

Use of contents for commercial solicitation is unlawful.

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Incident Report
Investigation Completed
Investigation Made at Scene
Photographs
Revised
Fatality
Hit and Run

(1) Reporting Agency: NORMAN POLICE DEPARTMENT
Case Number (Agency Use): 2017-00051165
Motor Vehicles Involved: 02
Number Injured: 00
Number Killed: 00

(2) Date of Collision (mm/dd/yyyy): 07/20/17
Time: 1835
County Number and Name: 14 CLEVELAND
Nearest City or Town Number and Name: 20 NORMAN

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

(4) Street, Road or Highway: W MAIN ST
Distance from (Nearest) Intersecting Street, Road or Highway: HAL MULDROW DR

(5) Unit: 0A
Occupants: 99
Type: D
Hit & Run:
Last Name: UNKNOWN
First:
Middle:
Suffix:
Date of Birth (mm/dd/yyyy): 9

(6) Address: UNKNOWN
City:
State:
Zip:
Telephone (Use Area Code): 9

(7) Driver License Number
State:
Class Endorsement(s):
Restriction(s):
Inj. Sev.: 9
Type of Injury: 9
Dr./Ped. Cond.: 99
OP Use: 99

(8) Ejected: 9
Extricated: 9
Test: 1
(% BAC): 5
Transported by:
To Medical Facility:
License Plate Number: UNKNOWN
State: 99
Month: 99
Year: 9

(9) VIN: 9
Vehicle Year: 9
Color: RED
2nd Color: 0
Make: VOLK
Model: UNKN
Veh. Conf.: 99
Extent of Damage: 0

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

(11) Vehicle Removed by:
Driver:
Owner's Last Name: UNKNOWN
First:
Middle:
Suffix:
Date of Birth (mm/dd/yyyy): 2017-00051165

(12) Owner's Address:
City:
State:
Zip:
Towed Veh. Type: 99
Oversized Load: 0
Rollover:
Burned:
Phone present:
Phone in use:

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

(14) Unit: 01
Occupants: 01
Type: D
Hit & Run:
Last Name: HAWKINS
First: SHAWN
Middle:
Suffix:
Date of Birth (mm/dd/yyyy):
Sex: M

(15) Address: 201 W GRAY ST B
City: NORMAN
State: OK
Zip: 73069
Telephone (Use Area Code): 4053211600

(16) Driver License Number
State: OK
Class Endorsement(s): D
Restriction(s):
Inj. Sev.: 1
Type of Injury: 0
Dr./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: 12
Year: 2017

(18) VIN:
Vehicle Year: 2010
Color: SIL
2nd Color: 0
Make: CHEV
Model: IMPA
Veh. Conf.: 02
Extent of Damage: 2

(19) Insurance Company Name:
Policy Number:
Insurance Telephone (Use Area Code):

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

(21) Owner's Address: 201 W GRAY ST
City: NORMAN
State: OK
Zip: 73069
Towed Veh. Type: 00
Oversized Load: 0
Rollover:
Burned:
Phone present:
Phone in use:

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

(23) Investigating Officer: BRYANT
Badge Number: 0245
Trp/Div. Assigned:
Trp/Div. Location:
Reviewer (Init.): CB
Reviewer Badge Number: 9203
Date of Report (mm/dd/yyyy): 07/20/17

