

DO NOT WRITE IN THIS SPACE

Incident Report

Investigation Completed
Investigation Made at Scene
Photographs

Y N
[X]
Revised [X]
Fatality [X]
Hit and Run [X]

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

(1) Reporting Agency: NORMAN POLICE DEPARTMENT
Case Number (Agency Use): 2020-0000412
Motor Vehicles Involved: 02
Number Injured: 00
Number Killed: 00

(2) Date of Collision: 01022020
Time: 1713
County Number and Name: 14 CLEVELAND
Nearest City or Town Number and Name: In [X] Near [] NORMAN

(3) Distance from Nearest City or Town Limits
Control # Int ID Location East Grid North Grid Administrative

(4) Street, Road or Highway: CLASSEN BLVD
Distance from (Nearest) Intersecting Street, Road or Highway: ALAMEDA ST

(5) Unit: 01
Occupants: 03
Type: D
Last Name: PALMER
First: ANDREW
Middle:
Suffix:
Date of Birth:
Sex: M

(6) Address:
City:
State: OK
Zip:
Telephone (Use Area Code):

(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) Ejected: 1
Extricated: 1
Test: 1
(% BAC): 5
Transported by:
To Medical Facility:
License Plate Number: C121915
State: OK
Month: 12
Year: 2020

(9) VIN: V01A9EA014316
Vehicle Year: 2014
Color: RED
2nd Color: YEL
Make:
Model:
Veh. Conf.: 05
Extent of Damage: 2

(10) Insurance Company Name:
Policy Number:
Insurance Telephone (Use Area Code):
Insurance Verification: 4

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

(12) Owner's Address:
City: NORMAN
State: OK
Zip: 73071
Oversized Load: 0
Towed Veh. Type: 00
Rollover:
Phone present:
Burned:
Phone in use:

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

(14) Unit: 02
Occupants: 01
Type: D
Last Name: LOVELADY
First: SAMANTHA
Middle:
Suffix:
Date of Birth:
Sex: F

(15) Address:
City:
State: OK
Zip:
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) Ejected: 1
Extricated: 1
Test: 1
(% BAC): 5
Transported by:
To Medical Facility:
License Plate Number:
State: OK
Month: 8
Year: 2020

(18) VIN: F1FK3CU126917
Vehicle Year: 2012
Color: GRY
2nd Color: 0
Make: TOYT
Model: CAMR
Veh. Conf.: 02
Extent of Damage: 3

(19) Insurance Company Name: GEICO
Policy Number:
Insurance Telephone (Use Area Code): (800) 841-3000
Insurance Verification: 2

(20) Vehicle Removed by:
Owner's Last Name: DAVIS
First: THOMAS
Middle:
Suffix:

(21) Owner's Address:
City: OKLAHOMA CITY
State: OK
Zip:
Oversized Load: 0
Towed Veh. Type: 00
Rollover:
Phone present:
Burned:
Phone in use:

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

(23) Investigating Officer: Wiles
Badge Number: 124616
Trp/Div. Assigned:
Trp/Div. Location:
Reviewer (Init.): Smallwood
Reviewer Badge Number: 110317
Date of Report (mm/dd/yyyy): 01022020

Table with columns: Unit Type, Injury Severity, Type of Injury, 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



(24) Unit **01** Injured Witness Passenger Prop. Owner Pos in Veh. **13** Last Name **GOODNIGHT** First **CODY** Middle Suffix DOB(mm/dd/yyyy) Sex **M**

(25) Address Same as Driver City **NORMAN** State **OK** Zip **73072** Telephone (Use Area Code)

(26) Injury Severity / Type **1** OP Use **0** Air Bag **04** Ejected **1** Extricated **1** Transported by To Medical Facility Property Type

(27) Unit **01** Injured Witness Passenger Prop. Owner Pos in Veh. **23** Last Name **WITTICK** First **TREVOR** Middle Suffix DOB(mm/dd/yyyy) Sex **M**

(28) Address Same as Driver City **NORMAN** State **OK** Zip **73026** Telephone (Use Area Code)

(29) Injury Severity / Type **1** OP Use **0** Air Bag **04** Ejected **1** Extricated **1** Transported by To Medical Facility Property Type

(30) Unit Injured Witness Passenger Prop. Owner Pos in Veh. Last Name First Middle Suffix DOB(mm/dd/yyyy) Sex

(31) Address Same as Driver 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 Suffix DOB(mm/dd/yyyy) Sex

