

Warning - State Law. Use of contents for commercial solicitation

DO NOT WRITE IN THIS SPACE

Incident Report

Investigation Completed

Investigation Made at Scene

Photographs

Y N
[X]
[X] Revised
[X] Fatality
[X] Hit and Run

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

(1) Reporting Agency: NORMAN POLICE DEPARTMENT
Case Number (Agency Use): 2020-00074078
Motor Vehicles Involved: 02
Number Injured: 00
Number Killed: 00

(2) Date of Collision: 11/17/2020
Time: 1205
County Number and Name: 14 CLEVELAND
Nearest City or Town Number and Name: 20 NORMAN

(3) Distance from Nearest City or Town Limits
Control #, Init ID, Location, East Grid, North Grid, Administrative

(4) Street, Road or Highway: N INTERSTATE DR
Distance from (Nearest) Intersecting Street, Road or Highway: W ROBINSON ST

(5) Unit: 01
Occupants: 01
Type: D
Last Name: SATTERWHITE
First: CLINTON
Middle:
Suffix:
Date of Birth:
Sex: M

(6) Address: MOORE
City: MOORE
State: OK
Zip: 73160
Telephone: (Use Area Code)

(7) 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

(8) Ejected: 2
Extricated: 1
Test: 1
(% BAC): 5
Transported by:
To Medical Facility:
License Plate Number: OH15301
State: OK
Month: 00
Year: 0

(9) VIN: 19XFA4F54AE000027
Vehicle Year: 2010
Color: WHI
2nd Color: 0
Make: HOND
Model: CIVI
Veh Conf: 02
Extent of Damage: 4

(10) Insurance Company Name:
Policy Number:
Insurance Telephone (Use Area Code):

(11) Vehicle Removed by:
Owner's Last Name: CITY OF NORMAN
First:
Middle:
Suffix:

(12) Owner's Address: 201 W GRAY ST
City: NORMAN
State: OK
Zip: 73069
Oversized Load: 0
Towed Veh. Type: 00
Rollover:
Burned:
Phone present:
Phone in use:

(13) Citation Number: 0074086
Statute/Ordinance Number: M20-1109
Citation Number:
Statute/Ordinance Number:

(14) Unit: 02
Occupants: 01
Type: D
Last Name: SCHOOLER
First: GREER
Middle:
Suffix:
Date of Birth:
Sex: M

(15) Address:
City: NORMAN
State: OK
Zip: 73072
Telephone: (Use Area Code): 4055176100

(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: 1
Extricated: 1
Test: 1
(% BAC): 5
Transported by:
To Medical Facility:
License Plate Number:
State: OK
Month: 07
Year: 2021

(18) VIN: DG5232039
Vehicle Year: 2016
Color: MAR
2nd Color: 0
Make: FORD
Model: MUST
Veh Conf: 01
Extent of Damage: 4

(19) Insurance Company Name: STATE FARM
Policy Number:
Insurance Telephone (Use Area Code): 8007828332

(20) Vehicle Removed by:
Owner's Last Name:
First:
Middle:
Suffix:

(21) Owner's Address:
City:
State:
Zip:
Oversized Load: 0
Towed Veh. Type: 00
Rollover:
Burned:
Phone present:
Phone in use:

(22) Citation Number:
Statute/Ordinance Number:
Citation Number:
Statute/Ordinance Number:

(23) Investigating Officer: PIERCE
Badge Number: 145735
Trp/Div Assigned:
Trp/Div Location:
Reviewer (Init): JF
Reviewer Badge Number: 109239
Date of Report: 11/17/2020

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 08 (Sick)
09 Dazed/Faint
10 Emotional
11 Other
12 Operator
13 Owner
05 Child Restraint Type Unknown
06 Restraint Used - Type Unknown
07 Helmet
08 Child Restraint - Forward Facing
09 Child Restraint - Rear Facing
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 Booster Seat
07 Other
08 Unknown
09 Unknown

(24) Unit Injured Witness Passenger Prop Owner Pos in Veh. 00 Last Name BROWNFIELD First BRANDY Middle Suffix DOB(mm/dd/yyyy) Sex F

(25) Address City State Zip Telephone (Use Area Code)
 Same as Driver: [Redacted] City: MIDWEST CITY State: OK Zip: 73110 Telephone: [Redacted]

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

(27) Unit Injured Witness Passenger Prop Owner 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: [Redacted] City: State: Zip: Telephone: [Redacted]

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

(30) Unit Injured Witness Passenger Prop Owner 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: [Redacted] City: State: Zip: Telephone: [Redacted]

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

(33) Unit Injured Witness Passenger Prop Owner 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: [Redacted] City: State: Zip: Telephone: [Redacted]