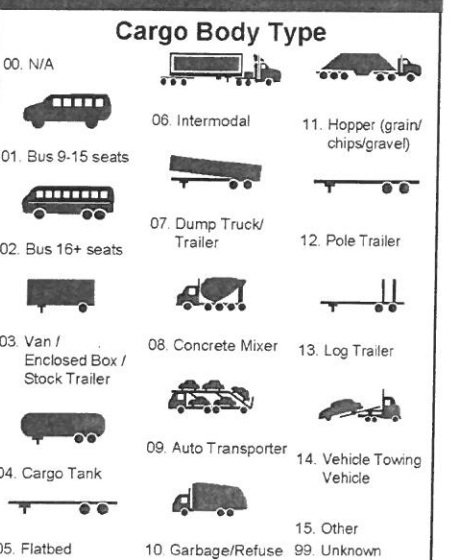
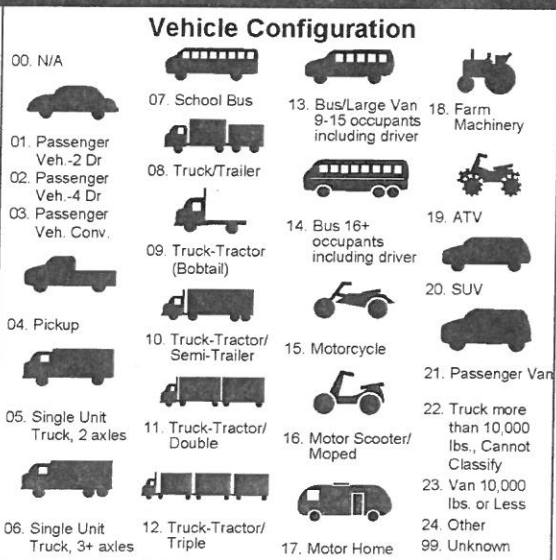
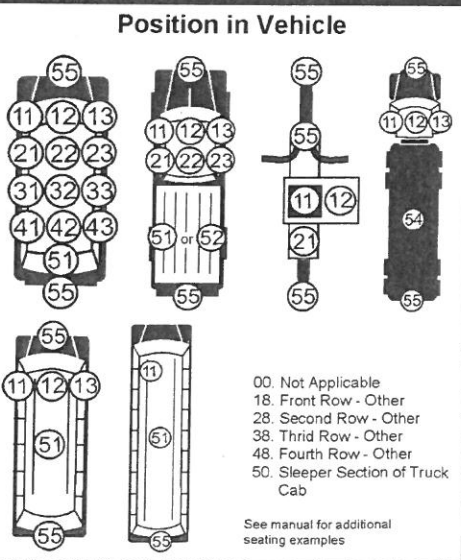
Table with columns: Unit Type, Injury Severity, Type of Injury, Driver/Pedestrian Condition, Occupant Protection (OP) In Use, Air Bag Deployed, Ejected, Extricated, Chemical Test, Extent of Damage, Insurance Verification, Oversized Load, Towed Vehicle Type.

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

(24) Unit	Injured <input type="checkbox"/> Witness <input type="checkbox"/>	Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(25) Address	City		State	Zip	Telephone (Use Area Code)				
(26) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type		
(27) Unit	Injured <input type="checkbox"/> Witness <input type="checkbox"/>	Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(28) Address	City		State	Zip	Telephone (Use Area Code)				
(29) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type		
(30) Unit	Injured <input type="checkbox"/> Witness <input type="checkbox"/>	Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(31) Address	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 <input type="checkbox"/> Witness <input type="checkbox"/>	Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(34) Address	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	
(38) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class
	OK		
(39) Unit	Carrier Name	Address	
(40) City	State	Zip	
(41) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class
	OK		



Unit	Total Lanes in Roadway	Legal Speed	Pedestrian / Pedalcyclist Only			
0A	04	35	Actions Prior to Collision	Location at Time of Collision	Safety Equip.	Unit Number of Vehicle Striking
01	04	35				

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

Light	1	Unit 1	Unit 2	Unit 1	Unit 2
1 Daylight		99	01		
2 Dark-Not Lighted					
3 Dark-Lighted					
4 Dawn					
5 Dusk					
6 Dark-Unknown Lighting					
7 Other					
9 Unknown					

Type of Work Zone	Location of the Work Zone Collision
1 Lane Closure	1 Before the First Work Zone Warning Sign
2 Lane Shift/Crossover	2 Advance Warning Area
3 Work on Shoulder or Median	3 Transition Area
4 Intermittent or Moving Work	4 Activity Area
9 Unknown	5 Termination Area
	9 Unknown

Weather	01	Unit 1	Unit 2	Unit 1	Unit 2
01 Clear		99	01		
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					

Workers Present Yes No Unknown

What Vehicle Was Going to Do	Unit 1	Unit 2	Unit 1	Unit 2
00 Not Applicable	99	01		
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				

Trafficway	Unit 1	Unit 2	Unit 1	Unit 2
3	3			

Locality	2	Unit 1	Unit 2	Unit 1	Unit 2
1 Residential		99	01		
2 Business					
3 Industrial					
4 School					
5 Not Built-up					
6 Mixed Use					
7 Other					
9 Unknown					

Unsafe / Unlawful Contributing Factors	Unit 1	Unit 2
88	14	

Type of Intersection	0	Unit 1	Unit 2	Unit 1	Unit 2
0 Not an Intersection		99	00		
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					

