

Warning - State Law.
Use of contents for
commercial solicitation
is unlawful.

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Incident Report

Investigation Completed	<input checked="" type="checkbox"/>	Revised	<input type="checkbox"/>
Investigation Made at Scene	<input checked="" type="checkbox"/>	Fatality	<input type="checkbox"/>
Photographs	<input checked="" type="checkbox"/>	Hit and Run	<input checked="" type="checkbox"/>

(1) Reporting Agency NORMAN POLICE DEPARTMENT		Case Number (Agency Use) 2017-00026305		Motor Vehicles Involved 02	Number Injured 00	Number Killed 00
(2) Date of Collision (mm/dd/yyyy) 04152017		Time 1203	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"/> E <input type="checkbox"/> W		Control #	Int ID	Location	East Grid	North Grid
(4) Street, Road or Highway PRIVATE PROPERTY		Distance from Alt <input checked="" type="checkbox"/>		(Nearest) Intersecting Street, Road or Highway 3901 S CHAUTAUQUA AVENUE		
(5) Unit 01	Occupants 01	Type D	Hit & Run <input type="checkbox"/>	Run <input type="checkbox"/>	CMV <input type="checkbox"/>	Last Name YOUNTS
First JERRY		Middle WAYNE	Suffix	Date of Birth (mm/dd/yyyy) 05041959		Sex M
(6) Address 4709 FOREST HILLS DR		City NOBLE	State OK	Zip 73068	Telephone (Use Area Code)	
(7) Driver License Number		State OK	Class A	Endorsement(s) M	Restriction(s)	Inj. Sev. 1
Type of Injury 0		Drv./Ped. Cond. 01	OP Use 02	(8) Ejected <input type="checkbox"/> Extricated <input type="checkbox"/> Test <input type="checkbox"/> (% BAC) <input type="checkbox"/> Transported by <input type="checkbox"/> To Medical Facility <input type="checkbox"/>		
(9) VIN TO310SJ176469		Vehicle Year 2017	Color YEL	2nd Color 0	Make ALL	Model 18
Veh. Conf. Extent of Damage 1		(10) Insurance Company Name CITY OF NORMAN		Policy Number	Insurance Telephone (Use Area Code) 4052929775	
(11) Vehicle Removed by Driver <input checked="" type="checkbox"/>		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 <input type="checkbox"/> 0	00
Rolled <input type="checkbox"/> Phone present <input type="checkbox"/>		Burned <input type="checkbox"/> Phone in use <input type="checkbox"/>		(13) Citation Number		
Statute/Ordinance Number		Citation Number	Statute/Ordinance Number		(14) Unit 02	
Occupants 01		Type C	Hit & Run <input type="checkbox"/>	Run <input type="checkbox"/>	CMV <input type="checkbox"/>	Last Name SELMON
First ZACHARY		Middle RYAN	Suffix	Date of Birth (mm/dd/yyyy)		Sex M
(15) Address 3829 SHADOWRIDGE DR		City NORMAN	State OK	Zip 73072	Telephone (Use Area Code)	
(16) Driver License Number		State OK	Class D	Endorsement(s)	Restriction(s)	Inj. Sev. 1
Type of Injury 0		Drv./Ped. Cond. 01	OP Use 04	(17) Ejected <input type="checkbox"/> Extricated <input type="checkbox"/> Test <input type="checkbox"/> (% BAC) <input type="checkbox"/> Transported by <input type="checkbox"/> To Medical Facility <input type="checkbox"/>		
(18) VIN 2017		Vehicle Year 2017	Color WHI	2nd Color 0	Make FORD	Model EXPE
Veh. Conf. Extent of Damage 2		(19) Insurance Company Name LIBERTY MUTUAL		Policy Number AOS29814673270	Insurance Telephone (Use Area Code) 8662837122	
(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	06
Rolled <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 ROGERS	
Badge Number 1527		Trp/Div. Assigned	Trp/Div. Location	Reviewer (Init.) CB	Reviewer Badge Number 0245	Date of Report (mm/dd/yyyy) 04152017

