

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Incident Report

Investigation Completed ☒ Revised ☐
 Investigation Made at Scene ☒ Fatality ☐
 Photographs ☒ Hit and Run ☐

Y	N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Y	N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Y	N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Y	N	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(1) Reporting Agency NORMAN POLICE DEPARTMENT		Case Number (Agency Use) 2015-00314434		Motor Vehicles Involved 02	Number Injured 01	Number Killed 00	
(2) Date of Collision (mm/dd/yyyy) 09132015		Time 0248	County Number and Name 14 CLEVELAND	Nearest City or Town Number and Name In Near <input checked="" type="checkbox"/> 20 NORMAN			
(3) Distance from Nearest City or Town Limits Mi. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> Ft. <input type="checkbox"/> E <input type="checkbox"/> W		Control #	Int ID	Location	East Grid	North Grid	
(4) Street, Road or Highway E STATE HWY 9 HWY		Distance from At 1527	(Nearest) Intersecting Street, Road or Highway Mi. <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W of 48TH AVE SE				
(5) Unit 01	Occupants Type 01 D	Hit & Run CMV <input type="checkbox"/>	Last Name BROWN	First DANIEL	Middle	Suffix	
(6) Address 201 W GRAY ST		City NORMAN	State OK	Zip	Telephone (Use Area Code) 4053211444		
(7) Driver License Number T081566504		State OK	Class D	Endorsement(s)	Restriction(s)	Inj. Sev. 1	
(8) Ejected Extricated Test (% BAC) Transported by Air Bag 1 1 1 5 0		To Medical Facility	License Plate Number 24448	State OK	Month 12	Year 2015	
(9) VIN 1F5K8ARXFG51824		Vehicle Year 2015	Color BLK	2nd Color WHI	Make FORD	Model EXPL	
(10) Insurance Company Name Insurance Verification 4		Policy Number	Insurance Telephone (Use Area Code)				
(11) Vehicle Removed by Driver <input checked="" type="checkbox"/>		Owner's Last Name CITY OF NORMAN	First	Middle	Suffix		
(12) Owner's Address 201 W GRAY ST B		City NORMAN	State OK	Zip 9	Towed Veh. Type Oversized Load <input type="checkbox"/> 0 00		
(13) Citation Number		Statute/Ordinance Number	Citation Number	Statute/Ordinance Number			
(14) Unit 02	Occupants Type 02 D	Hit & Run CMV <input type="checkbox"/>	Last Name BALLARD	First MELODY	Middle NOELLE	Suffix	
(15) Address 15207 E CEDAR LANE RD		City NORMAN	State OK	Zip	Telephone (Use Area Code) 4053607568		
(16) Driver License Number T083721558		State OK	Class D	Endorsement(s)	Restriction(s)	Inj. Sev. 1	
(17) Ejected Extricated Test (% BAC) Transported by Air Bag 1 1 1 5 0		To Medical Facility	License Plate Number 332LFX	State OK	Month 12	Year 2015	
(18) VIN 1FAFP53U36A224633		Vehicle Year 2006	Color TAN	2nd Color	Make FORD	Model TAUR	
(19) Insurance Company Name Insurance Verification 2		Policy Number PROGRESSIVE	Insurance Telephone (Use Area Code) 906818207				
(20) Vehicle Removed by Driver <input checked="" type="checkbox"/>		Owner's Last Name	First	Middle	Suffix		
(21) Owner's Address		City	State	Zip	Towed Veh. Type Oversized Load <input type="checkbox"/> 0 00		
(22) Citation Number		Statute/Ordinance Number	Citation Number	Statute/Ordinance Number			
(23) Investigating Officer WISHON		Badge Number 9996	Trp/Div. Assigned	Trp/Div. Location	Reviewer (Init.) AL	Reviewer Badge Number 0908	
Date of Report (mm/dd/yyyy) 09132015							
Unit Type D Driver P Pedestrian X Pedestrian B Bicyclist		Injury Severity 0 N/A 1 No Injury 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal 9 Unknown		Type of Injury 0 N/A 1 Head 2 Trunk 3 Internal 4 Arms 5 Legs 9 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 09 Dizzy/Faint 06 Medications 07 Very Tired 08 Ill (Sick) 09 Emotional 10 Other	
Occupant Protection (OP) In Use 00 Not Applicable 01 None Used 02 Lap Belt Only 03 Shoulder Belt Only 04 Shoulder and Lap Belt		Towed Vehicle Type 00 N/A 01 Boat Trailer 02 House Trailer 03 Farm Trailer 04 Horse Trailer		05 Child Restraint Type Unknown 06 Restraint Used - Type Unknown 07 Helmet 08 Child Restraint - Forward Facing 09 Child Restraint - Rear Facing		10 Booster Seat 11 Other 99 Unknown	
Air Bag Deployed 0 Not Applicable 1 Not Deployed 2 Deployed - Front 3 Deployed - Side		Ejected 0 Not Applicable 1 Not Ejected 2 Ejected Partially		Extricated 0 N/A 1 No 2 Yes		Chemical Test 4 Test Refused 5 None Given 6 Other	
Extent of Damage 0 N/A 1 None 2 Minor		Insurance Verification 0 N/A 1 No 2 Owner		Oversized Load 0 N/A 1 Not Permitted P Permitted		Towed Vehicle Type 00 N/A 01 Boat Trailer 02 House Trailer 03 Farm Trailer 04 Horse Trailer	