Vehicle Removal	Unit 1	Unit 2	Unit 1	Unit 2
4	4			

Visibility Obscured by	Unit 1	Unit 2	Unit 1	Unit 2
99	00			

Vehicle Condition	Unit 1	Unit 2	Unit 1	Unit 2
99	01			

Incident Type	00	Unit 1	Unit 2	Unit 1	Unit 2
00 Not an Incident		99	00		
51 Private Property					
52 Deliberate Intent					
53 Medical Condition					
54 Legal Intervention					
55 Suicide					
57 Drowning					
58 Other					

Road Surface Conditions	Unit 1	Unit 2	Unit 1	Unit 2
01	01			

Location of First Harmful Event	01	Unit 1	Unit 2	Unit 1	Unit 2
01 On Roadway		9	0		
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					

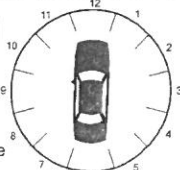
Special Function of Vehicle	Unit 1	Unit 2	Unit 1	Unit 2
99	08			

Driver Distracted by	Unit 1	Unit 2	Unit 1	Unit 2
9	0			

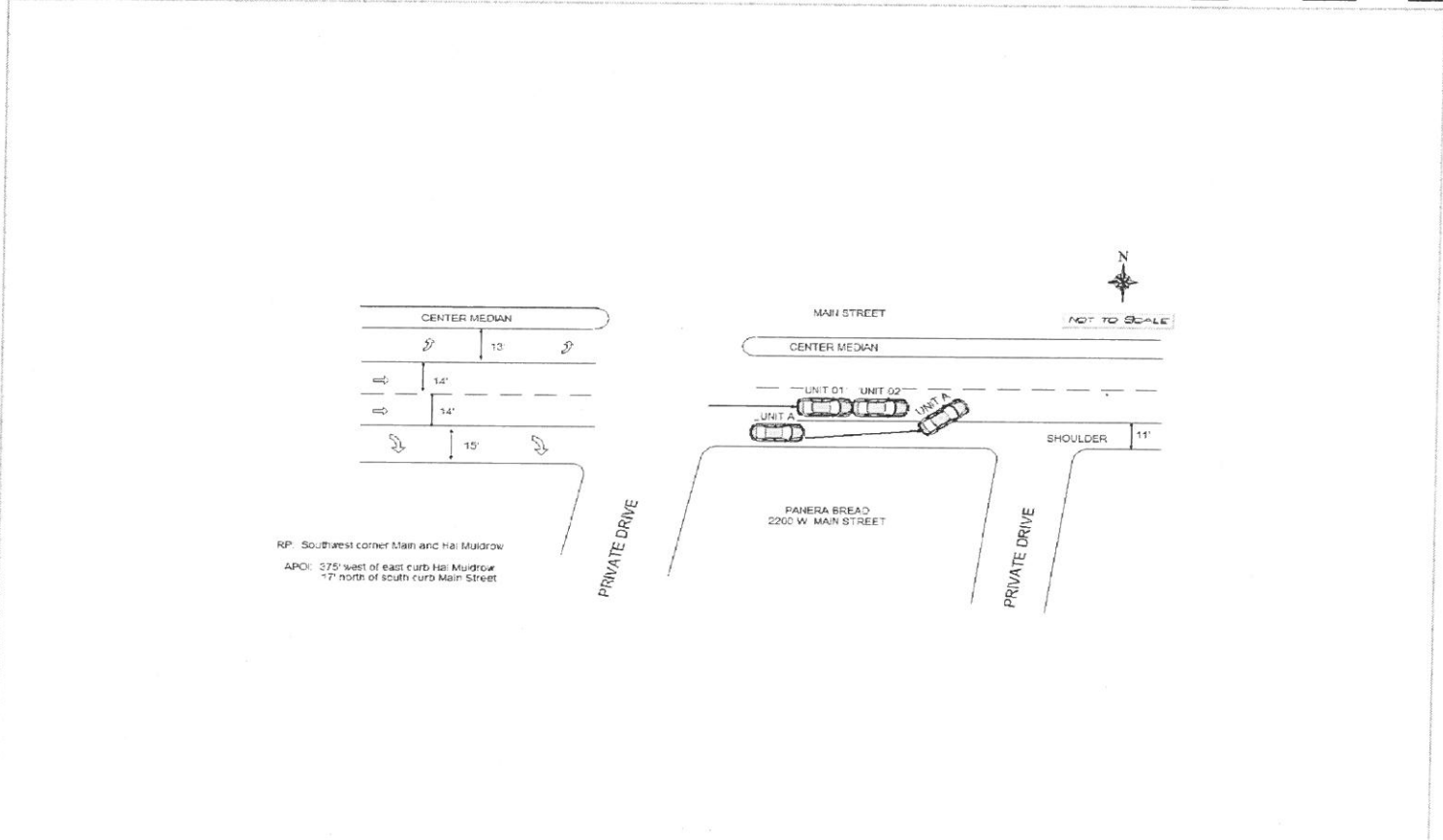
Emergency Vehicle Responding to an Emergency	Unit 1	Unit 2	Unit 1	Unit 2
0	2			

