

DO NOT WRITE IN THIS SPACE

Incident Report

Y	N
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Y	N
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Y	N
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Y	N
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OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

(1) Reporting Agency: NORMAN POLICE DEPARTMENT
 Case Number (Agency Use): 2017-00049810
 Motor Vehicles Involved: 02
 Number Injured: 01
 Number Killed: 00

(2) Date of Collision (mm/dd/yyyy): 07132017
 Time: 0145
 County Number and Name: 14 CLEVELAND
 Nearest City or Town Number and Name: In 20 Near NORMAN

(3) Distance from Nearest City or Town Limits: [] Mi [] Ft N [] S [] E [] W
 Control # [] Int ID [] Location [] East Grid [] North Grid [] Administrative []

(4) Street, Road or Highway: E STATE HWY 9 HWY
 Distance from: At 0503
 (Nearest) Intersecting Street, Road or Highway: of JUANITA LN

(5) Unit: 01 Occupants: 01 Type: D Hit & Run: CMV:
 Last Name: RUSSELL First: JEFFREY Middle: [] Suffix: [] Date of Birth (mm/dd/yyyy): [] Sex: M

(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): [] Inj. Sev.: 2 Type of Injury: 413
 Dr./Ped. Cond.: 01 OP Use: 04

(8) Ejected: 3 Air Bag: 1 Extricated: 1 Test: 5 (% BAC): 0 Transported by: REFUSED (TO FD/EMS) To Medical Facility: REFUSED License Plate Number: C124451 State: OK Month: 12 Year: 2017

(9) VIN: [] Vehicle Year: 2015 Color: BLK 2nd Color: 0 Make: FORD Model: EXPL Veh. Conf.: 20 Extent of Damage: 4

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

(11) Vehicle Removed by: OTHER (SEE NARR) Same as Driver: Owner's Last Name: CITY OF NORMAN First: [] Middle: [] Suffix: []

(12) Owner's Address: 201 GRAY ST City: NORMAN State: OK Zip: [] Towed Veh. Type: 00 Oversized Load: 0 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 Hit & Run: CMV:
 Last Name: WILLIAMS First: JOSEPHIAS Middle: JR Suffix: [] Date of Birth (mm/dd/yyyy): [] Sex: M

(15) Address: [] City: NORMAN State: OK Zip: 73072 Telephone (Use Area Code): []

(16) Driver License Number: [] State: OK Class: D Endorsement(s): [] Restriction(s): [] Inj. Sev.: 1 Type of Injury: 0
 Dr./Ped. Cond.: 01 OP Use: 04

(17) Ejected: 2 Air Bag: 1 Extricated: 1 Test: 5 (% BAC): 0 Transported by: [] To Medical Facility: [] License Plate Number: [] State: OK Month: 10 Year: 2017

(18) VIN: [] Vehicle Year: 2007 Color: TAN 2nd Color: 0 Make: CHEV Model: TAHO Veh. Conf.: 20 Extent of Damage: 4

(19) Insurance Company Name: 2 FARME9RS Policy Number: [] Insurance Telephone (Use Area Code): []
 Insurance Verification: 2

(20) Vehicle Removed by: QUALITY TOWING Same as Driver: Owner's Last Name: [] First: [] Middle: [] Suffix: []

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

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

(23) Investigating Officer: VINSON Badge Number: 0915 Trp/Div. Assigned: [] Trp/Div. Location: [] Reviewer (Init.): MW Reviewer Badge Number: 0819 Date of Report (mm/dd/yyyy): 07132017

