

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Incident Report

Investigation Completed

Investigation Made at Scene

Photographs

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

(1) Reporting Agency: NORMAN POLICE DEPARTMENT
Case Number: 2020-00044712
(2) Date of Collision: 07092020
(3) Distance from Nearest City or Town Limits: 07092020
(4) Street, Road or Highway: 24TH AVENUE
(5) Unit: 01, Occupants: 01, Type: D
(6) Address: NORMAN, OK, 73069
(7) Driver License Number: OK, A, 1
(8) Ejected: 1, Extricated: 1, Test: 5, (% BAC): 0
(9) VIN: 1GCHK23K28F144258
(10) Insurance Company Name: CITY OF NORMAN
(11) Vehicle Removed by: CITY OF NORMAN
(12) Owner's Address: 1301 DA VINCI ST, NORMAN, OK, 73069
(13) Citation Number:
(14) Unit: 02, Occupants: 01, Type: D
(15) Address: Norman, OK, 73071
(16) Driver License Number: OK, D, 1
(17) Ejected: 1, Extricated: 1, Test: 5, (% BAC): 0
(18) VIN: 125502
(19) Insurance Company Name: STATE FARM
(20) Vehicle Removed by:
(21) Owner's Address:
(22) Citation Number:
(23) Investigating Officer: Byrne, 145787, Tuschmann, 124614

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	<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						
			(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						
			(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						
			(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						
			(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.	Axle Qty.	Cargo Body	Vehicle Use		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interstate Commerce <input type="checkbox"/>		
			<input type="checkbox"/>	10,001 - 26K lbs.	<input type="checkbox"/>	<input type="checkbox"/>	Intrastate Commerce <input type="checkbox"/>		
			<input type="checkbox"/>	26K+ lbs.	<input type="checkbox"/>	<input type="checkbox"/>	Other Non-Commercial <input type="checkbox"/>		
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Government <input type="checkbox"/>		
			(38) U.S. DOT Number		NASI Report Number	Placard Number	Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release
					OK		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
							No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

(39) Unit	Carrier Name	Address							
(40) City	State	Zip	GVWR	0 - 10K lbs.	Axle Qty.	Cargo Body	Vehicle Use		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interstate Commerce <input type="checkbox"/>		
			<input type="checkbox"/>	10,001 - 26K lbs.	<input type="checkbox"/>	<input type="checkbox"/>	Intrastate Commerce <input type="checkbox"/>		
			<input type="checkbox"/>	26K+ lbs.	<input type="checkbox"/>	<input type="checkbox"/>	Other Non-Commercial <input type="checkbox"/>		
			<input type="checkbox"/>		<input type="checkbox"/>	<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"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
							No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

<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 8-15 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>
---	--	---

Table with columns: Unit, Total Lanes in Roadway, Legal Speed, Actions Prior to Collision, Location at Time of Collision, Safety Equip, Unit Number of Vehicle Striking. Includes data for Unit 01 and Unit 02.

Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section) Yes [] No [X]

Table with columns: Type of Work Zone, Location of the Work Zone Collision. Lists various work zone types and their locations relative to the collision.

Workers Present Yes [] No [] Unknown []

Light 1: Daylight, Dark-Not Lighted, Dawn, Dusk, Dark-Unknown Lighting, Other, Unknown. Includes 'What Vehicle Was Going to Do' section.

Weather 01: Clear, Fog/Smog/Smoke, Cloudy, Rain, Snow, Sleet/Hail, Severe Crosswind, Blowing Snow, Blowing Sand, Soil, Dirt, Other, Unknown.

Locality 1: Residential, Business, Industrial, School, Not Built-up, Mixed Use, Other, Unknown.

Type of Intersection 0: Not an Intersection, Y-Intersection, T-Intersection, Four-Way Intersection, Five-Point or More Intersection as Part of Interchange, Traffic Circle, Roundabout, Unknown.

Incident Type 00: Not an Incident, Private Property, Deliberate Intent, Medical Condition, Legal Intervention, Suicide, Drowning, Other.

Location of First Harmful Event 01: On Roadway, Shoulder, Median, Roadside, Gore, Separator, Parking Lane/Zone, Off Roadway, Location Unknown, Outside Right-of-Way, Other, Unknown.

Underride/Override: Not Applicable, No Underride or Override, Underride, Compartment Intrusion, Underride, No Compartment Intrusion, Underride, Compartment Intrusion Unknown, Underride, Motor Vehicle in Transport, Underride, Other Motor Vehicle, Unknown.

Traffic Control: No Control, Stop Sign, Traffic Signal, Flashing Traffic Signal, School Zone Signs, Yield Sign, Warning Sign, Railroad Advance Warning Sign, Railroad Cross Bucks, Railroad Gates, Railroad Signal, No Passing Zone, Person (including flagger, law enforcement, crossing guard, etc.), Abnormal Control, Other, Unknown.

Road Surface Conditions: Dry, Wet, Ice/Frost, Snow, Mud, Dirt, Gravel, Slush, Water (standing, moving), Sand, Oil, Other, Unknown.

