

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

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"/>

(1) Reporting Agency NORMAN POLICE DEPARTMENT		Case Number (Agency Use) 2016-00057155		Motor Vehicles Involved 02	Number Injured 00	Number Killed 00	
(2) Date of Collision (mm/dd/yyyy) 08242016		Time 0805	County Number and Name 14 CLEVELAND	Nearest City or Town Number and Name In <input checked="" type="checkbox"/> Near <input type="checkbox"/> 20 NORMAN			
(3) Distance from Nearest City or Town Limits Mi. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Ft. <input type="checkbox"/>		Control #	Int ID	Location	East Grid	North Grid	
(4) Street, Road or Highway W GRAY ST		At	Distance from 0125	(Nearest) Intersecting Street, Road or Highway N FLOOD AVE			
(5) Unit 01	Occupants Type 01 D	Hit & Run CMV <input type="checkbox"/>	Last Name WANSICK	First BRANDON	Middle	Suffix	
(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) M	Restriction(s) 1	Inj. Sev. 0	
(8) Ejected <input type="checkbox"/> Extricated <input type="checkbox"/> Test <input type="checkbox"/> (% BAC) <input type="checkbox"/> Transported by <input type="checkbox"/> To Medical Facility <input type="checkbox"/>		License Plate Number C122744		State OK	Month 12	Year 2016	
(9) VIN 1FM5K8AR9EGA71025		Vehicle Year 2015	Color BLK	2nd Color WHI	Make FORD	Model EXPL	
(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 1301 DA VINCI ST		City NORMAN	State OK	Zip	Towed Veh. Type Oversized Load <input type="checkbox"/> 0 00		
(13) Citation Number		Statute/Ordinance Number	Citation Number	Statute/Ordinance Number			
(14) Unit 02	Occupants Type 01 D	Hit & Run CMV <input type="checkbox"/>	Last Name AMEND	First KELSEY	Middle DIANE	Suffix	
(15) Address 3120 W ROCK CREEK TRL 408		City NORMAN	State OK	Zip 73072	Telephone (Use Area Code)		
(16) Driver License Number		State OK	Class D	Endorsement(s)	Restriction(s) 1	Inj. Sev. 0	
(17) Ejected <input type="checkbox"/> Extricated <input type="checkbox"/> Test <input type="checkbox"/> (% BAC) <input type="checkbox"/> Transported by <input type="checkbox"/> To Medical Facility <input type="checkbox"/>		License Plate Number 232AGR		State OK	Month 01	Year 2017	
(18) VIN		Vehicle Year 2005	Color MAR	2nd Color 0	Make DODG	Model DAKO	
(19) Insurance Company Name 2 STATE FARM MUTUAL INSURANCE COMPANY		Policy Number 07763121-A20-36F	Insurance Telephone (Use Area Code) 8007828332				
(20) Vehicle Removed by Driver <input type="checkbox"/> L&A WRECKER		Owner's Last Name	First	Middle	Suffix		
(21) Owner's Address		City	State	Zip	Towed Veh. Type Oversized Load <input type="checkbox"/> 0 00		
(22) Citation Number		Statute/Ordinance Number	Citation Number	Statute/Ordinance Number			
(23) Investigating Officer LANCASTER		Badge Number 0908	Trp/Div. Assigned	Trp/Div. Location	Reviewer (Init.) ST	Reviewer Badge Number 0946	
Date of Report (mm/dd/yyyy) 08242016							
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 2 Trunk 3 External 4 Internal 5 Arms 6 Legs 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 06 Drowsy/Fatigued 07 Drowsy 08 Ill (Sick) 09 Drowsy/Fatigued 10 Emotional 11 Other 99 Unknown	
Occupant Protection (OP) In Use 05 Child Restraint Type Unknown 06 Restraint Used - Type Unknown 07 Helmet 08 Child Restraint - Forward Facing 09 Child Restraint - Rear Facing		Chemical Test 0 N/A 1 Blood 2 Breath 3 Blood/Breath 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 Operator 2 Owner 3 Operator 4 Exempt	
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 Homemade Trailer 08 Box Trailer 09 Stool Trailer 10 Camping Trailer 11 Combination 12 Other 99 Unknown							

WARNING - STATE LAW

Use of contents for commercial solicitation is unlawful

(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
(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 <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
(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 <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
(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 <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
(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	NASI Report Number	Placard Number	Haz. Mat. Class
	OK		
(39) Unit	Carrier Name	Address	
(40) City	State	Zip	
(41) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class
	OK		