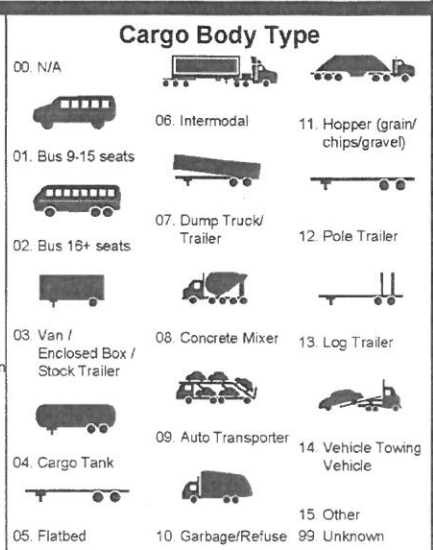
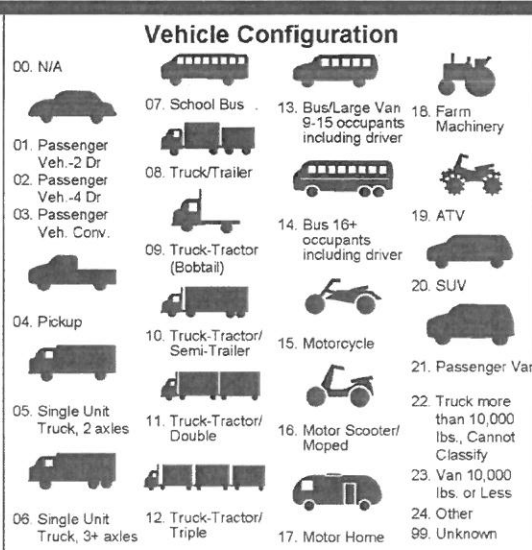
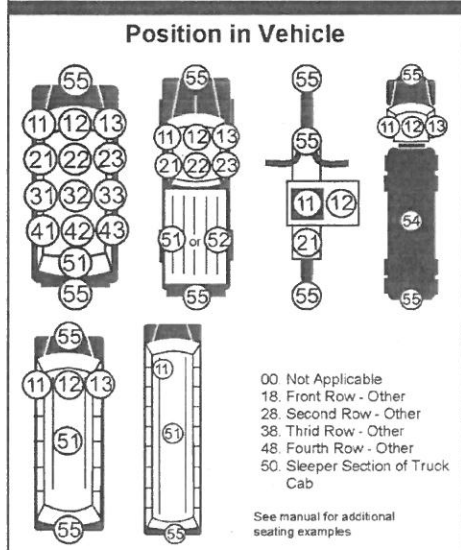
Unit Type	Injury Severity	Type of Injury	Driver/Pedestrian Condition	Occupant Protection (OP) In Use	
D Driver P Pedestrian X Pedestrian K Conveyance B Bicyclist	2 Other Cyclist C Parked Car A Animal T Train	0 N/A 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal 9 Unknown	0 N/A 1 Head 2 Trunk - External 3 Trunk - Internal 4 Arms 5 Legs 9 Unknown	00 Not Applicable 01 Apparently Normal 02 Drinking - Ability Impaired 03 Odor of Alcohol/Beverage 04 Illegal Drugs 05 Under the Influence of Medications 06 Dizzy/Faint 07 Sleepy 08 Ill (Sick) 09 Emotional 10 Other 11 Very Tired	00 Not Applicable 01 None Used 02 Lap Belt Only 03 Shoulder Belt Only 04 Shoulder and Lap Belt 05 Child Restraint - Type Unknown 06 Restraint Used - Type Unknown 07 Helmet 08 Child Restraint - Forward Facing 09 Child Restraint - Rear Facing

WARNING - STATE LAW Use of contents for commercial solicitation is unlawful

(24) Unit		Pos in Veh.		Last Name		First		Middle		Suffix		DOB(mm/dd/yyyy)		Sex	
02		13		WILLIAMS		SHANE								F	
(25) Address		City		State		Zip		Telephone (Use Area Code)							
Same as Driver		NORMAN		OK		73072									
(26) Injury Severity / Type		OP Use		Air Bag		Ejected		Extricated		Transported by		To Medical Facility		Property Type	
1 0		04		2		1		1							

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	
(38) U.S. DOT Number		NASI Report Number		Placard Number		Haz. Mat. Class		Haz. Mat. Involved		Haz. Mat. Release		Interstate Commerce		Intrastate Commerce	
		OK						Yes		Yes		Other Non-Commercial		Government	

