

DO NOT WRITE IN THIS SPACE

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"/>

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

(1) Reporting Agency <b>NORMAN POLICE DEPARTMENT</b>		Case Number (Agency Use) <b>2019-00090862</b>		Motor Vehicles Involved <b>02</b>	Number Injured <b>00</b>	Number Killed <b>00</b>
(2) Date of Collision (mm/dd/yyyy) <b>11182019</b>		Time <b>1243</b>	County Number and Name <b>14 CLEVELAND</b>		Nearest City or Town Number and Name <b>NORMAN</b>	
(3) Distance from Nearest City or Town Limits Mi. <input type="checkbox"/> Ft. <input type="checkbox"/>		Control #	Int ID	Location	East Grid	North Grid
(4) Street, Road or Highway <b>E MAIN ST</b>		Distance from (Nearest) Intersecting Street, Road or Highway <b>0020</b>	At <b>N CARTER</b>			
(5) Unit <b>01</b>	Occupants <b>01</b>	Type <b>D</b>	Last Name <b>SHEPHERD</b>		First <b>DAVID</b>	Middle
(6) Address <b>201 W Gray ST</b>		City <b>NORMAN</b>	State <b>OK</b>	Zip <b>73071</b>	Telephone (Use Area Code) <b>4053211600</b>	
(7) Driver License Number		State <b>OK</b>	Class <b>D</b>	Endorsement(s)	Restriction(s)	Inj. Sev. <b>1</b>
(8) Ejected <b>1</b>		Extricated <b>1</b>	Test <b>1</b>	(% BAC) <b>0</b>	Transported by	To Medical Facility
(9) VIN <b>3L96D172959</b>		Vehicle Year <b>2006</b>	Color <b>WHI</b>	2nd Color <b>0</b>	Make <b>CHEV</b>	Model <b>UPLA</b>
(10) Insurance Company Name <b>4</b>		Policy Number	Insurance Telephone (Use Area Code)			
(11) Vehicle Removed by		Owner's Last Name		First	Middle	Suffix
(12) Owner's Address		City	State	Zip	Towed Veh. Type	
(13) Citation Number		Statute/Ordinance Number	Citation Number	Statute/Ordinance Number		
(14) Unit <b>02</b>	Occupants <b>01</b>	Type <b>D</b>	Last Name <b>SEELIG</b>		First <b>KIRA</b>	Middle
(15) Address <b>DRIPPING SPRINGS DR</b>		City <b>EDMOND</b>	State <b>OK</b>	Zip <b>73034</b>	Telephone (Use Area Code) <b>4058223285</b>	
(16) Driver License Number		State <b>OK</b>	Class <b>D</b>	Endorsement(s)	Restriction(s)	Inj. Sev. <b>1</b>
(17) Ejected <b>1</b>		Extricated <b>1</b>	Test <b>1</b>	(% BAC) <b>0</b>	Transported by	To Medical Facility
(18) VIN <b>17L0151587</b>		Vehicle Year <b>1990</b>	Color <b>WHI</b>	2nd Color <b>0</b>	Make <b>MAZD</b>	Model <b>MAT</b>
(19) Insurance Company Name <b>2 ALLSTATE</b>		Policy Number <b>00000094518</b>	Insurance Telephone (Use Area Code) <b>(877) 810-8920</b>			
(20) Vehicle Removed by		Owner's Last Name		First	Middle	Suffix
(21) Owner's Address		City	State	Zip	Towed Veh. Type	
(22) Citation Number		Statute/Ordinance Number	Citation Number	Statute/Ordinance Number		
(23) Investigating Officer <b>McCauslin</b>		Badge Number <b>155260</b>	Trp/Div. Assigned	Trp/Div. Location	Reviewer (Init.)	Reviewer Badge Number
						Date of Report (mm/dd/yyyy) <b>11182019</b>

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 <input type="checkbox"/>									
(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 <input type="checkbox"/>									
(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 <input type="checkbox"/>									
(32) Injury Severity / Type									
OP Use									
Air Bag									
Ejected									
Extricated									
Transported by									
To Medical Facility									
Property Type									

(31) 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 <input type="checkbox"/>									
(34) Injury Severity / Type									
OP Use									
Air Bag									
Ejected									
Extricated									
Transported by									
To Medical Facility									
Property Type									

(32) 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 <input type="checkbox"/>									
(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
City		
State		
Zip		
U.S. DOT Number		
NASI Report Number		
Placard Number		
Hazardous Material Class		
Hazardous Material Involved		
Hazardous Material Release		
Vehicle Use		

