

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Incident Report

Investigation Completed

Investigation Made at Scene

Photographs

Y	N		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Revised	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fatality	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hit and Run	<input checked="" type="checkbox"/>

(1) Reporting Agency NORMAN POLICE DEPARTMENT		Case Number (Agency Use) 2015-00306323		Motor Vehicles Involved 02	Number Injured 00	Number Killed 00
(2) Date of Collision (mm/dd/yyyy) 08102015		Time 0731	County Number and Name 14 CLEVELAND		Nearest City or Town Number and Name NORMAN	
(3) Distance from Nearest City or Town Limits Mi <input type="checkbox"/> Ft <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		Control #	Int ID	Location	East Grid	North Grid
(4) Street, Road or Highway PRIVATE PROPERTY		Distance from	(Nearest) Intersecting Street, Road or Highway 3901 S CHAUTAUQUA AVE			
(5) Unit 01	Occupants Type 01	Type D	Last Name JENNINGS	First DAVID	Middle LEE	Date of Birth (mm/dd/yyyy) 01
(6) Address 12740 SE 134TH ST		City OKLAHOMA	State OK	Zip 73165	Telephone (Use Area Code)	
(7) Driver License Number		State OK	Class B	Endorsement(s)	Restriction(s)	Inj. Sev. 1
Air Bag 1		Extricated 1	Test 1	(% BAC) 0	Transported by	To Medical Facility
(9) VIN		Vehicle Year 2004	Color GRN	2nd Color	Make CONS	Model 01
(10) Insurance Company Name 4		Policy Number	Insurance Telephone (Use Area Code)			
(11) Vehicle Removed by <input checked="" type="checkbox"/>		Owner's Last Name CITY OF NORMAN	First	Middle	Suffix	
(12) Owner's Address 1301 DAVINICI ST		City NORMAN	State OK	Zip 73069	Towed Veh. Type 00	
(13) Citation Number 606795		Statute/Ordinance Number M20-511	Citation Number	Statute/Ordinance Number		
(14) Unit 02	Occupants Type 00	Type C	Last Name RAVENSCROFT	First JAMES	Middle LLOYD	Date of Birth (mm/dd/yyyy) 01
(15) Address 910 E LINDSEY ST		City NORMAN	State OK	Zip 73071	Telephone (Use Area Code)	
(16) Driver License Number		State OK	Class 0	Endorsement(s)	Restriction(s)	Inj. Sev. 0
(17) Ejected 0		Extricated 0	Test 0	(% BAC) 0	Transported by	To Medical Facility
(18) VIN		Vehicle Year 2006	Color GRY	2nd Color	Make FORD	Model TAUR
(19) Insurance Company Name 2 FARMERS		Policy Number 193007291	Insurance Telephone (Use Area Code) (800) 435-7764			
(20) Vehicle Removed by <input checked="" type="checkbox"/>		Owner's Last Name RAVENSCROFT	First ALICE	Middle ANN	Suffix	
(21) Owner's Address 924 GOLDEN EAGLE DR		City NORMAN	State OK	Zip 73072	Towed Veh. Type 00	
(22) Citation Number		Statute/Ordinance Number	Citation Number	Statute/Ordinance Number		
(23) Investigating Officer Ward		Badge Number 1430	Trp/Div. Assigned	Trp/Div. Location	Reviewer (Init.) Dirck	Reviewer Badge Number 9583
Unit Type D Driver P Pedestrian X Pedestrian Conveyance B Bicyclist		Injury Severity 0 N/A 1 No Injury 2 Possible 3 Non-Incapacitating	Type of Injury 0 N/A 1 Head 2 Trunk 3 Internal 4 Arms 5 Legs 6 Unknown	Driver/Pedestrian Condition 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 Very Tired 07 Sleepy 08 Sick 09 Dizzy/Faint 10 Emotional 11 Other 12 Unknown		Occupant Protection (OP) In Use 00 Not Applicable 01 None Used 02 Lap Belt Only 03 Shoulder Belt Only 04 Shoulder and Lap Belt
Air Bag Deployed 0 Not Deployed 1 Deployed - Front 2 Deployed - Side 3 Deployed - Other (knee, air belt, etc.)		Ejected 0 Not Ejected 1 Ejected 2 Ejected - Partially	Extricated 0 N/A 1 No 2 Yes	Chemical Test 0 N/A 1 Blood 2 Breath 3 Blood/Breath	Extent of Damage 0 N/A 1 None 2 Minor 3 Functional 4 Disabling 5 Unknown	Insurance Verification 0 N/A 1 Operator 2 Owner
Towed Vehicle Type 00 N/A 01 Boat Trailer 02 House Trailer 03 Farm Trailer 04 Horse Trailer		Other Vehicle Type 05 Another Vehicle 06 Utility Trailer 07 Homestead 08 Trailer 09 Box Trailer 10 Stock Trailer 11 Camping Trailer 12 Other 13 Unknown				