Road Character	Unit 1	Unit 2	Unit 1	Unit 2
1	1			

Point of First Contact on Vehicle	Unit 1	Unit 2	Unit 1	Unit 2
00	12			



Latitude Longitude Railroad Crossing Number Roadway Orientation Unit Number Unit Number



RP: Southwest corner Main and Hal Muldrow
 APOI: 375' west of east curb Hal Muldrow
 17' north of south curb Main Street

COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
0A	23	00	00	00	23	34
01	34	00	00	00	34	

- 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 02 E/B ON MAIN STREET. UNIT 01 BEHIND UNIT 02. BOTH DRIVERS STATED THAT UNIT A, A RED VOLKSWAGEN (NO FURTHER INFORMATION KNOWN) WAS ACCELERATING ALONG THE SHOULDER TO THEIR RIGHT. THE RED CAR THEN SERVED LEFT TO GET INTO THE LANE IN FRONT OF UNIT 02. DRIVER UNIT 02 BRAKED TO AVOID A COLLISION. UNIT 01 WAS FOLLOWING TOO CLOSE TO STOP BEFORE COLLIDING WITH THE REAR BUMPER OF UNIT 02. THE RED VOLKSWAGEN THEN DROVE AWAY FROM THE SCENE.

DRIVER UNIT 02 STATED THAT HE FELT A SLIGHT TAP ON HIS REAR BUMPER BUT DID NOT THINK THERE WAS ANY DAMAGE. UPON FURTHER INSPECTION, THERE WAS SLIGHT DAMAGE TO THE REAR BUMPER OF UNIT 02. THE OTHER VEHICLE IS UNKNOWN.

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



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: **NORMAN POLICE DEPARTMENT** Case Number (Agency Use): **2017-00051165** Motor Vehicles Involved: **02** Number Injured: **00** Number Killed: **00**

(2) Date of Collision (mm/dd/yyyy): **07172017** Time: **1835** County Number and Name: **14 CLEVELAND** Nearest City or Town Number and Name: **20 NORMAN**

(3) Distance from Nearest City or Town Limits: **0** Mi. **0** Ft. **N** **S** **E** **W** Control #: **0375** Int ID: **0** Location: **0** East Grid: **0** North Grid: **0** Administrative: **0**

(4) Street, Road or Highway: **W MAIN ST** Distance from (Nearest) Intersecting Street, Road or Highway: **At 0375** **HAL MULDROW DR**

(5) Unit: **02** Occupants: **01** Type: **D** Hit & Run: CMV: Last Name: **GOLDSTEIN** First: **KANAAN** Middle: **0** Suffix: **0** Date of Birth (mm/dd/yyyy): **01/04/2018** Sex: **F**

(6) Address: **NORMAN** City: **NORMAN** State: **OK** Zip: **73072** Telephone (Use Area Code): **0000**

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

(8) Ejected: **1** Extricated: **1** Test: **1** (% BAC): **0.0** Transported by: **0** To Medical Facility: **0** License Plate Number: **0** State: **OK** Month: **04** Year: **2018**

(9) VIN: **0** Vehicle Year: **2013** Color: **RED** 2nd Color: **0** Make: **VOLV** Model: **S60** Veh. Conf.: **02** Extent of Damage: **2**

(10) Insurance Company Name: **0** Policy Number: **0** Insurance Telephone (Use Area Code): **0000**

(11) Vehicle Removed by: Driver: **0** Same as Driver: Owner's Last Name: **0** First: **0** Middle: **0** Suffix: **0**

