

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) 2020-00030786		Motor Vehicles Involved 02	Number Injured 00	Number Killed 00				
(2) Date of Collision (mm/dd/yyyy) 05/22/2020		Time 0923	County Number and Name 14 CLEVELAND	Nearest City or Town Number and Name In <input checked="" type="checkbox"/> 20 NORMAN Near <input type="checkbox"/>						
(3) Distance from Nearest City or Town Limits Mi. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> Ft. <input type="checkbox"/>		Control #	Int ID	Location	East Grid	North Grid	Administrative			
(4) Street, Road or Highway E BOYD ST		Distance from At 0125	Mi. <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input checked="" type="checkbox"/> Ft. <input type="checkbox"/>	(Nearest) Intersecting Street, Road or Highway CLASSEN BLVD						
(5) Unit 01	Occupants 01	Type D	Hit & Run <input type="checkbox"/>	Last Name STEVENSON	First KARL	Suffix	Date of Birth (mm/dd/yyyy)	Sex M		
(6) Address		City	State	Zip	Telephone (Use Area Code)					
(7) Driver License Number		State	Class	Endorsement(s)	Restriction(s)	Inj. Sev.	Type of Injury	Drv./Ped. Cond.	OP Use	
(8) Ejected Air 1, Bag 1		Extricated 1	Test 5	(% BAC) 0.	Transported by	To Medical Facility	License Plate Number CI32220	State OK	Month 12	Year 2020
(9) VIN 3BPZL20X6JF177856		Vehicle Year 2018	Color GRN	2nd Color 0	Make PTRB	Model PETE	Veh. Conf. 24	Extent of Damage 2		
(10) Insurance Company Name		Policy Number		Insurance Telephone (Use Area Code)						
(11) Vehicle Removed by Driver <input checked="" type="checkbox"/>		Owner's Last Name		First	Middle	Suffix				
(12) Owner's Address		City	State	Zip	Towed Veh. Type Oversized Load <input type="checkbox"/> 0 00 Rollover <input type="checkbox"/> Phone present <input type="checkbox"/> Burned <input type="checkbox"/> Phone in use <input type="checkbox"/>					
(13) Citation Number 0066602		Statute/Ordinance Number M20-536	Citation Number	Statute/Ordinance Number						
(14) Unit 02	Occupants 01	Type D	Hit & Run <input type="checkbox"/>	Last Name ONEAL	First KATELYNN	Suffix	Date of Birth (mm/dd/yyyy)	Sex F		
(15) Address 644 SEDONA DR		City NORMAN	State OK	Zip 73071	Telephone (Use Area Code) 4058307462					
(16) Driver License Number		State	Class	Endorsement(s)	Restriction(s)	Inj. Sev.	Type of Injury	Drv./Ped. Cond.	OP Use	
(17) Ejected Air 1, Bag 1		Extricated 1	Test 5	(% BAC) 0.	Transported by	To Medical Facility	License Plate Number FPP681	State OK	Month 10	Year 2020
(18) VIN 1FM04G69KB35036		Vehicle Year 2009	Color SIL	2nd Color 0	Make FORD	Model ESCA	Veh. Conf. 02	Extent of Damage 4		
(19) Insurance Company Name USAA		Policy Number		Insurance Telephone (Use Area Code) 8005318722						
(20) Vehicle Removed by Driver <input 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 Rollover <input type="checkbox"/> Phone present <input type="checkbox"/> Burned <input type="checkbox"/> Phone in use <input type="checkbox"/>					
(22) Citation Number		Statute/Ordinance Number	Citation Number	Statute/Ordinance Number						

(23) Investigating Officer RIDNER		Badge Number 71885	Trp/Div. Assigned	Trp/Div. Location	Reviewer (Init.) CB	Reviewer Badge Number 59979	Date of Report (mm/dd/yyyy) 05/22/2020	
Unit Type D Driver P Pedestrian X Pedestrian Conveyance B Bicyclist	Other Cyclist Z Other Cyclist C Parked Car A Animal T Trailer	Injury Severity 0 N/A 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal 6 Unknown	Type of Injury 0 N/A 1 Head 2 Trunk - External 3 Trunk - Internal 4 Arms 5 Legs 6 Blood/Breath 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 06 Dizzy/Faint 07 Medications 08 Very Tired 09 Emotional 10 Other 11 Sleepy 99 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 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 89 Unknown		
Air Bag Deployed 0 Not Applicable 1 Not Deployed 2 Deployed - Front 3 Deployed - Side	4 Deployed - Other (knee, air belt, etc.) 5 Deployed - Combination 9 Deployment Unknown	Ejected 0 Not Applicable 1 Not Ejected 2 Ejected, Partially 3 Ejected, Totally 8 Unknown	Extricated 0 N/A 1 No 2 Yes	Chemical Test 0 N/A 1 Blood 2 Breath 3 Blood/Breath 4 Test Refused 5 None Given 6 Other	Extent of Damage 0 N/A 1 None 2 Minor 3 Functional 4 Disabling 9 Unknown	Insurance Verification 0 N/A 1 No 2 Owner 3 Operator 4 Empty	Oversized Load 0 N/A P Permitted	Towed Vehicle Type 00 N/A 01 Boat Trailer 02 House Trailer 03 Farm Trailer 04 Horse Trailer 05 Another Vehicle 06 Utility Trailer 07 Homemade Trailer 08 Box Trailer 09 Stock Trailer 10 Camping Trailer 11 Combination Trailer 12 Other 89 Unknown