WARNING - STATE LAW

Use of contents for commercial solicitation is unlawful

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(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	NASR Report Number	Placard Number		
	OK			
(39) Unit	Carrier Name	Address		
(40) City	State	Zip		
(41) U.S. DOT Number	NASR Report Number	Placard Number		
	OK			
GVWR	0 - 10K lbs.	Axle Qty.	Cargo Body	Vehicle Use
GCWR	10,001 - 26K lbs.			Interstate Commerce
	26K+ lbs.			Intrastate Commerce
Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release		Other Non-Commercial
	Yes	Yes		Government
	No	No		

Position in Vehicle	Vehicle Configuration	Cargo Body Type

Unit	Total Lanes in Roadway	Legal Speed	Pedestrian / Pedalcyclist Only				Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section)		
Actions Prior to Collision	Location at Time of Collision	Safety Equip	Unit Number of Vehicle Striking	Yes	No				
01	00	00							
02	00	00							
This unit will correspond to 'Unit 1'									
This unit will correspond to 'Unit 2'									
Light		1	What Vehicle Was Going to Do		Unit 1	Unit 2	Underride/Override		
1 Daylight			11	13			Unit 1	Unit 2	
2 Dark-Not Lighted									
3 Dark-Lighted									
4 Dawn									
5 Dusk									
6 Dark-Unknown									
7 Lighting									
8 Other									
9 Unknown									
Weather		01	What Vehicle Did		Unit 1	Unit 2	Traffic Control		
01 Clear			11	13			Unit 1	Unit 2	
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									
Locality		3	What Vehicle Did		Unit 1	Unit 2	Road Surface Conditions		
1 Residential			11	13			Unit 1	Unit 2	
2 Business									
3 Industrial									
4 School									
5 Not Built-up									
6 Mixed Use									
7 Other									
9 Unknown									
Type of Intersection		0	What Vehicle Did		Unit 1	Unit 2	Road Character		
0 Not an Intersection			11	13			Unit 1	Unit 2	
1 Y-Intersection									
2 T-Intersection									
3 Four-Way Intersection									
4 Five-Point or More Intersection as Part of Interchange									
5 Traffic Circle									
6 Roundabout									
9 Unknown									
Incident Type		51	What Vehicle Did		Unit 1	Unit 2	Road Alignment		
00 Not an Incident			11	13			Unit 1	Unit 2	
51 Private Property									
52 Deliberate Intent									
53 Medical Condition									
54 Legal Intervention									
55 Suicide									
57 Drowning									
58 Other									
Location of First Harmful Event		07	What Vehicle Did		Unit 1	Unit 2	Road Surface Type		
01 On Roadway			11	13			Unit 1	Unit 2	
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									
Driver Distracted by		9	What Vehicle Did		Unit 1	Unit 2	Road Surface Type		
0 Not Applicable/None			11	13			Unit 1	Unit 2	
1 Electronic Communication Devices									
2 Other Electronic Device									
3 Other Inside Vehicle									
4 Other Outside Vehicle									
9 Unknown									
Emergency Vehicle Responding to an Emergency		0	What Vehicle Did		Unit 1	Unit 2	Road Surface Type		
0 N/A			11	13			Unit 1	Unit 2	
1 Yes									
2 No									
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			9 Unknown						
Workers Present		Yes	No	Unknown					
Trafficway		Unit 1	Unit 2	Unsafe / Unlawful Contributing Factors		Unit 1	Unit 2		
0 Not Applicable		8	8	00		00			
1 One Way				01 From Stop Sign					
2 Two-Way - Not Divided				02 From Yield Sign					
3 Two-Way - Divided				03 Private Drive					
4 Two-Way - Divided - Positive Median Barrier				04 County Road at Through Highway					
5 Turn Lane				05 From Signal Light					
6 Ramp / Loop				06 From Alley					
7 Driveway				07 To Pedestrian					
8 Alley / Parking Lot				08 To Vehicle on Right					
9 Unknown				09 To Vehicle in Intersection					
Vehicle Removal		Unit 1	Unit 2	10 To Emergency Vehicles					
0 Not Applicable		4	4	11 Other					
1 Towed Due to Vehicle Damage				12 Other					
2 Towed For Reasons Other Than Damage				13 Human Element					
3 Remained at Scene				14 Traffic Condition					
4 Driven from Scene				15 Weather Condition					
9 Unknown				16 Driver's Ability (Aged)					
Vehicle Condition		Unit 1	Unit 2	17 Inexperienced Driver - Young					
00 Not Applicable		01	01	18 Exceeding Legal Limit					
01 Apparently Normal				19 For Traffic Conditions					
02 Brakes				20 For Type of Roadway (Gravel, Dirt, etc.)					
03 Headlights				21 For Ice or Snow on Roadway					
04 Steering				22 Rain or Wet Roadway					
05 Tail Lights				23 Wind					
06 Brake Lights				24 Other Weather Conditions					
07 Tires/Wheels				25 Vehicle Condition					
08 Suspension				26 View Obstruction					
09 Signal lights				27 On Curve/Turn					
10 Windows				28 Impeding Traffic					
11 Truck Coupling/Trailer Hitch/Safety Chains				29 Other					
12 Mirrors				30 From Wrong Lane					
13 Wipers				31 From Direct Course					
14 Power Train				32 Right					
Special Function of Vehicle		Unit 1	Unit 2	33 Left					
00 Not Applicable		12	00	34 Turn About/U-Turn					
01 School Bus				35 To Enter Private Drive					
02 Transit Bus				36 In Front of Oncoming Traffic					
03 Intercity Bus				37 Other					
04 Charter Bus				38 CHANGED LANES UNSAFELY					
05 Other Bus				39 STOPPED IN TRAFFIC LANE					
06 Military				40 For Stop Sign					
07 OHP				41 For Traffic Signal					
08 Other Police				42 For School Bus					
09 Other Law Enforcement				43 For Railroad Gates/Signal					
10 Ambulance				44 For Officer/Flagman					
11 Fire Truck				45 At Sidewalk/Stopline					
12 Public Owned Vehicle				46 Other					
13 Highway Equipment				UNSAFE VEHICLE					
14 Special Mobilized Machine				47 Brakes					
15 Other				48 Steering					
Point of First Contact on Vehicle		Unit 1	Unit 2	Most Damaged Area		Unit 1	Unit 2		
02		03	00		03				
00 Not Applicable		14 Undercarriage	99 Unknown						
13 Top									