(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

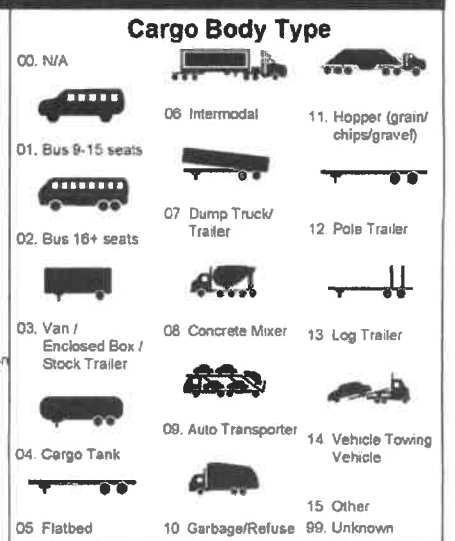
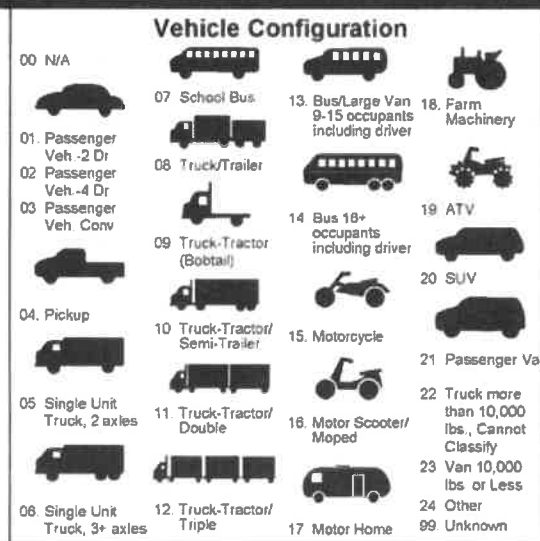
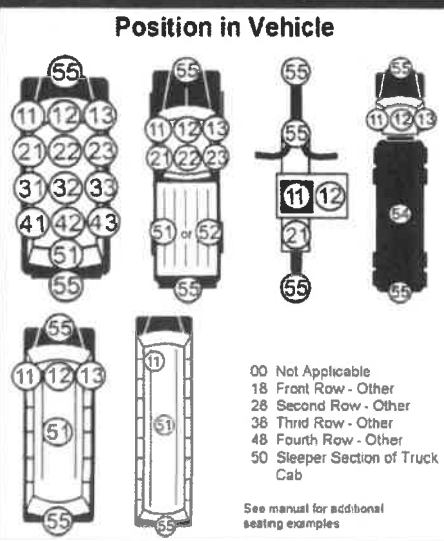
(37) City State Zip GVWR 0 - 10K lbs. Axle Qty Cargo Body Vehicle Use
 GCWR 10,001 - 26K lbs. Interstate Commerce
 26K+ lbs. Intrastate Commerce
 Other Non-Commercial
 Government


(38) U S DOT Number NASI Report Number Placard Number Haz. Mat. Class Haz. Mat. Involved Haz. Mat. Release
 OK Yes No Yes No

(39) Unit Carrier Name Address

(40) City State Zip GVWR 0 - 10K lbs. Axle Qty Cargo Body Vehicle Use
 GCWR 10,001 - 26K lbs. Interstate Commerce
 26K+ lbs. Intrastate Commerce
 Other Non-Commercial
 Government

(41) U S DOT Number NASI Report Number Placard Number Haz. Mat. Class Haz. Mat. Involved Haz. Mat. Release
 OK Yes No Yes No