(34) Address Same as Driver 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 Other Non-Commercial Government

(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

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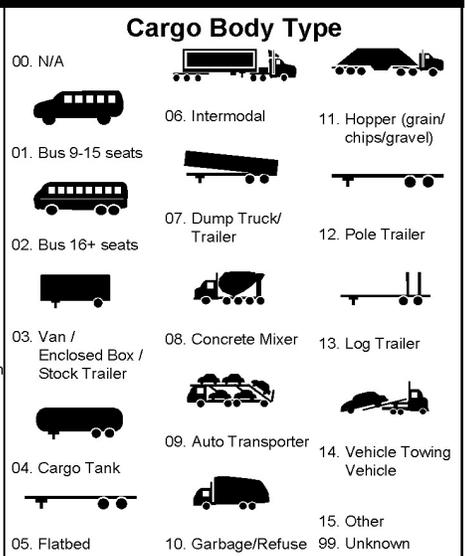
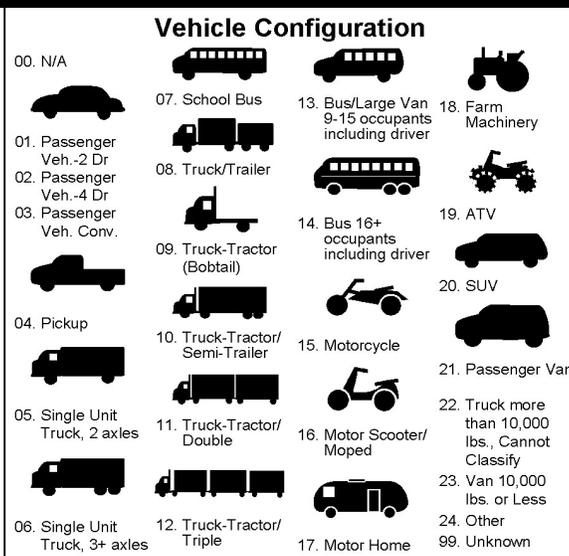
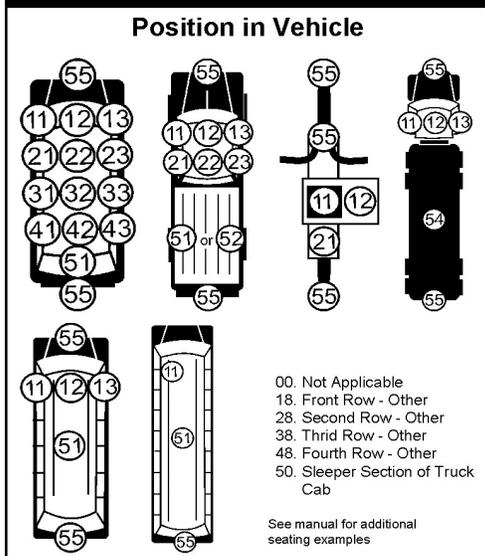


Table with columns: Unit, Total Lanes in Roadway, Legal Speed, Pedestrian / Pedalcyclist Only (Actions Prior to Collision, Location at Time of Collision, Safety Equip, Unit Number of Vehicle Striking)

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
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 2
1 Residential
2 Business
3 Industrial
4 School
5 Not Built-up
6 Mixed Use
7 Other
9 Unknown

Type of Intersection 4
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

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: 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

What Vehicle Did
Unit 1: 08
Unit 2: 01
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

Visibility Obscured by
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

Driver Distracted by
Unit 1: 0
Unit 2: 0
0 Not Applicable/None
1 Electronic Communication Devices
2 Other Electronic Device
3 Other Inside Vehicle
4 Other Outside Vehicle
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: 3
Unit 2: 3
1 Straight
2 Curve - Left
3 Curve - Right

Road Surface Type
Unit 1: 2
Unit 2: 2
1 Concrete
2 Asphalt
3 Gravel
4 Dirt
5 Brick
6 Other
99 Unknown

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

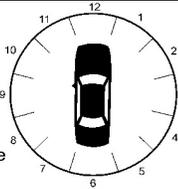
Special Function of Vehicle
Unit 1: 11
Unit 2: 00
00 Not Applicable
01 School Bus
02 Transit Bus
03 Intercity Bus
04 Charter Bus
05 Other Bus
06 Military
07 OHP
08 Other Police
09 Other Law Enforcement
10 Ambulance
11 Fire Truck
12 Public Owned Vehicle
13 Highway Equipment
14 Special Mobilized Machine
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: 38
Unit 2: 98
0 Not Applicable
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

