

DO NOT WRITE IN THIS SPACE

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

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

(1) Reporting Agency NORMAN POLICE DEPARTMENT				Case Number (Agency Use) 2017-00048306				Motor Vehicles Involved 02		Number Injured 00		Number Killed 00	
(2) Date of Collision (mm/dd/yyyy) 07072017		Time 2226		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 Mile <input type="checkbox"/> Ft <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/>				Control #		Int ID		Location		East Grid		North Grid	
(4) Street, Road or Highway W MAIN ST				Distance from At 0020		(Nearest) Intersecting Street, Road or Highway Mile <input type="checkbox"/> Ft <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input checked="" type="checkbox"/> of 26TH DR SW							
(5) Unit 01		Occupants Type 01 D		Last Name BROWNING		First BRIAN		Middle MICHAEL		Date of Birth (mm/dd/yyyy)		Sex M	
(6) Address 201 W GRAY ST B				City NORMAN		State OK		Zip 73069		Telephone			
(7) Driver License Number				State OK		Class Endorsement(s) D		Restriction(s)		Inj. Sev. 1		Type of Injury 0	
(8) Air Bag 1		Ejected 1		Extricated 1		Test 5		(% BAC) 0		Transported by		To Medical Facility	
(9) VIN				Vehicle Year 2010		Color BLK		2nd Color WHI		Make FORD		Model CROW	
(10) Insurance Company Name				Policy Number				Insurance Telephone (Use Area Code)					
(11) Vehicle Removed by <input checked="" type="checkbox"/> Driver				Same as Driver		Owner's Last Name CITY OF NORMAN		First		Middle		Suffix	
(12) Owner's Address 1301 DA VINCI ST				City NORMAN		State OK		Zip 73069		Towed Veh. Type Oversized Load 0		Rollover <input type="checkbox"/> Burned <input type="checkbox"/>	
(13) Citation Number				Statute/Ordinance Number				Citation Number				Statute/Ordinance Number	
(14) Unit 02		Occupants Type 01 D		Last Name SOTO GONZALEZ		First JOSE		Middle ROBERTO		Date of Birth (mm/dd/yyyy)		Sex M	
(15) Address 4400 W MAIN ST 109				City NORMAN		State OK		Zip 73072		Telephone (Use Area Code)			
(16) Driver License Number				State 99		Class Endorsement(s)		Restriction(s)		Inj. Sev. 1		Type of Injury 0	
(17) Air Bag 1		Ejected 1		Extricated 1		Test 5		(% BAC) 0		Transported by		To Medical Facility	
(18) VIN				Vehicle Year 2001		Color SIL		2nd Color 0		Make HOND		Model CIVI	
(19) Insurance Company Name HARBOR INSURANCE COMPANY				Policy Number HAR000576156				Insurance Telephone (Use Area Code) 8884518818					
(20) Vehicle Removed by <input checked="" type="checkbox"/> Driver				Same as Driver		Owner's Last Name SOTO GONZALEZ		First JOSE		Middle ROBERTO		Suffix	
(21) Owner's Address 4400 W MAIN ST 109				City NORMAN		State OK		Zip 73072		Towed Veh. Type Oversized Load 0		Rollover <input type="checkbox"/> Burned <input type="checkbox"/>	
(22) Citation Number				Statute/Ordinance Number				Citation Number				Statute/Ordinance Number	
(23) Investigating Officer WILES				Badge Number 0948		Trp/Div. Assigned		Trp/Div. Location		Reviewer (Init.) MW		Reviewer Badge Number 0819	
Date of Report (mm/dd/yyyy) 07072017													

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



(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 <input type="checkbox"/>									
(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 <input type="checkbox"/>									
(28) Injury Severity / Type OP Use Air Bag Ejected Extricated Transported by To Medical Facility Property Type									

(29) 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 <input type="checkbox"/>									
(30) Injury Severity / Type OP Use Air Bag Ejected Extricated Transported by To Medical Facility Property Type									