(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									
(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									
(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									
(32) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type		

(33) 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									
(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.	GCWR <input type="checkbox"/> 10,001 - 26K lbs. <input type="checkbox"/> 26K+ 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	<input type="checkbox"/> Interstate Commerce <input type="checkbox"/> Intrastate Commerce <input type="checkbox"/> Other Non-Commercial <input type="checkbox"/> Government	
	OK			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <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.	GCWR <input type="checkbox"/> 10,001 - 26K lbs. <input type="checkbox"/> 26K+ lbs.	Axle Qty.	Cargo Body	Vehicle Use
(41) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release	<input type="checkbox"/> Interstate Commerce <input type="checkbox"/> Intrastate Commerce <input type="checkbox"/> Other Non-Commercial <input type="checkbox"/> Government	
	OK			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

<h3>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>	<h3>Vehicle Configuration</h3> <p>00. N/A</p> <p>01. Passenger Veh.-2 Dr 02. Passenger Veh.-4 Dr 03. Passenger Veh. Conv. 04. Pickup 05. Single Unit Truck, 2 axles 07. School Bus 08. Truck/Trailer 09. Truck-Tractor (Bobtail) 10. Truck-Tractor/Semi-Trailer 11. Truck-Tractor/Double 13. Bus/Large Van 9-15 occupants including driver 14. Bus 16+ occupants including driver 15. Motorcycle 16. Motor Scooter/Moped 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 25. Unknown</p>	<h3>Cargo Body Type</h3> <p>00. N/A</p> <p>01. Bus 9-15 seats 02. Bus 16+ seats 03. Van / Enclosed Box / Stock Trailer 04. Cargo Tank 05. Flatbed 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</p>
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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)		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
01	02	25	Actions Prior to Collision	Location at Time of Collision	Safety Equip.	Unit Number of Vehicle Striking	Type of Work Zone	Location of the Work Zone Collision		
02	04	25					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	What Vehicle Was Going to Do	Unit 1	Unit 2	Underdrive/Override	Unit 1	Unit 2
1 Daylight		00 Not Applicable	03	01	0 Not Applicable		
2 Dark-Not Lighted		01 Go Ahead			1 No Underride or Override		
3 Dark-Lighted		02 Turn Left			2 Underride, Compartment Intrusion		
4 Dawn		03 Turn Right			3 Underride, No Compartment Intrusion		
5 Dusk		04 Make "U" Turn			4 Underride, Compartment Intrusion Unknown		
6 Dark-Unknown Lighting		05 Stop			5 Override, Motor Vehicle in Transport		
7 Other		06 Slow for Cause			6 Override, Other Motor Vehicle		
9 Unknown		07 Start from Park/Stop			9 Unknown		
		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	10	What Vehicle Did	Unit 1	Unit 2	Traffic Control	Unit 1	Unit 2
01 Clear		00 Not Applicable	03	01	00 No Control	00	00
02 Fog/Smog/Smoke		01 Went Ahead			01 Stop Sign		
03 Cloudy		02 Turned Left			02 Traffic Signal		
04 Rain		03 Turned Right			03 Flashing Traffic Signal		
05 Snow		04 Entered "U" Turn			04 School Zone Signs		
06 Sleet/Hail (Freezing Rain/Drizzle)		05 Stopped			05 Yield Sign		
07 Severe Crosswind		06 Slowed			06 Warning Sign		
08 Blowing Snow		07 Started From Park/Stop			07 Railroad Advance Warning Sign		
09 Blowing Sand, Soil, Dirt		08 Entered Other Lane			08 Railroad Cross Bucks		
10 Other		09 Overtaking			09 Railroad Gates		
99 Unknown		10 Passing			10 Railroad Signal		
		11 Backed			11 No Passing Zone		
		12 Remained Stopped			12 Person (including flagger, law enforcement, crossing guard, etc.)		
		13 Remained Parked			13 Abnormal Control		
		14 Entered/Merged			14 Other		
		15 Departed Rdwy-Right			99 Unknown		
		16 Departed Rdwy-Left					
		17 Swerved Right					
		18 Swerved Left					
		19 Parked					
		20 Other					
		99 Unknown					