(12) Owner's Address: **0** City: **0** State: **0** Zip: **0000** Towed Veh. Type: **00** Oversized Load: Rolled: Burned: Phone present: Phone in use:

(13) Citation Number: **0** Statute/Ordinance Number: **0** Citation Number: **0** Statute/Ordinance Number: **0**

(14) Unit: **0** Occupants: **0** Type: **0** Hit & Run: CMV: Last Name: **0** First: **0** Middle: **0** Suffix: **0** Date of Birth (mm/dd/yyyy): **0** Sex: **0**

(15) Address: **0** City: **0** State: **0** Zip: **0000** Telephone (Use Area Code): **0000**

(16) Driver License Number: **0** State: **0** Class: **0** Endorsement(s): **0** Restriction(s): **0** Inj. Sev.: **0** Type of Injury: **0** Drv./Ped. Cond.: **0** OP Use: **0**

(17) Ejected: **0** Extricated: **0** Test: **0** (% BAC): **0.0** Transported by: **0** To Medical Facility: **0** License Plate Number: **0** State: **0** Month: **0** Year: **0**

(18) VIN: **0** Vehicle Year: **0** Color: **0** 2nd Color: **0** Make: **0** Model: **0** Veh. Conf.: **0** Extent of Damage: **0**

(19) Insurance Company Name: **0** Policy Number: **0** Insurance Telephone (Use Area Code): **0000**

(20) Vehicle Removed by: Driver: **0** Same as Driver: Owner's Last Name: **0** First: **0** Middle: **0** Suffix: **0**

(21) Owner's Address: **0** City: **0** State: **0** Zip: **0000** Towed Veh. Type: **00** Oversized Load: Rolled: Burned: Phone present: Phone in use:

(22) Citation Number: **0** Statute/Ordinance Number: **0** Citation Number: **0** Statute/Ordinance Number: **0**

(23) Investigating Officer: **BRYANT** Badge Number: **0245** Trp/Div. Assigned: **0** Trp/Div. Location: **0** Reviewer (Init): **CB** Reviewer Badge Number: **9203** Date of Report (mm/dd/yyyy): **07172017**

Unit Type	Injury Severity	Type of Injury	Driver/Pedestrian Condition	Occupant Protection (OP) In Use
D Driver P Pedestrian X Pedestrian Conveyance B Bicyclist	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 06 Dizzy/Faint 07 Medications 08 Emotional 09 Very Tired 10 Sleepy 99 Unknown	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

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(24) Unit	<input type="checkbox"/> Injured Witness <input type="checkbox"/>	<input type="checkbox"/> Passenger Prop. Owner <input type="checkbox"/>	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									

(25) Unit	<input type="checkbox"/> Injured Witness <input type="checkbox"/>	<input type="checkbox"/> Passenger Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
Address									
City									
State									
Zip									
Telephone (Use Area Code)									
Same as Driver									
(27) Injury Severity / Type									
OP Use									
Air Bag									
Ejected									
Extricated									
Transported by									
To Medical Facility									
Property Type									

(26) Unit	<input type="checkbox"/> Injured Witness <input type="checkbox"/>	<input type="checkbox"/> Passenger Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
Address									
City									
State									
Zip									
Telephone (Use Area Code)									
Same as Driver									
(28) Injury Severity / Type									
OP Use									
Air Bag									
Ejected									
Extricated									
Transported by									
To Medical Facility									
Property Type									

(27) Unit	<input type="checkbox"/> Injured Witness <input type="checkbox"/>	<input type="checkbox"/> Passenger Prop. Owner <input type="checkbox"/>	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									

(28) Unit	<input type="checkbox"/> Injured Witness <input type="checkbox"/>	<input type="checkbox"/> Passenger Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
Address									
City									
State									
Zip									
Telephone (Use Area Code)									
Same as Driver									
(30) 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		
Haz. Mat. Class		
Haz. Mat. Involved		
Haz. Mat. Release		
Vehicle Use		
Interstate Commerce		
Intrastate Commerce		
Other Non-Commercial		
Government		

(37) Unit	Carrier Name	Address
City		
State		
Zip		
U.S. DOT Number		
NASI Report Number		
Placard Number		
Haz. Mat. Class		
Haz. Mat. Involved		
Haz. Mat. Release		
Vehicle Use		
Interstate Commerce		
Intrastate Commerce		
Other Non-Commercial		
Government		

