VVarning - State Law. Use of contents for DO NOT WRITE IN THIS CAPITALISM IS LINE WELL.

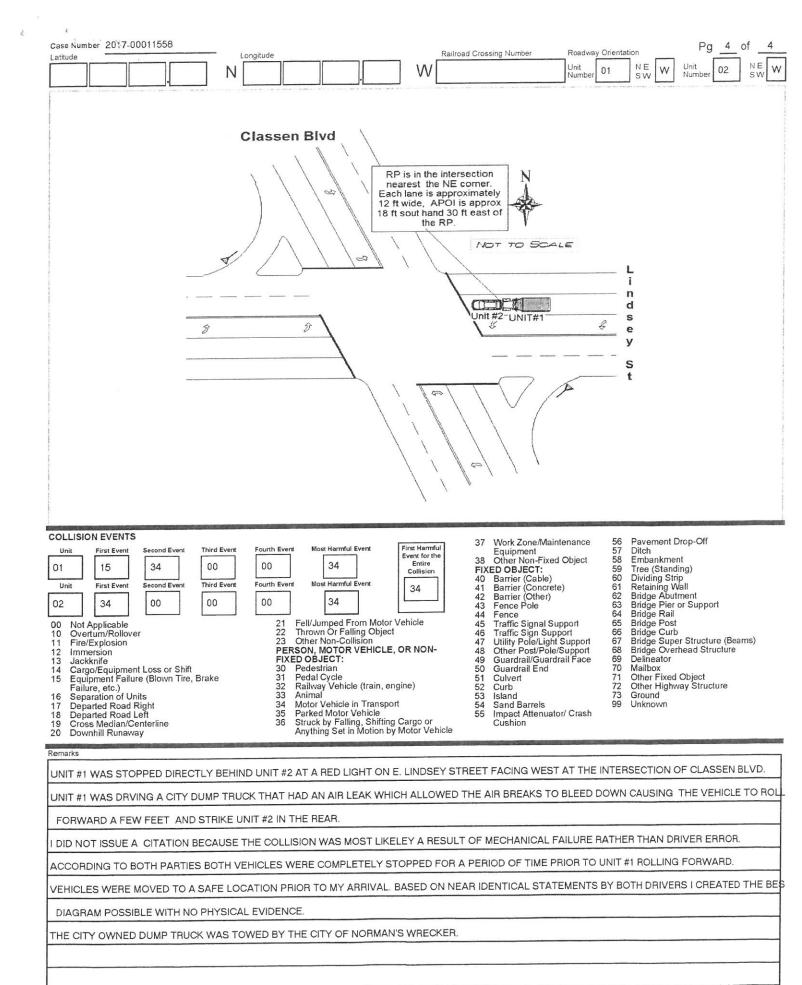
		ΥN	Pg 1 of	4
	Incident Report	X		Y N
	Investigation Completed	X	Revised	TX
	Investigation Made at Scene	X	Fatality	Τx
_	Photographs	X	Hit and Run	IX