Locality	6	Road Surface Conditions	Unit 1	Unit 2	Trafficway	Unit 1	Unit 2
1 Residential		01 Dry	01	02	0 Not Applicable	3	3
2 Business		02 Wet			1 One Way		
3 Industrial		03 Ice/Frost			2 Two-Way - Not Divided		
4 School		04 Snow			3 Two-Way - Divided		
5 Not Built-up		05 Mud, Dirt, Gravel			4 Two-Way - Divided - Positive Median Barrier		
6 Mixed Use		06 Slush			5 Turn Lane		
7 Other		07 Water (standing, moving)			6 Ramp / Loop		
9 Unknown		08 Sand			7 Driveway		
		09 Oil			8 Alley / Parking Lot		
		10 Other			9 Unknown		
		99 Unknown					

Vehicle Condition	Unit 1	Unit 2	Unsafe / Unlawful Contributing Factors	Unit 1	Unit 2
0 Not Applicable	01	01	0 Not Applicable	32	98
1 Apparently Normal			1 One Way		
2 Brakes			2 Two-Way - Not Divided		
3 Headlights			3 Two-Way - Divided		
4 Steering			4 Two-Way - Divided - Positive Median Barrier		
5 Tail Lights			5 Turn Lane		
6 Brake Lights			6 Ramp / Loop		
7 Tires/Wheels			7 Driveway		
8 Suspension			8 Alley / Parking Lot		
9 Signal lights			9 Unknown		
10 Windows					
11 Truck Coupling/Trailer Hitch/Safety Chains					
12 Mirrors					
13 Wipers					
14 Power Train					

Special Function of Vehicle	Unit 1	Unit 2	Point of First Contact on Vehicle	Unit 1	Unit 2
0 Not Applicable	12	00	01	08	
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 Character	Unit 1	Unit 2	Most Damaged Area	Unit 1	Unit 2
1 Level	3	3	01	08	
2 Hillcrest					
3 Uphill					
4 Downhill					
5 Sag (bottom)					

Road Alignment	Unit 1	Unit 2	Emergency Vehicle Responding to an Emergency	Unit 1	Unit 2
1 Straight	1	1	0	0	
2 Curve - Left					
3 Curve - Right					

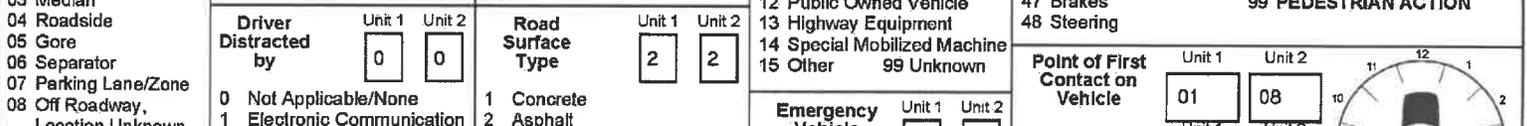
Road Surface Type	Unit 1	Unit 2	00 Not Applicable	14 Undercarriage
1 Concrete	2	2	0	99 Unknown
2 Asphalt				
3 Gravel				
4 Dirt				
5 Brick				

Driver Distracted by	Unit 1	Unit 2	00 Not Applicable	14 Undercarriage
0 Not Applicable/None	0	0	0	99 Unknown
1 Electronic Communication Devices				
2 Other Electronic Device				
3 Other Inside Vehicle				

Incident Type	00	00 Not Applicable	13 Top
00 Not an Incident		01 Trees	
51 Private Property		02 Embankment	
52 Deliberate Intent		03 Building	
53 Medical Condition		04 Signs	
54 Legal Intervention		05 Parked Vehicles	
55 Suicide		06 High Weeds	
57 Drowning		07 Fences	
58 Other		08 Shrubbery	
		09 Ice, Snow or Frost on Windows	
		10 Smoke	
		11 Fog	
		12 Dust	
		13 Rain	
		14 Sun	
		15 Other	
		99 Unknown	

Location of First Harmful Event	01	01 On Roadway
01 On Roadway		02 Shoulder
02 Shoulder		03 Median
03 Median		04 Roadside
04 Roadside		05 Gore
05 Gore		06 Separator
06 Separator		07 Parking Lane/Zone
07 Parking Lane/Zone		08 Off Roadway, Location Unknown
08 Off Roadway, Location Unknown		09 Outside Right-of-Way
09 Outside Right-of-Way		10 Other

Point of First Contact on Vehicle	Unit 1	Unit 2
01	08	
Most Damaged Area	Unit 1	Unit 2
01	08	