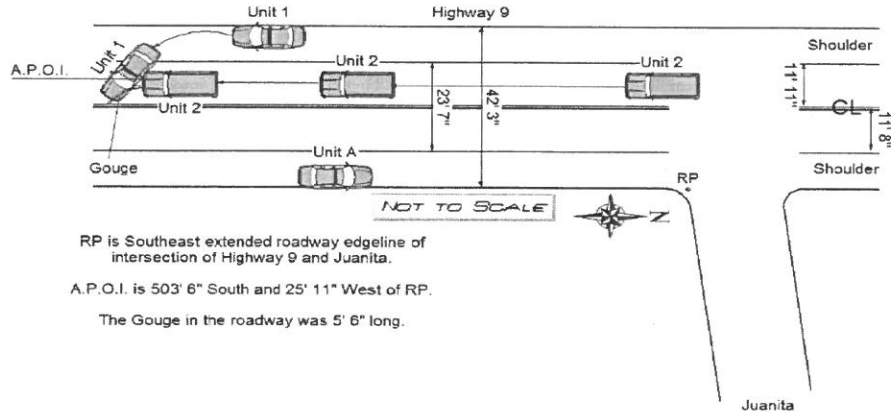


OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Case Number **2017-00049810**

This unit will correspond to 'Unit 1' Unit <input type="text" value="01"/>		Total Lanes in Roadway <input type="text" value="02"/>		Legal Speed <input type="text" value="55"/>		Pedestrian / Pedalcyclist Only Location at Time of Collision <input type="text"/>		Safety Equip <input type="text"/>		Unit Number of Vehicle Striking <input type="text"/>		Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
This unit will correspond to 'Unit 2' Unit <input type="text" value="02"/>		Total Lanes in Roadway <input type="text" value="02"/>		Legal Speed <input type="text" value="55"/>		Location at Time of Collision <input type="text"/>		Safety Equip <input type="text"/>		Unit Number of Vehicle Striking <input type="text"/>		Type of Work Zone 1 Lane Closure <input type="checkbox"/> 2 Lane Shift/Crossover <input type="checkbox"/> 3 Work on Shoulder or Median <input type="checkbox"/> 4 Intermittent or Moving Work <input type="checkbox"/> 9 Unknown <input type="checkbox"/>					
Light <input type="text" value="2"/> 1 Daylight 2 Dark-Not Lighted 3 Dark-Lighted 4 Dawn 5 Dusk 6 Dark-Unknown Lighting 7 Other 9 Unknown		What Vehicle Was Going to Do Unit 1 <input type="text" value="04"/> Unit 2 <input type="text" value="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		Underride/Override Unit 1 <input type="text"/> Unit 2 <input type="text"/> 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		Location of Work Zone Collision 1 Before the First Work Zone Warning Sign <input type="checkbox"/> 2 Advance Warning Area <input type="checkbox"/> 3 Transition Area <input type="checkbox"/> 4 Activity Area <input type="checkbox"/> 5 Termination Area <input type="checkbox"/> 9 Unknown <input type="checkbox"/>		Workers Present Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		Trafficway Unit 1 <input type="text" value="2"/> Unit 2 <input type="text" value="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		Unsafe / Unlawful Contributing Factors Unit 1 <input type="text" value="34"/> Unit 2 <input type="text" value="98"/> 0 Not Applicable 1 One Way 2 Towed Due to Vehicle Damage 3 Towed For Reasons Other Than Damage 4 Remained at Scene 9 Unknown					
Weather <input type="text" value="03"/> 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		What Vehicle Did Unit 1 <input type="text" value="04"/> Unit 2 <input type="text" value="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		Traffic Control Unit 1 <input type="text" value="00"/> Unit 2 <input type="text" value="00"/> 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		Vehicle Removal Unit 1 <input type="text" value="1"/> Unit 2 <input type="text" value="1"/> 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 <input type="text" value="01"/> Unit 2 <input type="text" value="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 13 Wipers 14 Power Train		Road Surface Conditions Unit 1 <input type="text" value="01"/> Unit 2 <input type="text" value="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							