Unit Type		Injury Severity		Type of Injury		Driver/Pedestrian Condition				Occupant Protection (OP) In Use			
D Driver	Z Other Cyclist	0 N/A	4 Incapacitating	0 N/A	3 Trunk - Internal	00 Not Applicable	05 Under the Influence	08 Ill (Sick)	00 Not Applicable	05 Child Restraint Type Unknown	10 Booster Seat		
P Pedestrian	C Parked Car	1 No Injury	5 Fatal	1 Head	4 Arms	01 Apparently Normal	06 Intoxicated	09 Dizzy/Faint	01 None Used	06 Restraint Used - Type Unknown	11 Other		
X Pedestrian Conveyance	A Animal	2 Possible	9 Unknown	2 Trunk - External	5 Legs	02 Drinking - Ability Impaired	07 Medications	10 Emotional	02 Lap Belt Only	07 Helmet	99 Unknown		
B Bicyclist	T Train	3 Non-Incapacitating		5 Unknown	9 Unknown	03 Odor of Alcohol/Beverage	08 Very Tired	11 Other	03 Shoulder Belt Only	08 Child Restraint - Forward Facing			
Air Bag Deployed		Ejected		Extricated		Chemical Test		Extent of Damage		Insurance Verification		Oversized Load	
0 Not Applicable	4 Deployed - Other (knee, air bag, etc.)	0 Not Applicable	3 Ejected, Totally	0 N/A	1 No	0 N/A	4 Test Refused	0 N/A	3 Functional	0 N/A	3 Operator	0 N/A	05 Another Vehicle
1 Not Deployed	5 Deployed - Combination	1 Not Ejected	9 Unknown	1 No	1 Blood	1 None	5 None Given	1 None	4 Disabling	1 No	4 Exempt	N Not Permitted	06 Stock Trailer
2 Deployed - Front	9 Deployment Unknown	2 Ejected, Partially		2 Yes	2 Breath	2 Minor	6 Other	2 Minor	9 Unknown	2 Owner		P Permitted	07 Camping Trailer
3 Deployed - Side					3 Blood/Breath								08 Farm Trailer
													09 Stock Trailer
													10 Utility Trailer
													11 Camping Trailer
													12 Combination Trailer
													13 Other
													99 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
City		
State		
Zip		
U.S. DOT Number		
NASI Report Number		
Placard Number		
GVWR <input type="checkbox"/> 0 - 10K lbs. <input type="checkbox"/> 10,001 - 26K lbs. <input type="checkbox"/> 26K+ lbs.		
GCWR <input type="checkbox"/> 0 - 10K lbs. <input type="checkbox"/> 10,001 - 26K lbs. <input type="checkbox"/> 26K+ lbs.		
Axle Qty. Cargo Body Vehicle Use		
Haz. Mat. Class Haz. Mat. Involved Haz. Mat. Release		
Yes No Yes No Yes No		
Interstate Commerce		
Intrastate Commerce		
Other Non-Commercial		
Government		

(39) Unit	Carrier Name	Address
City		
State		
Zip		
U.S. DOT Number		
NASI Report Number		
Placard Number		
GVWR <input type="checkbox"/> 0 - 10K lbs. <input type="checkbox"/> 10,001 - 26K lbs. <input type="checkbox"/> 26K+ lbs.		
GCWR <input type="checkbox"/> 0 - 10K lbs. <input type="checkbox"/> 10,001 - 26K lbs. <input type="checkbox"/> 26K+ lbs.		
Axle Qty. Cargo Body Vehicle Use		
Haz. Mat. Class Haz. Mat. Involved Haz. Mat. Release		
Yes No Yes No Yes No		
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> <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 06. Single Unit Truck, 3+ axles</p> <p>07. School Bus 08. Truck/Trailer 09. Truck-Tractor (Bobtail) 10. Truck-Tractor/Semi-Trailer 11. Truck-Tractor/Double 12. Truck-Tractor/Triple</p> <p>13. Bus/Large Van 9-15 occupants including driver 14. Bus 16+ occupants including driver 15. Motorcycle 16. Motor Scooter/Moped 17. Motor Home</p> <p>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</p>	<h3 style="text-align: center;">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</p> <p>06. Intermodal 07. Dump Truck/Trailer 08. Concrete Mixer 09. Auto Transporter 10. Garbage/Refuse</p> <p>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	Actions Prior to Collision	Location at Time of Collision	Safety Equip	Unit Number of Vehicle Striking
01	00	15				
02	00	15				

