

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Incident Report

Investigation Completed
Investigation Made at Scene
Photographs

Y	N
☒	☒
Revised	☒
Fatality	☒
Hit and Run	☒

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(1) Reporting Agency NORMAN POLICE DEPARTMENT		Case Number (Agency Use) 2018-00095018		Motor Vehicles Involved 02	Number Injured 00	Number Killed 00
(2) Date of Collision (mm/dd/yyyy) 12172018		Time 1453	County Number and Name 14 CLEVELAND	Nearest City or Town Number and Name NORMAN		
(3) Distance from Nearest City or Town Limits ML ☐ N ☐ S ☐ R ☐		Control #	Int ID	Location	East Grid	North Grid
(4) Street, Road or Highway E FRANKLIN RD		Distance from 0035	(Nearest) Intersecting Street, Road or Highway 12TH AVE NE			
(5) Unit 01	Occupants Type 02	Hit & Run ☒	Last Name OGG	First ADAM	Middle L	Suffix
(6) Address 201 W GRAY ST		City NORMAN	State OK	Zip 73069	Telephone (Use Area Code) 4053211600	
(7) Driver License Number		State OK	Class A	Endorsement(s) N	Restriction(s) 1	Inj. Sev. 1
(8) Ejected Extricated Test (% BAC) Transported by Air 1 Bag 1 1 5 0		To Medical Facility	License Plate Number CI23572	State OK	Month 12	Year 2018
(9) VIN		Vehicle Year 2014	Color GRN	2nd Color 0	Make PTRE	Model 08
(10) Insurance Company Name 4		Policy Number	Insurance Telephone (Use Area Code)			
(11) Vehicle Removed by ☒		Owner's Last Name CITY OF NORMAN	First	Middle	Suffix	Sex M
(12) Owner's Address 201 W GRAY ST		City NORMAN	State OK	Zip 73069	Towed Veh. Type 00	
(13) Citation Number		Statute/Ordinance Number	Citation Number	Statute/Ordinance Number	Extent of Damage 2	
(14) Unit 02	Occupants Type 02	Hit & Run ☐	Last Name FRIEDMANN	First IRIS	Middle LYNETTE	Suffix
(15) Address EDMOND		City EDMOND	State OK	Zip 73012	Telephone (Use Area Code)	
(16) Driver License Number		State OK	Class D	Endorsement(s)	Restriction(s) 1	Inj. Sev. 1
(17) Ejected Extricated Test (% BAC) Transported by Air 1 Bag 1 1 5 0		To Medical Facility	License Plate Number	State OK	Month 7	Year 2019
(18) VIN		Vehicle Year 2011	Color MAR	2nd Color 0	Make HOND	Model CDYS
(19) Insurance Company Name 2		Policy Number	Insurance Telephone (Use Area Code)			
(20) Vehicle Removed by ☒		Owner's Last Name	First	Middle	Suffix	Sex
(21) Owner's Address		City	State	Zip	Towed Veh. Type 00	
(22) Citation Number		Statute/Ordinance Number	Citation Number	Statute/Ordinance Number	Extent of Damage 2	
(23) Investigating Officer Monson		Badge Number 0815	Trp/Div. Assigned	Trp/Div. Location	Reviewer (Init.) Wilson	Reviewer Badge Number 0615
Unit Type D Driver P Pedestrian X Pedestrian C Conveyance B Bicyclist		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-Internal 3 Trunk-External 4 Arm 5 Leg 6 Unknown	Driver/Pedestrian Condition 00 Not Applicable 01 Apparently Normal 02 Driving - Ability Impaired 03 Odor of Alcohol/Beverage 04 Very Tired 05 Under the Influence of 09 Drugs/Alcohol 06 Ill (Sick) 07 Emotional 08 Sleepy 09 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	Other Protection (OP) in Use 05 Child Restraint Type Unknown 06 Restraint Used - Type Unknown 07 Helmet 08 Child Restraint - Forward Facing 09 Child Restraint - Rear Facing
Air Bag Deployed 0 Not Applicable 1 Not Deployed 2 Deployed - Front 3 Deployed - Side 4 Deployed - Other (knee, air bell, etc.) 5 Deployed - Combination 6 Deployment Unknown		Ejected 0 Not Applicable 1 Not Ejected 2 Ejected 3 Ejected - Partially	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 Dripping 5 None 6 Unknown	Insurance Verification 0 N/A 1 Operator 2 Owner
Towed Vehicle Type 00 N/A 01 Boat Trailer 02 Boat Trailer 03 Horse Trailer 04 Horse Trailer 05 Another Vehicle 06 Utility Trailer 07 Horse Trailer 08 Horse Trailer 09 Horse Trailer 10 Stock Trailer 11 Camping Trailer 12 Combination 13 Other 14 Unknown						

WARNING - STATE LAW

Use of contents for commercial solicitation is unlawful

DPS: 0182-01 REV 0107

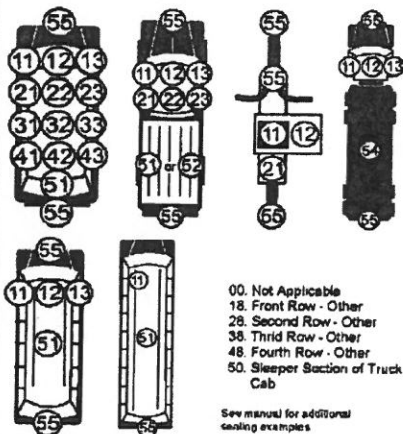
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(24) Unit	Injured ☐ Witness ☐ Passenger ☒ Prop. Owner ☐	Pos in Veh.	Last Name	First	Middle	Suffix	DOB (mm/dd/yyyy)	Sex
01		13	WHEELER					M
(25)	Address		City	State	Zip	Telephone (Use Area Code)		
			NORMAN	OK	73071	4053211600		
(26)	Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility
1	0		04	1	1	1		
(27) Unit	Injured ☐ Witness ☐ Passenger ☒ Prop. Owner ☐	Pos in Veh.	Last Name	First	Middle	Suffix	DOB (mm/dd/yyyy)	Sex
02		13	FRIEDEMANN					M
(28)	Address		City	State	Zip	Telephone (Use Area Code)		
(29)	Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility
1	0		04	1	1	1		
(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)		
(32)	Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility
(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)		
(35)	Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility

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	
01	CITY OF NORMAN	201 W GRAY ST	
(37) City	State	Zip	GVWR
NORMAN	OK	73069	0 - 10K lbs.
(38) U.S. DOT Number	NASIR Report Number	Placard Number	GCWR
	OK	256	10,001 - 28K lbs.
(39) Unit	Carrier Name	Address	
(40) City	State	Zip	GVWR
			0 - 10K lbs.
(41) U.S. DOT Number	NASIR Report Number	Placard Number	GCWR
	OK		10,001 - 28K lbs.

Position in Vehicle



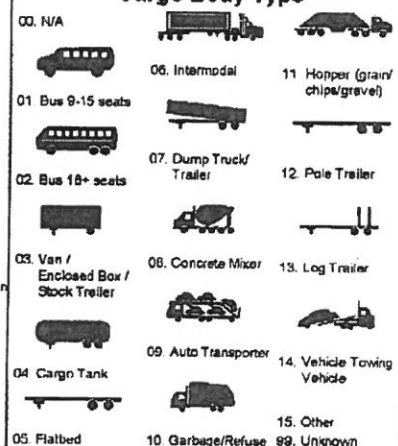
00. Not Applicable
18. Front Row - Other
28. Second Row - Other
38. Third Row - Other
48. Fourth Row - Other
50. Sleeper Section of Truck Cab

See manual for additional seating examples

Vehicle Configuration

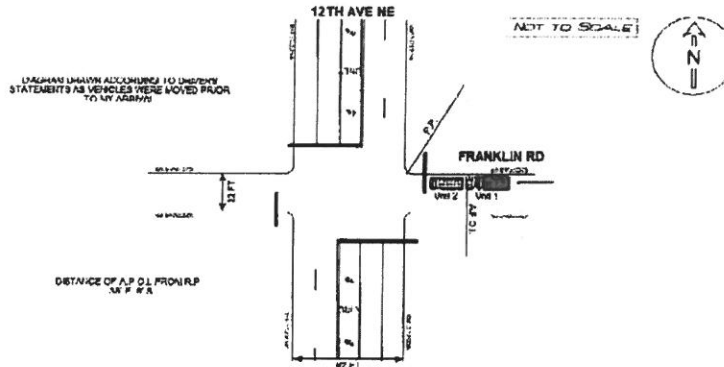


Cargo Body Type



DPS: 0192-03 REV 0107
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Latitude 29-55-59.4 Longitude N 8 5 5 9 W Railroad Crossing Number Roadway Orientation Unit Number 01 NE SW W Unit Number 02 NE SW W Pg 4 of 4



COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collection
01	34	00	00	00	34	
Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	
02	34	00	00	00	34	34

- | | | | | | | | |
|----|---|----|--|----|----------------------------------|----|--------------------------------|
| 00 | Not Applicable | 21 | Fell/Jumped From Motor Vehicle | 44 | Fence | 84 | Bridge Rail |
| 10 | Overturn/Rollover | 22 | Thrown Or Falling Object | 45 | Traffic Signal Support | 85 | Bridge Post |
| 11 | Fire/Explosion | 23 | Other Non-Collision | 46 | Traffic Sign Support | 86 | Bridge Curb |
| 12 | Immersion | | PERSON, MOTOR VEHICLE, OR NON- | 47 | Utility Pole/Light Support | 87 | Bridge Super Structure (Beams) |
| 13 | Jackknife | | FIXED OBJECT: | 48 | Other Post/Pole/Support | 88 | Bridge Overhead Structure |
| 14 | Cargo/Equipment Loss or Shift | 30 | Pedestrian | 49 | Guardrail/Guardrail Face | 69 | Delinisor |
| 15 | Equipment Failure (Blown Tire, Brake Failure, etc.) | 31 | Pedal Cycle | 50 | Guardrail End | 70 | Mailbox |
| 16 | Separation of Units | 32 | Railway Vehicle (train, engine) | 51 | Culvert | 71 | Other Fixed Object |
| 17 | Departed Road Right | 33 | Animal | 62 | Curb | 72 | Other Highway Structure |
| 18 | Departed Road Left | 34 | Motor Vehicle In Transport | 53 | Island | 73 | Ground |
| 19 | Cross Median/Centerline | 35 | Parked Motor Vehicle | 54 | Sand Barrels | 99 | Unknown |
| 20 | Downhill Runaway | 36 | Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle | 55 | Impact Attenuator/ Crash Cushion | | |

Remarks

UNIT TWO WAS STOPPED AT A RED LIGHT, FACING WEST, AT E. FRANKLIN AND 12TH AVE NE. UNIT ONE WAS STOPPED, BEHIND UNIT TWO, IN THIS SAME AREA. THE LIGHT TURNED GREEN AND UNIT ONE PROCEEDED FORWARD BEFORE UNIT TWO DID AND HIT UNIT TWO.