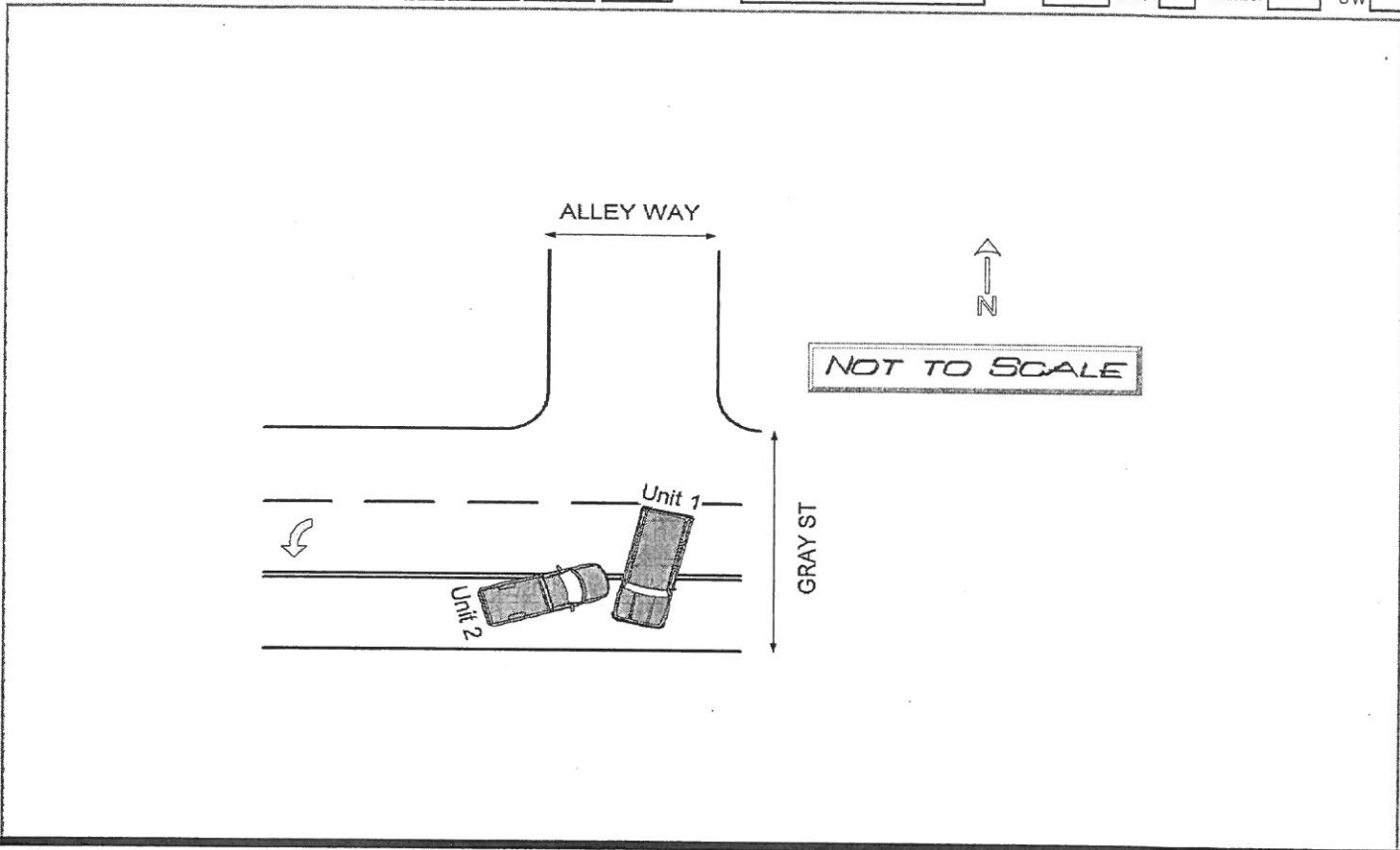
GVWR	0 - 10K lbs.	Axle Qty.	Cargo Body	Vehicle Use
GCWR	10,001 - 26K lbs.			Interstate Commerce <input type="checkbox"/>
	26K+ lbs.			Intrastate Commerce <input type="checkbox"/>
				Other Non-Commercial <input type="checkbox"/>
				Government <input type="checkbox"/>