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	Unit 1	Unit 2
1 Daylight	01	13
2 Dark-Not Lighted		
3 Dark-Lighted		
4 Dawn		
5 Dusk		
6 Dark-Unknown Lighting		
7 Other		
9 Unknown		

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

Workers Present Yes No Unknown

Weather	Unit 1	Unit 2
01 Clear	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		

Traffic Control	Unit 1	Unit 2
00 No Control	00	00
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		

Trafficway	Unit 1	Unit 2
0 Not Applicable	9	9
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	Unit 2
0 Not Applicable	00	00
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		

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

Road Surface Conditions	Unit 1	Unit 2
01 Dry	01	01
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		

Vehicle Removal	Unit 1	Unit 2
0 Not Applicable	4	4
1 Towed Due to Vehicle Damage		
2 Towed For Reasons Other Than Damage		
3 Remained at Scene		
4 Driven from Scene		
9 Unknown		

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

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

Vehicle Condition	Unit 1	Unit 2
0 Not Applicable	01	01
1 Apparently Normal		
2 Brakes		
3 Headlights		
4 Steering		
5 Tail Lights		
6 Brake Lights		
7 Tires/Wheels		
8 Suspension		
9 Signal lights		
10 Windows		
11 Truck Coupling/Trailer Hitch/Safety Chains		
12 Mirrors		
13 Wipers		
14 Power Train		

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

Road Alignment	Unit 1	Unit 2
1 Straight	1	1
2 Curve - Left		
3 Curve - Right		

Special Function of Vehicle	Unit 1	Unit 2
0 Not Applicable	14	01
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		

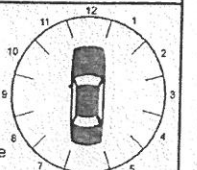
Location of First Harmful Event	Unit 1	Unit 2
01 On Roadway	10	
02 Shoulder		
03 Median		
04 Roadside		
05 Gore		
06 Separator		
07 Parking Lane/Zone		
08 Off Roadway, Location Unknown		
09 Outside Right-of-Way		
10 Other		
99 Unknown		

Road Surface Type	Unit 1	Unit 2
1 Concrete	2	2
2 Asphalt		
3 Gravel		
4 Dirt		
5 Brick		
6 Other		
9 Unknown		