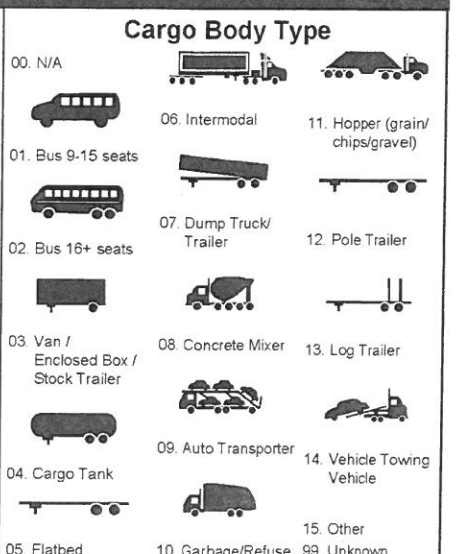
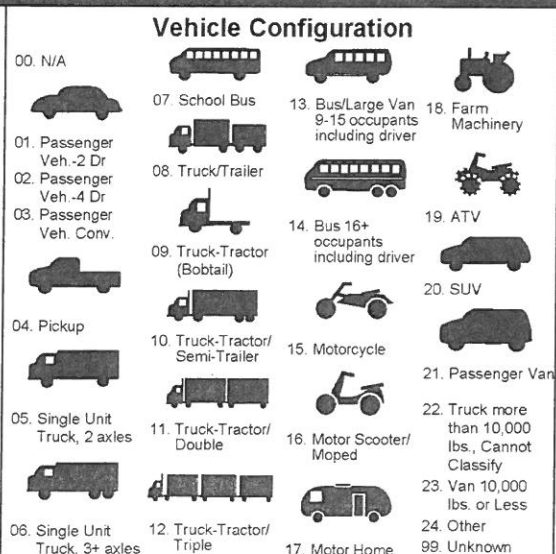
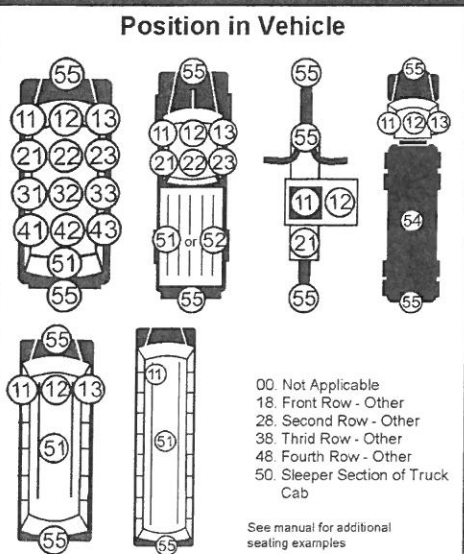
(31) Unit	<input type="checkbox"/> Injured <input type="checkbox"/> Witness	<input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
Address									
City									
State									
Zip									
Telephone (Use Area Code)									
Same as Driver <input type="checkbox"/>									
(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 <input type="checkbox"/>									
(34) 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		
(37) U.S. DOT Number NASI Report Number Placard Number Haz. Mat. Class Haz. Mat. Involved Haz. Mat. Release		
GVWR <input type="checkbox"/> 0 - 10K lbs. <input type="checkbox"/> 10,001 - 26K lbs. <input type="checkbox"/> 26K+ lbs. Axle Qty. Cargo Body Vehicle Use		
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
City		
State		
Zip		
(40) U.S. DOT Number NASI Report Number Placard Number Haz. Mat. Class Haz. Mat. Involved Haz. Mat. Release		
GVWR <input type="checkbox"/> 0 - 10K lbs. <input type="checkbox"/> 10,001 - 26K lbs. <input type="checkbox"/> 26K+ lbs. Axle Qty. Cargo Body Vehicle Use		
Interstate Commerce <input type="checkbox"/> Intrastate Commerce <input type="checkbox"/> Other Non-Commercial <input type="checkbox"/> Government <input type="checkbox"/>		



Unit	Total Lanes in Roadway	Legal Speed	Actions Prior to Collision	Location at Time of Collision	Safety Equip.	Unit Number of Vehicle Striking
01	07	40				
02	07	40				

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
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

Workers Present Yes No Unknown

Light 3

1 Daylight
2 Dark-Not Lighted
3 Dark-Lighted
4 Dawn
5 Dusk
6 Dark-Unknown
7 Other
9 Unknown

What Vehicle Was Going to Do

Unit 1: 01
Unit 2: 12

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

Override/Override

Unit 1: Unit 2:

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

What Vehicle Did

Unit 1: 01
Unit 2: 12

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: 02 Unit 2: 02

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

Locality 2

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

Visibility Obscured by

Unit 1: 00 Unit 2: 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

Road Surface Conditions

Unit 1: 01 Unit 2: 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

Type of Intersection 0

0 Not an Intersection
1 Y-Intersection
2 T-Intersection
3 Four-Way Intersection
4 Five-Point or More Intersection as Part of Interchange
7 Traffic Circle
8 Roundabout
9 Unknown

Road Character

Unit 1: 1 Unit 2: 1

1 Level
2 Hillcrest
3 Uphill
4 Downhill
5 Sag (bottom)

Road Alignment

Unit 1: 1 Unit 2: 1

1 Straight
2 Curve - Left
3 Curve - Right

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 Surface Type

Unit 1: 1 Unit 2: 1

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

Road Character

Unit 1: 1 Unit 2: 1

1 Level
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

Driver Distracted by

Unit 1: 2 Unit 2: 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: 1 Unit 2: 1

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

Trafficway Unit 1: 3 Unit 2: 3

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: 71 Unit 2: 98

Vehicle Removal Unit 1: 4 Unit 2: 4

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: 01 Unit 2: 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 15 Other
13 Wipers 99 Unknown
14 Power Train

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

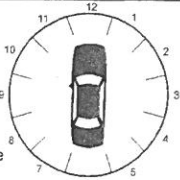
Emergency Vehicle Responding to an Emergency Unit 1: 2 Unit 2: 0

0 N/A 2 No
1 Yes 9 Unknown

Point of First Contact on Vehicle Unit 1: 12 Unit 2: 06

Most Damaged Area Unit 1: 12 Unit 2: 06

00 Not Applicable 14 Undercarriage
13 Top 99 Unknown

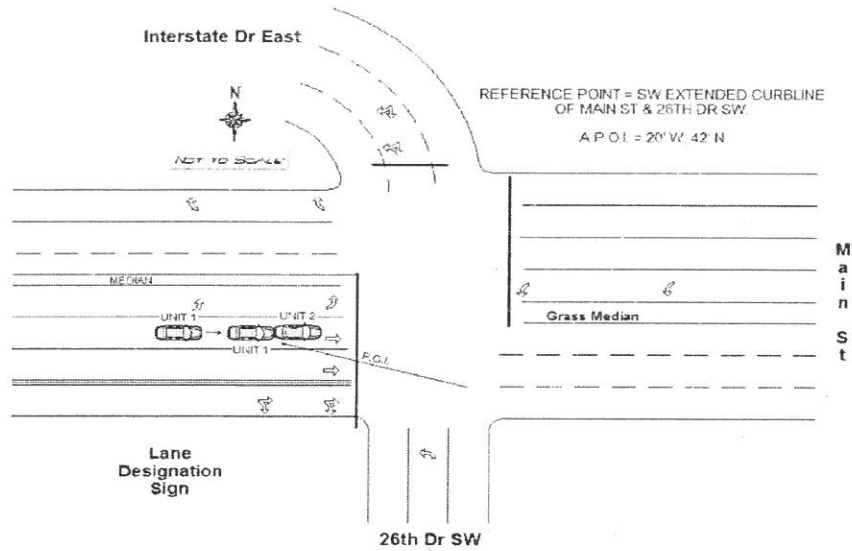


Latitude

Longitude N

Railroad Crossing Number W

Roadway Orientation Unit Number 01 NE SW E



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 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

UNIT 2 WAS STOPPED AT THE RED SIGNAL IN ONE OF THE MIDDLE EASTBOUND LANES OF MAIN ST AT 26TH DR. UNIT 1 DRIVER STATED HE CAME TO A STOP AT THE RED SIGNAL BEHIND UNIT 2 AND THAT HE WAS COMPLETING SOME WORK ON HIS DEPARTMENT LAPTOP. UNIT 1 STATED THAT HE SAW THE SIGNAL TURN TO GREEN AND THAT, WITHOUT LOOKING, HE ACCELERATED AFTER ASSUMING THAT UNIT 2 HAD DONE THE SAME. UNIT 1 COLLIDED WITH THE REAR OF UNIT 2.

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