GVWR	0 - 10K lbs.	Axle Qty.	Cargo Body	Vehicle Use
GCWR	10,001 - 26K lbs.			Interstate Commerce <input type="checkbox"/>
	26K+ lbs.			Intrastate Commerce <input type="checkbox"/>
				Other Non-Commercial <input type="checkbox"/>
				Government <input type="checkbox"/>

Position in Vehicle 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 See manual for additional seating examples	Vehicle Configuration 00. N/A 01. Passenger Veh.-2 Dr 02. Passenger Veh.-4 Dr 03. Passenger Veh. Conv. 04. Pickup 05. Single Unit Truck, 2 axles 06. Single Unit Truck, 3+ axles 07. School Bus 08. Truck/Trailer 09. Truck-Tractor (Bobtail) 10. Truck-Tractor/Semi-Trailer 11. Truck-Tractor/Double 12. Truck-Tractor/Triples 13. Bus/Large Van 9-15 occupants including driver 14. Bus 16+ occupants including driver 15. Motorcycle 16. Motor Scooter/Moped 17. Motor Home 18. Farm Machinery 19. ATV 20. SUV 21. Passenger Van 22. Truck more than 10,000 lbs., Cannot Classify 23. Van 10,000 lbs. or Less 24. Other 99. Unknown	Cargo Body Type 00. N/A 01. Bus 9-15 seats 02. Bus 16+ seats 03. Van / Enclosed Box / Stock Trailer 04. Cargo Tank 05. Flatbed 06. Intermodal 07. Dump Truck/Trailer 08. Concrete Mixer 09. Auto Transporter 10. Garbage/Refuse 11. Hopper (grain/chips/gravel) 12. Pole Trailer 13. Log Trailer 14. Vehicle Towing Vehicle 15. Other 99. Unknown
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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 Striking	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
This unit will correspond to 'Unit 1'	01	03	35					
This unit will correspond to 'Unit 2'	02	03	35					
Light		1	What Vehicle Was Going to Do		Unit 1		Unit 2	
1 Daylight			01		01			
2 Dark-Not Lighted								
3 Dark-Lighted								
4 Dawn								
5 Dusk								
6 Dark-Unknown								
7 Lighting								
8 Other								
9 Unknown								
Weather		01	What Vehicle Did		Unit 1		Unit 2	
01 Clear			01		01			
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		2	What Vehicle Did		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								
Type of Intersection		0	What Vehicle Did		Unit 1		Unit 2	
0 Not an Intersection			01		01			
1 Y-Intersection								
2 T-Intersection								
3 Four-Way Intersection								
4 Five-Point or More Intersection as Part of Interchange								
5 Traffic Circle								
6 Roundabout								
9 Unknown								
Incident Type		00	What Vehicle Did		Unit 1		Unit 2	
00 Not an Incident			01		01			
51 Private Property								
52 Deliberate Intent								
53 Medical Condition								
54 Legal Intervention								
55 Suicide								
57 Drowning								
58 Other								
Location of First Harmful Event		01	What Vehicle Did		Unit 1		Unit 2	
01 On Roadway			01		01			
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								
Driver Distracted by		0	What Vehicle Did		Unit 1		Unit 2	
0 Not Applicable/None			01		01			
1 Electronic Communication Devices								
2 Other Electronic Device								
3 Other Inside Vehicle								
4 Other Outside Vehicle								
9 Unknown								
Underride/Override		0	What Vehicle Did		Unit 1		Unit 2	
0 Not Applicable			01		01			
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		00	What Vehicle Did		Unit 1		Unit 2	
00 No Control			01		01			
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		01	What Vehicle Did		Unit 1		Unit 2	
01 Dry			01		01			
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		1	What Vehicle Did		Unit 1		Unit 2	
1 Level			01		01			
2 Hillcrest								
3 Uphill								
4 Downhill								
5 Sag (bottom)								
Road Alignment		1	What Vehicle Did		Unit 1		Unit 2	
1 Straight			01		01			
2 Curve - Left								
3 Curve - Right								
Road Surface Type		2	What Vehicle Did		Unit 1		Unit 2	
1 Concrete			01		01			
2 Asphalt								
3 Gravel								
4 Dirt								
5 Brick								
6 Other								
9 Unknown								
Special Function of Vehicle		08	What Vehicle Did		Unit 1		Unit 2	
00 Not Applicable			01		01			
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		2	What Vehicle Did		Unit 1		Unit 2	
0 N/A			01		01			
1 Yes								
Workers Present		Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	What Vehicle Did		Unit 1		Unit 2	
0 Not Applicable			01		01			
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		4	What Vehicle Did		Unit 1		Unit 2	
0 Not Applicable			01		01			
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		01	What Vehicle Did		Unit 1		Unit 2	
00 Not Applicable			01		01			
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								
Unsafe / Unlawful Contributing Factors		03	What Vehicle Did		Unit 1		Unit 2	
0 Not Applicable			01		01			
1 From Stop Sign								
2 From Yield Sign								
3 Private Drive								
4 County Road at Through Highway								
5 From Signal Light								
6 From Alley								
7 To Pedestrian								
8 To Vehicle on Right								
9 To Vehicle in Intersection								
10 To Emergency Vehicles								
12 Other								
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/Stopline								
46 Other								
47 Brakes								
48 Steering								
49 Tires								
50 Suspension								
51 Headlights								
52 Tail Lights								
53 Stop Lights								
54 Wheel								
55 Exhaust System								
56 Windshield Wipers								
57 Other Mechanical Defects								
58 In Meeting								
59 No Passing Zone (Unmarked)								
60 Marked Zone								
61 Other								
62 In Marked Zone								
63 On Hill/Curve								
64 At Intersection								
65 Without Sufficient Clearance								
66 Other								
67 On Roadway								
68 Where Prohibited								
69 Other								
70 Distracted by Passenger in Vehicle								
71 Other Distraction Inside Vehicle								
72 Distraction From Outside Vehicle								
73 Other								
74 On One Way								
75 On Exit Ramp								
76 On Entrance Ramp								
77 Other								
78 Parked Position								
79 Other								
80 ALCOHOL-DUI/DWI								
81 DRUG-DUI								
82 Failed to Signal								
83 Disregarded Warning Signal								
84 Improper Use of Lane								
85 Improper Backing								
86 Apparently Sleepy								
87 Failed to Secure Load								
88 Other/Unknown								
89 UNKN./NO IMPROPER ACT								
90 Animal in Roadway								
91 Domestic Animal in Rdwy								
92 Avoiding Other Vehicle								