Locality <input type="text" value="5"/> 1 Residential 2 Business 3 Industrial 4 School 5 Not Built-up 6 Mixed Use 7 Other 9 Unknown		Type of Intersection <input type="text" value="0"/> 0 Not an Intersection 1 Y-Intersection 2 T-Intersection 3 Four-Way Intersection 4 Five-Point or More 5 Intersection as Part of Interchange 6 Traffic Circle 7 Roundabout 9 Unknown		Road Character Grade Unit 1 <input type="text" value="1"/> Unit 2 <input type="text" value="1"/> 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		Special Function of Vehicle Unit 1 <input type="text" value="08"/> Unit 2 <input type="text" value="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		Road Alignment Unit 1 <input type="text" value="1"/> Unit 2 <input type="text" value="1"/> 1 Straight 2 Curve - Left 3 Curve - Right		Road Surface Type Unit 1 <input type="text" value="2"/> Unit 2 <input type="text" value="2"/> 1 Concrete 2 Asphalt 3 Gravel 4 Brick 5 Other 9 Unknown		Emergency Vehicle Responding to an Emergency Unit 1 <input type="text" value="1"/> Unit 2 <input type="text" value="0"/> 0 N/A 1 Yes		Point of First Contact on Vehicle Unit 1 <input type="text" value="09"/> Unit 2 <input type="text" value="12"/> Most Damaged Area Unit 1 <input type="text" value="09"/> Unit 2 <input type="text" value="12"/> 00 Not Applicable 13 Top 14 Undercarriage 99 Unknown			
Incident Type <input type="text" value="00"/> 00 Not an Incident 51 Private Property 52 Deliberate Intent 53 Medical Condition 54 Legal Intervention 55 Suicide 57 Drowning 58 Other		Visibility Obscured by Unit 1 <input type="text" value="00"/> Unit 2 <input type="text" value="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 <input type="text" value="0"/> Unit 2 <input type="text" value="0"/> 0 Not Applicable/None 1 Electronic Communication Devices 2 Other Electronic Device 3 Other Inside Vehicle 4 Other Outside Vehicle 9 Unknown		Location of First Harmful Event <input type="text" value="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		Location of Work Zone Collision 1 Before the First Work Zone Warning Sign <input type="checkbox"/> 2 Advance Warning Area <input type="checkbox"/> 3 Transition Area <input type="checkbox"/> 4 Activity Area <input type="checkbox"/> 5 Termination Area <input type="checkbox"/> 9 Unknown <input type="checkbox"/>		Location of Work Zone Collision 1 Before the First Work Zone Warning Sign <input type="checkbox"/> 2 Advance Warning Area <input type="checkbox"/> 3 Transition Area <input type="checkbox"/> 4 Activity Area <input type="checkbox"/> 5 Termination Area <input type="checkbox"/> 9 Unknown <input type="checkbox"/>		Location of Work Zone Collision 1 Before the First Work Zone Warning Sign <input type="checkbox"/> 2 Advance Warning Area <input type="checkbox"/> 3 Transition Area <input type="checkbox"/> 4 Activity Area <input type="checkbox"/> 5 Termination Area <input type="checkbox"/> 9 Unknown <input type="checkbox"/>		Location of Work Zone Collision 1 Before the First Work Zone Warning Sign <input type="checkbox"/> 2 Advance Warning Area <input type="checkbox"/> 3 Transition Area <input type="checkbox"/> 4 Activity Area <input type="checkbox"/> 5 Termination Area <input type="checkbox"/> 9 Unknown <input type="checkbox"/>		Location of Work Zone Collision 1 Before the First Work Zone Warning Sign <input type="checkbox"/> 2 Advance Warning Area <input type="checkbox"/> 3 Transition Area <input type="checkbox"/> 4 Activity Area <input type="checkbox"/> 5 Termination Area <input type="checkbox"/> 9 Unknown <input type="checkbox"/>	