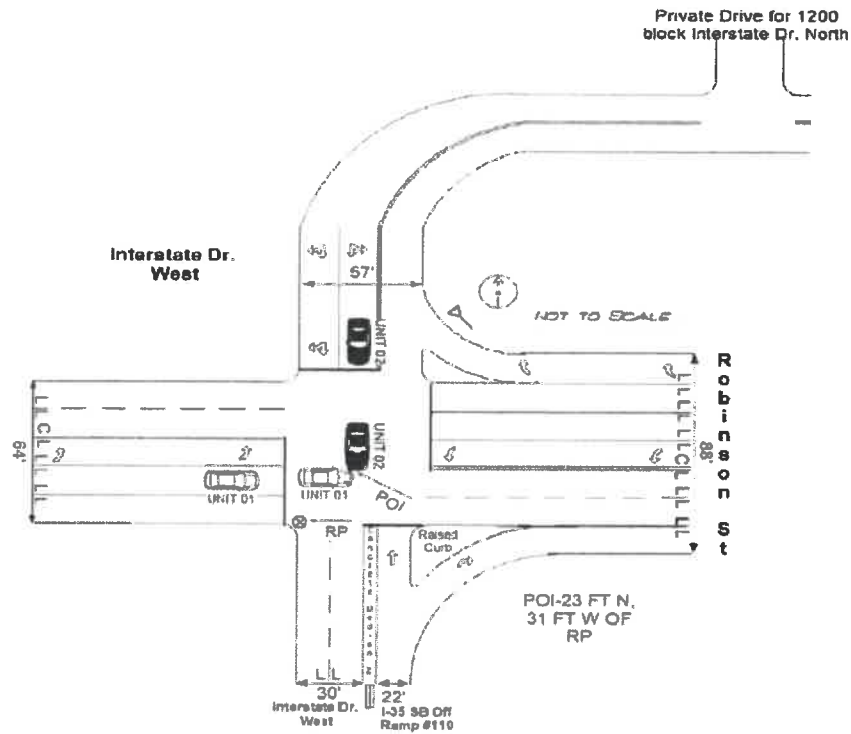
This unit will correspond to 'Unit 1' Unit 01 Total Lanes in Roadway 04 Legal Speed 40		Pedestrian / Pedalcyclist Only Actions Prior to Collision Location at Time of Collision Safety Equip Unit Number of Vehicle Striking		Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
This unit will correspond to 'Unit 2' Unit 02 Total Lanes in Roadway 02 Legal Speed 40				Type of Work Zone 1 Lane Closure <input type="checkbox"/> 2 Lane Shift/Crossover <input type="checkbox"/> 3 Work on Shoulder or Median <input type="checkbox"/> 4 Intermittent or Moving Work <input type="checkbox"/> 9 Unknown <input type="checkbox"/>	
Light 1 1 Daylight 2 Dark-Not Lighted 3 Dark-Lighted 4 Dawn 5 Dusk 6 Dark-Unknown 7 Lighting 9 Unknown		What Vehicle Was Going to Do Unit 1: 01 Unit 2: 01		Underride/Override Unit 1: <input type="checkbox"/> Unit 2: <input type="checkbox"/>	
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: 01		Traffic Control Unit 1: 02 Unit 2: 02	
Locality 2 1 Residential 2 Business 3 Industrial 4 School 5 Not Built-up 6 Mixed Use 7 Other 9 Unknown		What Vehicle Did Unit 1: 01 Unit 2: 01		Road Surface Conditions Unit 1: 01 Unit 2: 01	
Type of Intersection 4 0 Not an Intersection 2 Y-Intersection 4 T-Intersection 5 Five-Point or More 6 Intersection as Part of Interchange 7 Traffic Circle 8 Roundabout 9 Unknown		Visibility Obscured by Unit 1: 00 Unit 2: 00		Road Character Grade: Unit 1: 1 Unit 2: 1 Road Alignment: Unit 1: 1 Unit 2: 1	
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		Driver Distracted by Unit 1: 0 Unit 2: 0		Road Surface Type Unit 1: 2 Unit 2: 2	
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: 0 Unit 2: 0		Road Surface Type Unit 1: 2 Unit 2: 2	
Trafficway Unit 1: 2 Unit 2: 2		Unsafe / Unlawful Contributing Factors Unit 1: 41 Unit 2: 98		Vehicle Removal Unit 1: 1 Unit 2: 1	
Vehicle Condition Unit 1: 01 Unit 2: 01		Special Function of Vehicle Unit 1: 00 Unit 2: 00		Emergency Vehicle Responding to an Emergency Unit 1: 0 Unit 2: 0	
Point of First Contact on Vehicle Unit 1: 12 Unit 2: 12		Most Damaged Area Unit 1: 12 Unit 2: 12			

Latitude

Longitude N W

Railroad Crossing Number

Roadway Orientation Unit Number NE SW



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	21 Fell/Jumped From Motor Vehicle
10 Overturn/Rollover	22 Thrown Or Falling Object
11 Fire/Explosion	23 Other Non-Collision
12 Immersion	PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:
13 Jackknife	30 Pedestrian
14 Cargo/Equipment Loss or Shift	31 Pedal Cycle
15 Equipment Failure (Blown Tire, Brake Failure, etc.)	32 Railway Vehicle (train, engine)
16 Separation of Units	33 Animal
17 Departed Road Right	34 Motor Vehicle in Transport
18 Departed Road Left	35 Parked Motor Vehicle
19 Cross Median/Centerline	36 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
20 Downhill Runaway	

- 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 01 WAS TRAVELING E ON ROBINSON AT INTERSTATE DR. UNIT 02 WAS TRAVELING S ON INTERSTATE DR ACROSS ROBINSON. UNIT 01 HAD A RED LIGHT. UNIT 02 HAD A GREEN LIGHT. THEY COLLIDED.

CITY VEHICLE WAS TOWED BY THE CITY WRECKER

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