WARNING - STATE LAW

Use of contents for commercial solicitation is unlawful

(24) Unit	Injured <input checked="" type="checkbox"/> Witness <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
02		13	GILSTRAP	ALAN	MICHAEL		11301989	M
(25) Address	City	State	Zip	Telephone (Use Area Code)				
Same as Driver <input checked="" type="checkbox"/>				4053647263				
(26) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
2	2	04	1	1	1	EMSSTAT	NRH - PORTER	
(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)				
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	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)				
Same as Driver <input type="checkbox"/>								
(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)				
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				
(37) City	State	Zip	GVWR <input type="checkbox"/> 0 - 10K lbs. <input type="checkbox"/> 10,001 - 26K lbs. <input type="checkbox"/> 26K+ lbs. <input type="checkbox"/>	Axle Qty. <input type="checkbox"/>	Cargo Body <input type="checkbox"/>	Vehicle Use <input type="checkbox"/>
(38) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release	
	OK			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	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				
(40) City	State	Zip	GVWR <input type="checkbox"/> 0 - 10K lbs. <input type="checkbox"/> 10,001 - 26K lbs. <input type="checkbox"/> 26K+ lbs. <input type="checkbox"/>	Axle Qty. <input type="checkbox"/>	Cargo Body <input type="checkbox"/>	Vehicle Use <input type="checkbox"/>
(41) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release	
	OK			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Interstate Commerce <input type="checkbox"/> Intrastate Commerce <input type="checkbox"/> Other Non-Commercial <input type="checkbox"/> Government <input type="checkbox"/>

Position in Vehicle 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 See manual for additional seating examples	Vehicle Configuration 00. N/A 01. Passenger Veh.-2 Dr 02. Passenger Veh.-4 Dr 03. Passenger Veh. Conv. 04. Pickup 05. Single Unit Truck, 2 axles 06. Single Unit Truck, 3+ axles 07. School Bus 08. Truck/Trailer 09. Truck-Tractor (Bobtail) 10. Truck-Tractor/ Semi-Trailer 11. Truck-Tractor/ Double 12. Truck-Tractor/ Triple 13. Bus/Large Van 9-15 occupants including driver 14. Bus 16+ occupants including driver 15. Motorcycle 16. Motor Scooter/ Moped 17. Motor Home 18. Farm Machinery 19. ATV 20. SUV 21. Passenger Van 22. Truck more than 10,000 lbs., Cannot Classify 23. Van 10,000 lbs. or Less 24. Other 99. Unknown	Cargo Body Type 00. N/A 01. Bus 9-15 seats 02. Bus 16+ seats 03. Van / Enclosed Box / Stock Trailer 04. Cargo Tank 05. Flatbed 06. Intermodal 07. Dump Truck/ Trailer 08. Concrete Mixer 09. Auto Transporter 10. Garbage/Refuse 11. Hopper (grain/ chips/gravel) 12. Pole Trailer 13. Log Trailer 14. Vehicle Towing Vehicle 15. Other 99. Unknown
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Latitude

Longitude

Railroad Crossing Number

Roadway Orientation

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N

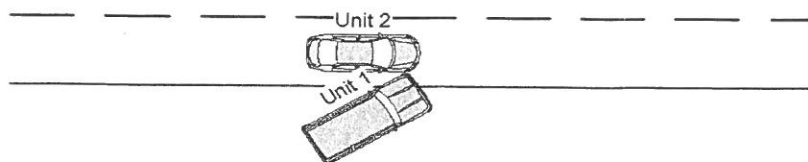
W

Unit Number 01 NE SW E

Unit Number 02 NE SW E


NOT TO SCALE

STATE HIGHWAY 9



POI = 1527 FEET
EAST ON SE
48TH AVENUE

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	34

- 00 Not Applicable
10 Overtum/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

UNIT 1 WAS A ON-DUTY POLICE CAR AND WAS TRAVELLING EASTBOUND ON STATE HIGHWAY 9. DRIVER 1 ADVISED THAT HE WAS PULLED ONTO THE RIGHT SHOULDER TO MAKE A U-TURN AND HE OBSERVED 2 VEHICLES EASTBOUND BEHIND HIM. DRIVER 1 WAITED FOR THOSE VEHICLES TO PASS AND BEGAN HIS U-TURN. UNIT 2 WAS EASTBOUND BEHIND UNIT 1 ON HIGHWAY 9. DRIVER 1 ADVISED THAT HE DID NOT SEE UNIT 2 AND BEGAN HIS U-TURN. UNIT 1'S LEFT FRONT STRUCK UNIT 2'S PASSENGER SIDE. PASSENGER IN UNIT 2 ORIGINALLY ADVISED THAT HE WAS NOT INJURED BUT LATER CHOSE TO BE TRANSPORTED DUE TO PRIOR MEDICAL ISSUES.