Latitude		Longitude		Railroad Crossing Number		Roadway Orientation	Unit Number	01	NE	SW	E	Unit Number	02	NE	SW	E
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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 Overtum/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	56 Pavement Drop-Off
38 Other Non-Fixed Object	57 Ditch
FIXED OBJECT:	58 Embankment
40 Barrier (Cable)	59 Tree (Standing)
41 Barrier (Concrete)	60 Dividing Strip
42 Barrier (Other)	61 Retaining Wall
43 Fence Pole	62 Bridge Abutment
44 Fence	63 Bridge Pier or Support
45 Traffic Signal Support	64 Bridge Rail
46 Traffic Sign Support	65 Bridge Post
47 Utility Pole/Light Support	66 Bridge Curb
48 Other Post/Pole/Support	67 Bridge Super Structure (Beams)
49 Guardrail/Guardrail Face	68 Bridge Overhead Structure
50 Guardrail End	69 Delineator
51 Culvert	70 Mailbox
52 Curb	71 Other Fixed Object
53 Island	72 Other Highway Structure
54 Sand Barrels	73 Ground
55 Impact Attenuator/ Crash Cushion	99 Unknown

Remarks

U1 WAS WORKING TRAFFIC PROJECT NEAR FLOOD AND GRAY. U1 WAS COMPLETING A TRAFFIC STOP AND PULLING OUT OF THE ALLEY WAY JUST ONTO GRAY ST JUST EAST OF FLOOD. BOTH THE WESTBOUND LEFT TURN LANE AND REGULAR LANE HAD SIGNIFICANT TRAFFIC BACK UP BECAUSE OF THE TRAFFIC SIGNAL AT FLOOD AND GRAY. U2 WAS MAKING A EAST BOUND LEFT TURN FROM FLOOD ONTO GRAY STREET. U1 PULLED FROM THE ALLEY WAY ONTO GRAY STREET. U1 PULLED ONTO GRAY STREET AND U2 STRUCK U1 IN THE 3 O'CLOCK POSITION. U1 DRIVER STATED THAT DUE TO TRAFFIC CONGESTION HE DID NOT SEE U2. U2 DRIVER STATED THAT SHE BELIEVED BECAUSE OF TRAFFIC CONGESTION SHE THOUGHT U1 DRIVER DID NOT SEE HER VEHICLE. U1 DRIVEN TO NORTHBASE FOR PHOTOGRAPHS AND DAMAGE ESTIMATE. U2 TOWED FROM THE SCENE DUE TO DAMAGE.

