STOUT CROSSING THE STREET E/B IN FRONT OF HIM. UNIT 2 STOPPED TO AVOID HITTING WITNESS STOUT. UNIT 1 WAS N/B ON NE 12<sup>TH</sup> AVENUE FOLLOWING UNIT 2. UNIT 1 WAS UNABLE TO STOP AND REAR ENDED UNIT 2.**

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

DPS: 0192-04 REV 0107