Road Character: Grade (Level, Hillcrest, Uphill, Downhill, Sag (bottom)), Road Alignment (Straight, Curve - Left, Curve - Right).

Road Surface Type: Concrete, Asphalt, Gravel, Dirt, Brick, Other, Unknown.

Trafficway: One Way, Two-Way - Not Divided, Two-Way - Divided, Two-Way - Divided - Positive Median Barrier, Turn Lane, Ramp / Loop, Driveway, Alley / Parking Lot, Unknown.

Vehicle Removal: Not Applicable, Towed Due to Vehicle Damage, Towed For Reasons Other Than Damage, Remained at Scene, Driven from Scene, Unknown.

Vehicle Condition: Not Applicable, Apparently Normal, Brakes, Headlights, Steering, Tail Lights, Brake Lights, Tires/Wheels, Suspension, Signal lights, Windows, Truck Coupling/Trailer Hitch/Safety Chains, Mirrors, Wipers, Power Train.

Special Function of Vehicle: Not Applicable, School Bus, Transit Bus, Intercity Bus, Charter Bus, Other Bus, Military, OHP, Other Police, Other Law Enforcement, Ambulance, Fire Truck, Public Owned Vehicle, Highway Equipment, Special Mobilized Machine, Other, Unknown.

Emergency Vehicle Responding to an Emergency: N/A, Yes, No, Unknown.

Unsafe / Unlawful Contributing Factors: FAILED TO YIELD, Tires, Suspension, Headlights, Tail Lights, Stop Lights, Wheel, Exhaust System, Windshield Wipers, Other Mechanical Defects, LEFT OF CENTER, In Meeting, No Passing Zone (Unmarked), Marked Zone, Other, IMPROPER OVERTAKING, In Marked Zone, On Hill/Curve, At Intersection, Without Sufficient Clearance, Other, IMPROPER PARKING, Driver's Ability (Aged), Inexperienced Driver - Young, Exceeding Legal Limit, For Traffic Conditions, For Type of Roadway (Gravel, Dirt, etc.), For Ice or Snow on Roadway, Rain or Wet Roadway, Wind, Other Weather Conditions, Vehicle Condition, View Obstruction, On Curve/Turn, Impeding Traffic, Other, IMPROPER TURN, From Wrong Lane, From Direct Course, Right, Left, Turn About/U-Turn, To Enter Private Drive, In Front of Oncoming Traffic, Other, CHANGED LANES UNSAFELY, STOPPED IN TRAFFIC LANE, FAILED TO STOP, For Stop Sign, For Traffic Signal, For School Bus, For Railroad Gates/Signal, For Officer/Flagman, At Sidewalk/Stopline, Other, IMPROPER Bicyclist Action, NO IMPROPER ACTION BY DRIVER, PEDESTRIAN ACTION.

Point of First Contact on Vehicle: 12, 06, 12, 06. Most Damaged Area: 12, 06. Includes a clock diagram showing vehicle orientation.



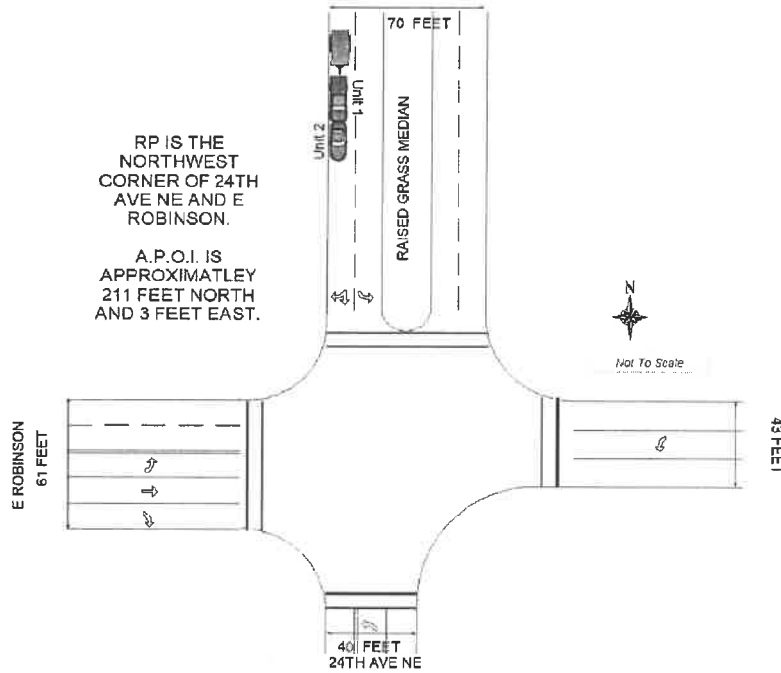
Latitude

Longitude **N**

Railroad Crossing Number

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

Unit Number **02** **NE** **S** **SW**



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 ONE STATED THAT HE WAS GETTING A DRINK OF WATER WHILE STOPPED AT THE STOP LIGHT. WHILE GETTING A DRINK HIS FOOT SLIPPED OFF THE BRAKE CAUSING HIM TO ROLL FORWARD. ONCE ROLLING FORWARD, UNIT ONE STRUCK UNIT TWO FROM BEHIND.

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