OFFICIAL OKLAH	OMA TRAFFIC	collision REPORT
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(1) Reporting Agency			Photog	graphs	X Hit and
NORMAN POLICE DEPARTMENT		Case Number (Agen	cy Use)		
(2) Date of Called		2017-00011558			Number 00 Num Killed
02172017 Time 0856	County Number an	COMMANDE ON THE COMMANDE		Town Number and Name	
(3) Distance from Nearest City or Town Limits		VELAND	In X 20	NORMAN	
Mi. N	Mi. E	ntrol # Int ID Location	East Grid	North Grid Adm	ninistrative
(4) Street, Road or Highway	FtW	Distance from			
E LINDSEYST		At Mi	NIFII	secting Street, Road or Hig	hway
(5) Unit Occupants Type Hit & Last Name		X Ft. Ft.	of CLASSEN		
01 01 D Run PRIVETT		GREGORY	ALAN	Suffix	Date of Birth (mm/dd/yy
(6) Address	City		State Zip	Tolophore (III	10011983
6500 108TH ST ST	NOBLE		OK 73068	40533938	se Area Code)
(7) Driver License Number		State Class	Endorsement(s) Restriction(s)	Inj. Sev. Type of Injury	Drv./Ped. Cond
L081588503 8) Ejected Extricated Test (% BAC) Trace		OK		1 0	01
Air I I I I I I I I I I I I I I I I I I I	sported by	To Medical Facility	License Plate Number	State	Month Year
Bag [] [] [] [5] U. [] [CI14882	ОК	12 2017
HTSCAAN4XH608327		Vehicle Year Color	2nd Color Make	Model	Veh. Conf.
0) Insurance Company Name		1999 WHI	0	ALL	06 Extent
surance 4		Policy Number		Insurance Tele	phone (Use Area Code)
(11) Vehicle Removed by		wner's Last Name			
OTHER (SEE NARR)	Same as	TY OF NORMAN	First	Middle	
2) Owner's Address	City		lip Lip		
			Overs		Rolled Phone pres
Citation 616516	Statute/Ordinance	- Citation	Load		Burned Phone in us
Unit Occupants Type Leet Name	Number M20-	Number Number		Statute/Ordinal	nce
2 01 D Run HARRIS		JUANITA TENT	Middle	Suffix D	ate of Birth (mm/dd/yyyy)
) Address	City	JOANTA	State Zip		09041942
3 SUMMIT CREST LN	NORMAN	I	State Zip OK 73071	Telephone (Use	
Driver License Number				j. Sev. Type of Injury	5
80181225		OK D		1 0	Drv./Ped. Cond. C
Ejected Extricated Test (% BAC) Transpor	rted by	To Medical Facility	License Plate Number	State	Month Year
[1] [1] [1] [5] O			996LFW	ОК	11 2017
3ZK3BB3EU065879		Vehicle Year Color	2nd Color Make	Model	Veh. Conf.
Insurance Company Name		2014 GLD	0 TOYT	NOT	20 Extent of
ance 2		Policy Number		Insurance Telepho	Damage Damage One (Use Area Code)
Cation - CLEO A E NOUNAINE		995595901		8002557828	
	Owner's	Last Name	Ti		The state of the s
	Same as	Last Name	First	Middle	Su
/ehicle Removed by			First		Su
/ehicle Removed by	Same as Driver X		Oversize	Towed Veh. Type	
/ehicle Removed by wher's Address Ci itation St.	Same as Driver X	State Zip		Towed Veh. Type	Rolled Phone present urned Phone in use
vehicle Removed by Station St	Same as Driver X	State Zip Citation Number	Oversize Load	Towed Veh. Type d 0 00 6 B Statute/Ordinance	Rolled Phone present urned Phone in use
/ehicle Removed by Dwner's Address Ci Litation Lumber Livestigating Officer	Same as Driver X tatute/Ordinance umber Badge Number Trp/D	State Zip	Oversize Load Reviewer (Init.) Reviewer B	Towed Veh. Type d 0 00 B Statute/Ordinance	Rolled Phone present urned Phone in use
/ehicle Removed by Station	Same as Driver X	State Zip Citation Number iv. Assigned Trp/Div. Location	Cversize Load Reviewer (Init.) Reviewer B MS 0613	Towed Veh. Type d 0 00 6 Statute/Ordinance Number ladge Number Date of Rep	Rolled Phone present urned Phone in use port (mm/dd/yyyy)
Vehicle Removed by Dwner's Address Ci St. Nu westigating Officer NES Unit Type Unit Type 2 Other Cyclist of No Injury Severity trian A Animal of Parked Car of No Injury 1 No Injury 5 Fatal of No Injury 5 Fatal of No Injury 1 No Injury 5 Fatal of No Injury 6 Patal of No Injury 7 Severity 1 No Injury 8 Fatal of No Injury 9 Fatal of No Injury 1 No I	Same as Driver X tatute/Ordinance umber Badge Number Trp/D 1428 Type of Injury 0 N/A 3 Trunk- internal 2 Trunk- 2 Trunk- External 5 Legs 0 Unknown 04	State Zip Citation Number iv. Assigned Trp/Div. Location Driver/Pedestrian Condition Not Applicable Apparently Normal Influence of	Reviewer (Init.) Reviewer B MS 0613 00 Not Applicable 01 None I Seet	Towed Veh. Type d 0 00	Rolled Phone present urned Phone in use Phone in use Point (mm/dd/yyyy) 7 P) In Use e Unknown pe Unknown 10 Booster Se: 11 Other 99 Unknown 99 Unknown
Vehicle Removed by St. St. Number Vestigating Officer NES Unit Type Vestigating Officer NES Unit Type Vestigating Officer No Injury Severity Vestigating Officer No Injury Severity Vestigating Officer Vestigating Officer No Injury Severity Vestigating Officer Vestigating Officer Vestigating Officer Vestigation Officer	Same as Driver X X X X X X X X X X	State Zip Citation Number iv. Assigned Trp/Div. Location Driver/Pedestrian Condition Not Applicable Apparently Normal Drinking - Ability Impaired Odor of Alcohol Everage 05 Very Tired Odor of Alcohol Everage 05 Very Tired Medications of Stepy 07 Stepy	Reviewer (Init.) Reviewer B MS 0613 18 III (Sick) 00 Not Applicable 01 Emolional 02 Lap Bet Only 01 Unknown 04 Shoulder and Lap Insurance Verification 0 N/A 3 Operator 1 No 4 Exempt 1 No Permit P Permitted	Towed Veh. Type d 0 00	Rolled Phone present urned Phone in use Phone in use Phone in use Phone in use 10 Booster Serence Punknown 10 Booster Serence 10 Booster

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