Case Number 2015-00306323

Latitude

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Longitude

N				
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Railroad Crossing Number

W		
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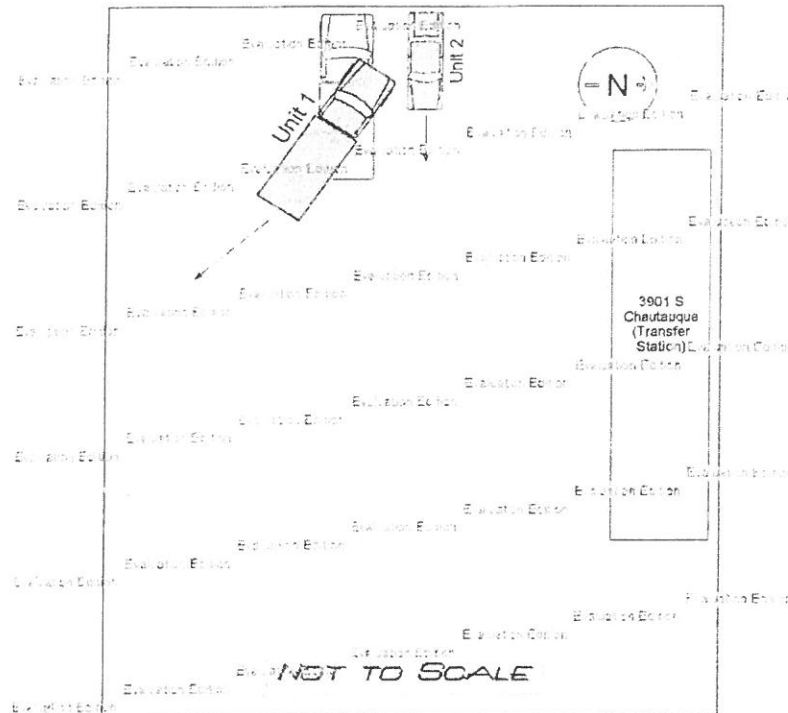
Roadway Orientation

Unit Number	01	NE	SW	W
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Unit Number	02	NE	SW	S
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ScenePD™ - Evaluation Edition



Tranche Logic Systems (208) 908-4777

COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
01	35	00	00	00	35	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

U1 was in the parking lot of 3901 S Chautauque Ave at the Transfer Station parked next to U2. U2 was unoccupied and parked to the right side of U1. U1 started to back and turned his wheel to pull out of his space. U1 was facing WB and U2 was pulled in and parked in reverse facing EB. U1 collided with U2 with his front passenger side wheel on the right front passenger side door of U2 causing damage to the parked vehicle. U1 stated that he could not see the vehicle in his side view mirror and when he was pulling out he collided with the vehicle.

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



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