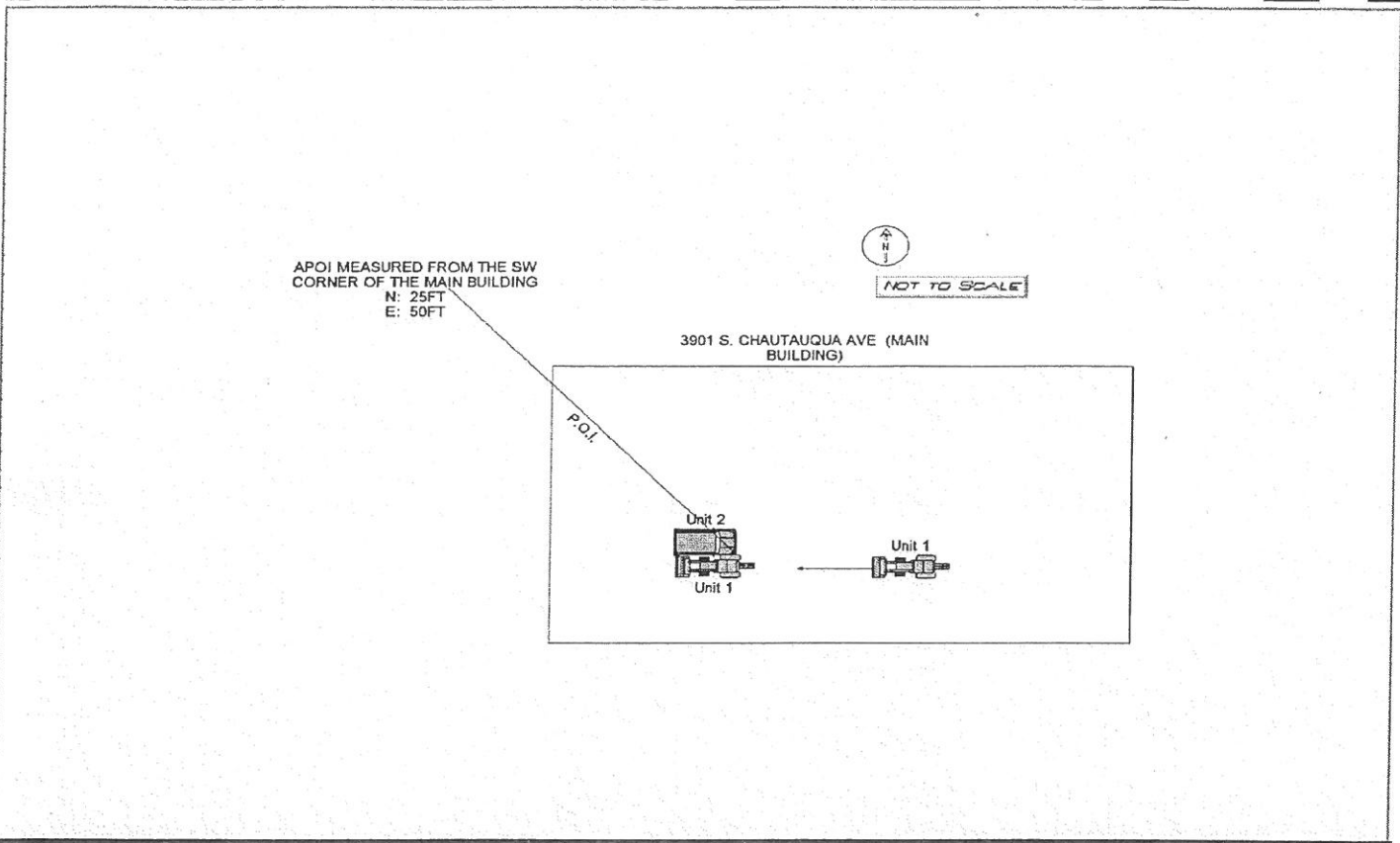
Emergency Vehicle Responding to an Emergency	Unit 1	Unit 2
0 N/A	0	0
1 Yes		
2 No		
9 Unknown		

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

Point of First Contact on Vehicle	Unit 1	Unit 2
05	05	01
01		
02		
03		
04		
06		
07		
08		
09		



Latitude Longitude Railroad Crossing Number Roadway Orientation Unit Number Unit Number



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 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 2 WAS PARKED FACING EASTBOUND INSIDE THE MAIN UNLOADING BUILDING AT 3901 S. CHAUTAUQUA AVE. UNIT 1 WAS TRAVELING WESTBOUND AND WENT IN BETWEEN UNIT 2 AND ANOTHER UNIDENTIFIED VEHICLE WITH THE BACKHOE'S RIGHT REAR OUTRIGGER PARTIALLY DOWN AND COLLIDING WITH THE RIGHT FRONT OF UNIT 2. NO INJURIES WERE REPORTED.

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