Latitude Longitude Railroad Crossing Number Roadway Orientation Unit Number NE SW S Unit Number 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	21 Fell/Jumped From Motor Vehicle
10 Overtum/Rollover	22 Thrown Or Falling Object
11 Fire/Explosion	23 Other Non-Collision
12 Immersion	PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:
13 Jackknife	30 Pedestrian
14 Cargo/Equipment Loss or Shift	31 Pedal Cycle
15 Equipment Failure (Blown Tire, Brake Failure, etc.)	32 Railway Vehicle (train, engine)
16 Separation of Units	33 Animal
17 Departed Road Right	34 Motor Vehicle in Transport
18 Departed Road Left	35 Parked Motor Vehicle
19 Cross Median/Centerline	36 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
20 Downhill Runaway	

- 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

THE DRIVER OF UNIT 1 ADVISED HE WAS PARKED NEAR THE 15600 BLOCK OF E. STATE HWY 9, FACING WEST, ON THE NORTH SHOULDER OF THE ROADWAY WITH HIS LIGHTS OFF. CONDUCTING TRAFFIC ENFORCEMENT. THE DRIVER OF UNIT 1 ADVISED THAT HE OBSERVED A SPEEDING MOTORIST TRAVELING TOWARDS HIM AND THEN ATTEMPTED TO MAKE A U-TURN AFTER THE VEHICLE PASSED IN ORDER TO CONDUCT A TRAFFIC STOP ON THE VEHICLE. UNIT 1 ADVISED THAT HE ACTIVATED HIS EMERGENCY LIGHTS AND DROVE FORWARD FOR A SHORT DISTANCE TO BE CLEAR TO CONDUCT HIS U-TURN DUE TO ANOTHER PATROL UNIT THAT WAS PARKED SOMEWHAT ADJACENT TO HIM ON THE SOUTH SHOULDER OF THE ROADWAY. THE DRIVER OF UNIT 1 ADVISED THAT HE CHECKED HIS MIRROR AND OBSERVED NO VEHICLES APPROACHING HIM FROM THE REAR. AS UNIT 1 BEGAN MAKING HIS U-TURN, HE WAS STRUCK BY UNIT 2 IN THE DRIVERS SIDE. THE DRIVER OF UNIT 2 AND HIS PASSENGER ADVISED THAT THEY WERE WEST BOUND ON E. STATE HWY 9 AND WERE APPROACHING UNIT 1 THAT THEY SAW PARKED ON THE NORTH SHOULDER OF THE ROADWAY, FACING WEST. HE ADVISED THAT HE HAD HIS CRUISE CONTROL SET TO 57MPH WHEN HE OBSERVED THE BRAKE LIGHTS OF UNIT 1. THE DRIVER OF UNIT 2 ADVISED THAT HE BEGAN TO SLOW DUE TO SEEING UNIT 1 ON THE SHOULDER AND DUE TO AN ONCOMING VEHICLE THAT WAS APPROACHING EAST BOUND. THE DRIVER OF

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



OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT
ADDITIONAL NARRATIVE

Case Number 2017-00049810

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UNIT 2 AND HIS PASSENGER ADVISED THAT UNIT 1 PULLED OUT IN FRONT OF THEM TO COMPLETE A U-TURN WITHOUT ENOUGH TIME FOR THEM TO AVOID A COLLISION. THE DRIVER OF UNIT 2 AND HIS PASSENGER ADVISED THAT THEY COLLIDED INTO UNIT 1. THE DRIVER OF UNIT 2 AND HIS PASSENGER ADVISED THAT THEY DO NOT REMEMBER SEEING ANY EMERGENCY LIGHTS ACTIVATED AND IF THERE WERE ANY, THERE WAS NO TIME TO REACT TO THEM. THE DRIVER OF UNIT 2 AND HIS PASSENGER ADVISED THAT THEY WERE NOT INJURED. THE DRIVER OF UNIT 1 ADVISED THAT HE WAS NOT INJURED AT THE SCENE BUT LATER ADVISED THAT HE FELT INJURED AND SOUGHT TREATMENT FOR MINOR INJURIES AND NORMAN REGIONAL HOSPITAL. BOTH VEHICLES SUSTAINED HEAVY DAMAGE AND WERE INOPERABLE AND THEREFORE WERE TOWED FROM THE SCENE. UNIT 1 WAS TOWED BY A CITY OF NORMAN WRECKER.