FAILED TO YIELD
49 Tires
50 Suspension
51 Headlights
52 Tail Lights
53 Stop Lights
54 Wheel
55 Exhaust System
56 Windshield Wipers
57 Other Mechanical Defects
LEFT OF CENTER
58 In Meeting
59 No Passing Zone (Unmarked)
60 Marked Zone
61 Other
IMPROPER OVERTAKING
62 In Marked Zone
63 On Hill/Curve
64 At Intersection
65 Without Sufficient Clearance
66 Other
IMPROPER PARKING
67 On Roadway
68 Where Prohibited
69 Other
INATTENTION
70 Distracted by Passenger in Vehicle
71 Other Distraction Inside Vehicle
72 Distraction From Outside Vehicle
73 Other
WRONG WAY
74 On One Way
75 On Exit Ramp
76 On Entrance Ramp
77 Other
IMPROPER START FROM
78 Parked Position
79 Other
80 ALCOHOL-DUI/DWI
81 DRUG-DUI
OTHER IMPROPER ACT/ MOVEMENT
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
UNKN/NO IMPROPER ACT
89 Deer in Roadway
90 Animal in Roadway
91 Domestic Animal in Rdwy
92 Avoiding Other Vehicle
93 Avoiding Pedestrian
94 Object/Debris in Roadway
95 Defect in Roadway
96 Abnormal Traffic Control
97 Improper Bicyclist Action
98 NO IMPROPER ACTION BY DRIVER
99 PEDESTRIAN ACTION

Point of First Contact on Vehicle
Unit 1: 01
Unit 2: 09
Most Damaged Area
Unit 1: 01
Unit 2: 09
00 Not Applicable
13 Top
14 Undercarriage
99 Unknown

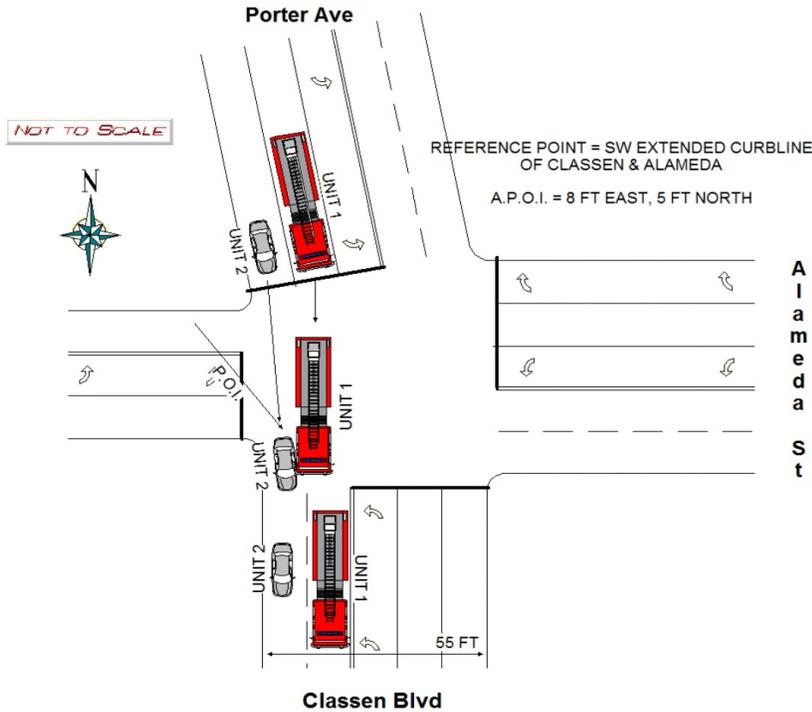


Latitude

Longitude

Railroad Crossing Number

Roadway Orientation Unit Number **01** 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

UNIT 1 WAS STOPPED AT A RED SIGNAL IN THE INSIDE SOUTHBOUND LANE OF CLASSEN BLVD AT ALAMEDA ST. UNIT 2 WAS STOPPED AT THE SAME LOCATION, BUT WAS IN THE OUTSIDE LANE. THE SIGNAL TURNED GREEN. BOTH UNITS 1 AND 2 ACCELERATED THROUGH THE INTERSECTION. DURING A CURVE IN THE ROADWAY UNIT 1 ENTERED THE OUTSIDE LANE AND COLLIDED WITH THE DRIVER SIDE OF UNIT 2.

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