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

(38) U.S. DOT Number									
OK									
Hazardous Material Class									
Hazardous Material Involved									
Hazardous Material Release									
Vehicle Use									
Interstate Commerce <input type="checkbox"/>									
Intrastate Commerce <input type="checkbox"/>									
Other Non-Commercial <input type="checkbox"/>									
Government <input type="checkbox"/>									

(39) Unit	Carrier Name	Address
City		
State		
Zip		
U.S. DOT Number		
NASI Report Number		
Placard Number		
Hazardous Material Class		
Hazardous Material Involved		
Hazardous Material Release		
Vehicle Use		

(40) City									
GVWR <input type="checkbox"/> 0 - 10K lbs.									
GCWR <input type="checkbox"/> 10,001 - 26K lbs.									
Axle Qty. <input type="checkbox"/>									
Cargo Body <input type="checkbox"/>									
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									
OK									
Hazardous Material Class									
Hazardous Material Involved									
Hazardous Material Release									
Vehicle Use									
Interstate Commerce <input type="checkbox"/>									
Intrastate Commerce <input type="checkbox"/>									
Other Non-Commercial <input type="checkbox"/>									
Government <input type="checkbox"/>									

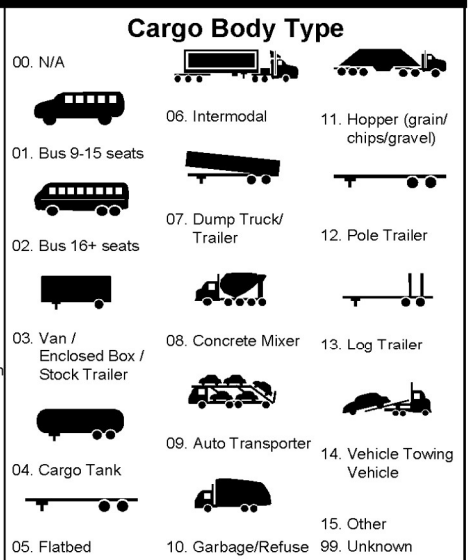
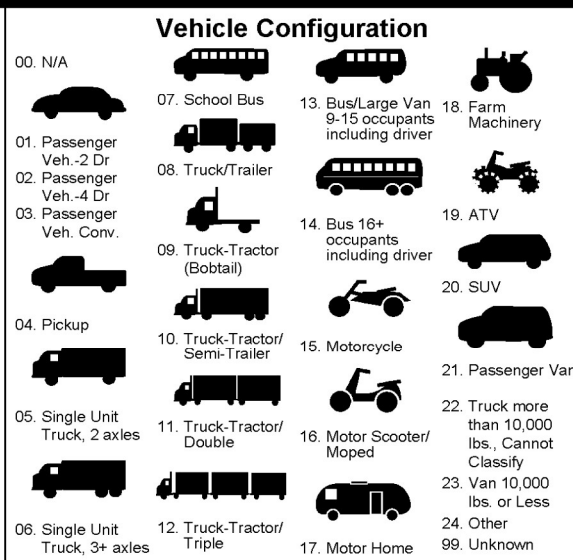
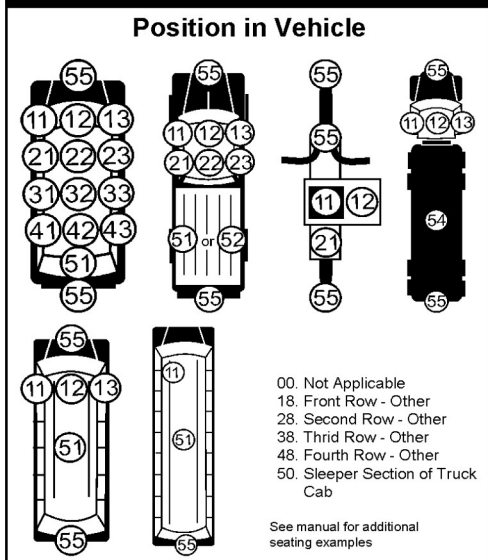


Table with columns: Unit, Total Lanes in Roadway, Legal Speed, Pedestrian / Pedalcyclist Only (Actions Prior to Collision, Location at Time of Collision, Safety Equip, Unit Number of Vehicle Striking)

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

Table for Work Zone details: Type of Work Zone (Lane Closure, Lane Shift/Crossover, etc.), Location of the Work Zone (Before the First Work Zone Warning Sign, etc.), Workers Present (Yes, No, Unknown)

Light (Daylight, Dark-Not Lighted, Dawn, Dusk, etc.) Unit 1: 1, Unit 2: 1

What Vehicle Was Going to Do (Not Applicable, Go Ahead, Turn Left, etc.) Unit 1: 01, Unit 2: 12