<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> <table style="width:100%;"> <tr> <td>00. N/A</td> <td>07. School Bus</td> <td>13. Bus/Large Van 9-15 occupants including driver</td> <td>18. Farm Machinery</td> </tr> <tr> <td>01. Passenger Veh.-2 Dr</td> <td>08. Truck/Trailer</td> <td>14. Bus 16+ occupants including driver</td> <td>19. ATV</td> </tr> <tr> <td>02. Passenger Veh.-4 Dr</td> <td>09. Truck-Tractor (Bobtail)</td> <td>15. Motorcycle</td> <td>20. SUV</td> </tr> <tr> <td>03. Passenger Veh. Conv.</td> <td>10. Truck-Tractor/ Semi-Trailer</td> <td>16. Motor Scooter/ Moped</td> <td>21. Passenger Van</td> </tr> <tr> <td>04. Pickup</td> <td>11. Truck-Tractor/ Double</td> <td>17. Motor Home</td> <td>22. Truck more than 10,000 lbs., Cannot Classify</td> </tr> <tr> <td>05. Single Unit Truck, 2 axles</td> <td>12. Truck-Tractor/ Triple</td> <td></td> <td>23. Van 10,000 lbs. or Less</td> </tr> <tr> <td>06. Single Unit Truck, 3+ axles</td> <td></td> <td></td> <td>24. Other</td> </tr> <tr> <td></td> <td></td> <td></td> <td>99. Unknown</td> </tr> </table>	00. N/A	07. School Bus	13. Bus/Large Van 9-15 occupants including driver	18. Farm Machinery	01. Passenger Veh.-2 Dr	08. Truck/Trailer	14. Bus 16+ occupants including driver	19. ATV	02. Passenger Veh.-4 Dr	09. Truck-Tractor (Bobtail)	15. Motorcycle	20. SUV	03. Passenger Veh. Conv.	10. Truck-Tractor/ Semi-Trailer	16. Motor Scooter/ Moped	21. Passenger Van	04. Pickup	11. Truck-Tractor/ Double	17. Motor Home	22. Truck more than 10,000 lbs., Cannot Classify	05. Single Unit Truck, 2 axles	12. Truck-Tractor/ Triple		23. Van 10,000 lbs. or Less	06. Single Unit Truck, 3+ axles			24. Other				99. Unknown	<h3 style="text-align:center;">Cargo Body Type</h3> <table style="width:100%;"> <tr> <td>00. N/A</td> <td>06. Intermodal</td> <td>11. Hopper (grain/chips/gravel)</td> </tr> <tr> <td>01. Bus 9-15 seats</td> <td>07. Dump Truck/ Trailer</td> <td>12. Pole Trailer</td> </tr> <tr> <td>02. Bus 16+ seats</td> <td>08. Concrete Mixer</td> <td>13. Log Trailer</td> </tr> <tr> <td>03. Van / Enclosed Box / Stock Trailer</td> <td>09. Auto Transporter</td> <td>14. Vehicle Towing Vehicle</td> </tr> <tr> <td>04. Cargo Tank</td> <td>10. Garbage/Refuse</td> <td>15. Other</td> </tr> <tr> <td>05. Flatbed</td> <td></td> <td>99. Unknown</td> </tr> </table>	00. N/A	06. Intermodal	11. Hopper (grain/chips/gravel)	01. Bus 9-15 seats	07. Dump Truck/ Trailer	12. Pole Trailer	02. Bus 16+ seats	08. Concrete Mixer	13. Log Trailer	03. Van / Enclosed Box / Stock Trailer	09. Auto Transporter	14. Vehicle Towing Vehicle	04. Cargo Tank	10. Garbage/Refuse	15. Other	05. Flatbed		99. Unknown
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02. Passenger Veh.-4 Dr	09. Truck-Tractor (Bobtail)	15. Motorcycle	20. SUV																																																	
03. Passenger Veh. Conv.	10. Truck-Tractor/ Semi-Trailer	16. Motor Scooter/ Moped	21. Passenger Van																																																	
04. Pickup	11. Truck-Tractor/ Double	17. Motor Home	22. Truck more than 10,000 lbs., Cannot Classify																																																	
05. Single Unit Truck, 2 axles	12. Truck-Tractor/ Triple		23. Van 10,000 lbs. or Less																																																	
06. Single Unit Truck, 3+ axles			24. Other																																																	
			99. Unknown																																																	
00. N/A	06. Intermodal	11. Hopper (grain/chips/gravel)																																																		
01. Bus 9-15 seats	07. Dump Truck/ Trailer	12. Pole Trailer																																																		
02. Bus 16+ seats	08. Concrete Mixer	13. Log Trailer																																																		
03. Van / Enclosed Box / Stock Trailer	09. Auto Transporter	14. Vehicle Towing Vehicle																																																		
04. Cargo Tank	10. Garbage/Refuse	15. Other																																																		
05. Flatbed		99. Unknown																																																		