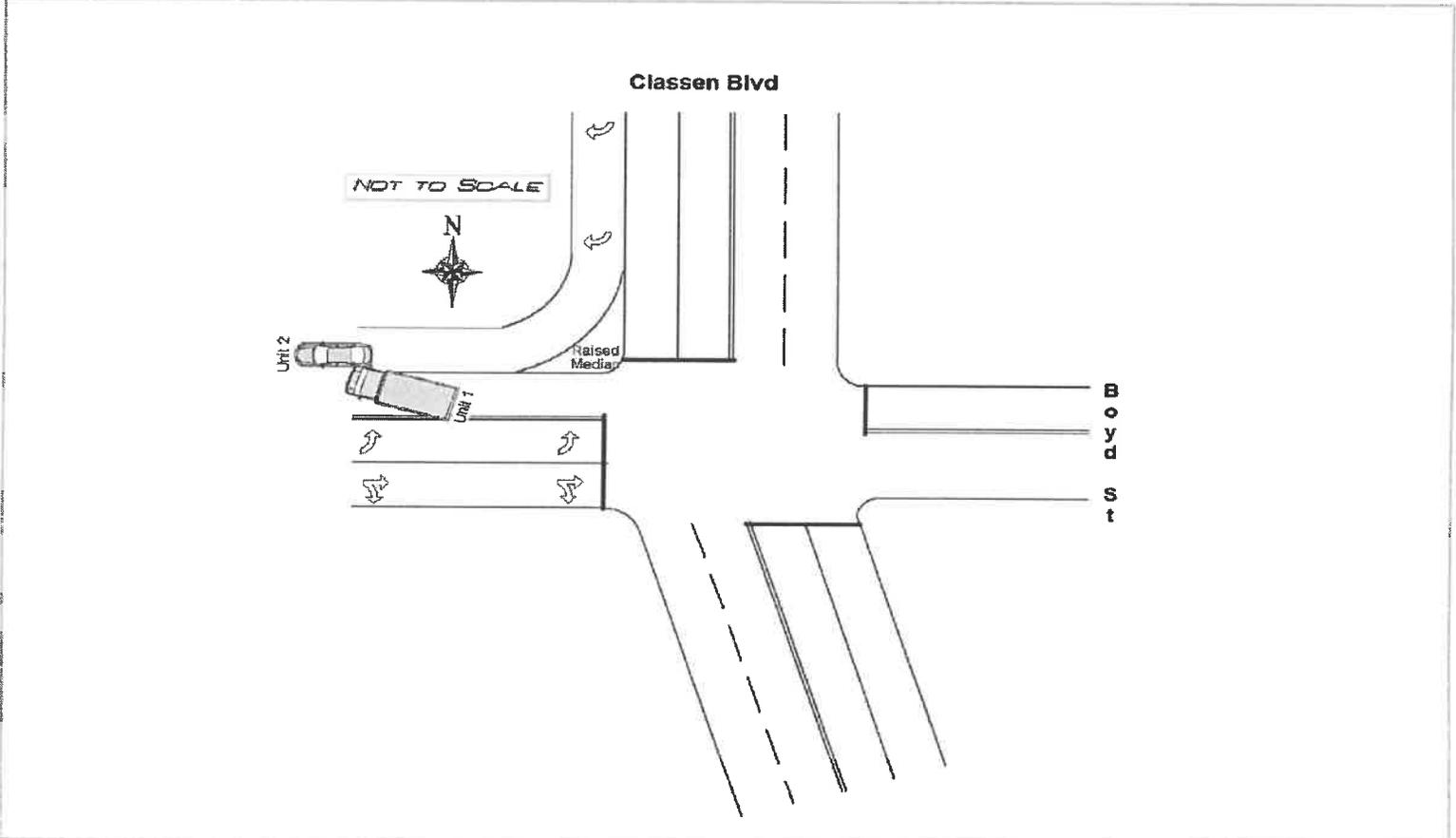
00 Not Applicable	14 Undercarriage
13 Top	99 Unknown

Latitude

Longitude N     W

Railroad Crossing Number

Roadway Orientation Unit Number  01 NE SW  W



**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
- 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**

V-1 AND V-2 WERE TRAVELING WB THROUGH THE CLASSEN INTERSECTION ON E. BOYD. AFTER TRAVELING THROUGH THE INTERSECTION, V-2 ENTERED THE OUTSIDE LANE. D-1 STATED HE SWUNG OUT TO MAKE A RIGHT TURN INTO A PRIVATE DRIVE. WHEN V-1 MADE HIS RIGHT TURN THE RIGHT FRONT OF V-1 STRUCK THE LEFT REAR OF V-2.

AT THE TIME OF THE CRASH IT WAS LIGHTLY MISTING.