Weather (Clear, Fog/Smog/Smoke, Cloudy, Rain, etc.) Unit 1: 01

Underride/Override (Not Applicable, No Underride or Override, etc.) Unit 1: [ ], Unit 2: [ ]

Locality (Residential, Business, Industrial, School, etc.) Unit 1: 1

Traffic Control (No Control, Stop Sign, Traffic Signal, etc.) Unit 1: 05, Unit 2: 05

Type of Intersection (Not an Intersection, Y-Intersection, T-Intersection, etc.) Unit 1: 8

Road Surface Conditions (Dry, Wet, Ice/Frost, Snow, etc.) Unit 1: 01, Unit 2: 01

Incident Type (Not an Incident, Private Property, Deliberate Intent, etc.) Unit 1: 00

Road Character (Grade: Level, Hillcrest, Uphill, etc.) Unit 1: 1, Unit 2: 1

Location of First Harmful Event (On Roadway, Shoulder, Median, etc.) Unit 1: 01

Road Alignment (Straight, Curve - Left, Curve - Right) Unit 1: 1, Unit 2: 1

Driver Distracted by (Not Applicable/None, Electronic Communication Devices, etc.) Unit 1: 4, Unit 2: 0

Road Surface Type (Concrete, Asphalt, Gravel, etc.) Unit 1: 2, Unit 2: 2

Trafficway (Not Applicable, One Way, Two-Way - Not Divided, etc.) Unit 1: 3, Unit 2: 3

Vehicle Removal (Not Applicable, Towed Due to Vehicle Damage, etc.) Unit 1: 4, Unit 2: 4

Vehicle Condition (Not Applicable, Apparently Normal, Brakes, etc.) Unit 1: 01, Unit 2: 01

Special Function of Vehicle (Not Applicable, School Bus, Transit Bus, etc.) Unit 1: 00, Unit 2: 00

Emergency Vehicle Responding to an Emergency (N/A, Yes) Unit 1: 0, Unit 2: 0

Unsafe / Unlawful Contributing Factors (Failed to Yield, Unsafe Speed, etc.) Unit 1: 88, Unit 2: 98

Point of First Contact on Vehicle (Diagram showing vehicle orientation and contact points) Unit 1: 12, Unit 2: 06

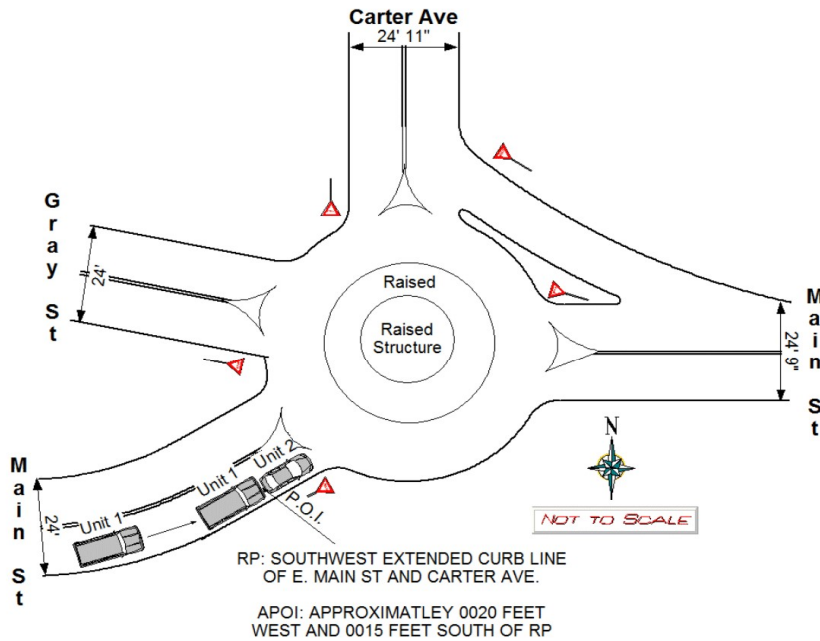


Latitude

Longitude

Railroad Crossing Number

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



**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>
<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

U2 WAS STOPPED AT THE ROUNDABOUT ON E. MAIN ST JUST WEST OF CARTER. U1 WAS DRIVING EAST AND STRUCK THE BACK OF U1. DRIVER OF U1 STATED THAT HE WAS LOOKING AT OTHER CARS AND LOOKED UP AND HAD HIT U2. BOTH DRIVERS DECLINED MEDICAL ASSISTANCE. NO CITATIONS WERE ISSUED.

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