Unit	Total Lanes in Roadway	Legal Speed	Pedestrian / Pedalcyclist Only			
02	04	35	Actions Prior to Collision	Location at Time of Collision	Safety Equip.	Unit Number of Vehicle Striking
This unit will correspond to "Unit 1"						
This unit will correspond to "Unit 2"						

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

Type of Work Zone	Location of the Work Zone Collision
1 Lane Closure	1 Before the First Work Zone Warning Sign
2 Lane Shift/Crossover	2 Advance Warning Area
3 Work on Shoulder or Median	3 Transition Area
4 Intermittent or Moving Work	4 Activity Area
9 Unknown	5 Termination Area
	9 Unknown

Light 1

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 Unit 2

01 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

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

Override/Override Unit 1 Unit 2

0 Not Applicable
1 No Override or Override
2 Underdrive, Compartment Intrusion
3 Underdrive, No Compartment Intrusion
4 Underdrive, Compartment Intrusion Unknown
5 Override, Motor Vehicle in Transport
6 Override, Other Motor Vehicle
9 Unknown

Locality 2

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

Traffic Control Unit 1 Unit 2

00 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

Type of Intersection 0

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

Road Surface Conditions Unit 1 Unit 2

01 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

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

Road Character Unit 1 Unit 2

Grade Unit 1 Unit 2

1 Level 1

2 Hillcrest
3 Uphill
4 Downhill
5 Sag (bottom)

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

Road Alignment Unit 1 Unit 2

1 1

1 Straight
2 Curve - Left
3 Curve - Right

Driver Distracted by Unit 1 Unit 2

0 0

0 Not Applicable/None
1 Electronic Communication Devices
2 Other Electronic Device
3 Other Inside Vehicle
4 Other Outside Vehicle
9 Unknown

Road Surface Type Unit 1 Unit 2

1 1

1 Concrete
2 Asphalt
3 Gravel
4 Dirt
5 Brick
6 Other
9 Unknown

Workers Present Yes No Unknown

Trafficway Unit 1 Unit 2

3 0

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 Unit 2

4 0

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 Unit 2

01 0

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

Special Function of Vehicle Unit 1 Unit 2

00 0

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
99 Unknown

Emergency Vehicle Responding to an Emergency Unit 1 Unit 2

0 0

0 N/A
1 Yes
2 No
9 Unknown

Unsafe / Unlawful Contributing Factors Unit 1 Unit 2

98 0

FAILED TO YIELD
01 From Stop Sign
02 From Yield Sign
03 Private Drive
04 County Road at Through Highway
05 From Signal Light
06 From Alley
07 To Pedestrian
08 To Vehicle on Right
09 To Vehicle in Intersection
10 To Emergency Vehicles

IMPROPER OVERTAKING
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

FOLLOWED TOO CLOSELY
62 In Marked Zone
63 On Hill/Curve
64 At Intersection
65 Without Sufficient Clearance
66 Other

UNSAFE SPEED
67 On Roadway
68 Where Prohibited
69 Other

IMPROPER PARKING
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

IMPROPER TURN
80 From Wrong Lane
81 From Direct Course
82 Right
83 Left
84 Turn About/U-Turn
85 To Enter Private Drive
86 In Front of Oncoming Traffic

CHANGED LANES UNSAFELY
87 Failed to Signal
88 Disregarded Warning Signal
89 Improper Use of Lane
90 Improper Backing
91 Apparently Sleepy
92 Failed to Secure Load
93 Other/Unknown

STOPPED IN TRAFFIC LANE
94 UNKN./NO IMPROPER ACT

FAILED TO STOP
95 Deer in Roadway
96 Animal in Roadway
97 Domestic Animal in Rdwy
98 Avoiding Other Vehicle
99 Avoiding Pedestrian

UNSAFE VEHICLE
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

