

DO NOT WRITE IN THIS SPACE

## OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Incident Report

Investigation Completed

Investigation Made at Scene

Photographs

Y	N	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Y	N	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Y	N	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Y	N	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(1) Reporting Agency OKLAHOMA HIGHWAY PATROL		Case Number (Agency Use) AM02574-20		Motor Vehicles Involved 04	Number Injured 03	Number Killed 00							
(2) Date of Collision (mm/dd/yyyy) 09/21/2020		Time 1449	County Number and Name 55 OKLAHOMA	Nearest City or Town Number and Name In <input checked="" type="checkbox"/> 70 OKLAHOMA CITY 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 <input type="checkbox"/> FL. <input type="checkbox"/>		Control # 00	Int ID 00	Location 00	East Grid 021	North Grid 002							
(4) Street, Road or Highway I-240		Distance from At 0143	(Nearest) Intersecting Street, Road or Highway MI. <input type="checkbox"/> N <input type="checkbox"/> E <input checked="" type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> of EASTERN										
(5) Unit 01	Occupants 01	Type D	HL & Run <input type="checkbox"/>	CMV <input type="checkbox"/>	Last Name ALVAREZ	First LOUIS							
(6) Address [REDACTED]		City [REDACTED]	State OK	Zip 73068	Telephone (Use Area Code) [REDACTED]								
(7) Driver License Number [REDACTED]		State OK	Class A	Endorsement(s) [REDACTED]	Restriction(s) [REDACTED]	Inj. Sev. 1							
(8) Ejected 0		Extricated 1	Test 1	(% BAC) 5	Transported by 0	To Medical Facility [REDACTED]							
(9) VIN 1XPTD40X0D451752		Vehicle Year 2017	Color GRN	2nd Color 0	Make PTRB	Model 367							
(10) Insurance Company Name [REDACTED]		Policy Number [REDACTED]	Insurance Telephone (Use Area Code) [REDACTED]										
(11) Vehicle Removed by Driver <input type="checkbox"/> PRIVATE WRECKER		Owner's Last Name Same as Driver <input checked="" type="checkbox"/> CITY OF NORMAN	First [REDACTED]	Middle [REDACTED]	Suffix [REDACTED]								
(12) Owner's Address 1301 DA VINCI ST		City NORMAN	State OK	Zip 73069	Towed Veh. Type Oversized Load <input type="checkbox"/> 0 08 Rolled <input type="checkbox"/> Phone present <input checked="" type="checkbox"/> Burned <input type="checkbox"/> Phone in use <input type="checkbox"/>								
(13) Citation Number [REDACTED]		Statute/Ordinance Number [REDACTED]	Citation Number [REDACTED]	Statute/Ordinance Number [REDACTED]									
(14) Unit 02	Occupants 03	Type D	HL & Run <input type="checkbox"/>	CMV <input type="checkbox"/>	Last Name KELSEY	First DELUSIA							
(15) Address [REDACTED]		City [REDACTED]	State OK	Zip 73020	Telephone (Use Area Code) [REDACTED]								
(16) Driver License Number [REDACTED]		State OK	Class D	Endorsement(s) [REDACTED]	Restriction(s) 1	Inj. Sev. 2							
(17) Ejected 5		Extricated 1	Test 1	(% BAC) 5	Transported by TREATED AT SCENE	To Medical Facility REFUSED							
(18) VIN [REDACTED]		Vehicle Year 2019	Color BLU	2nd Color 0	Make MITS	Model MIRA							
(19) Insurance Company Name [REDACTED]		Policy Number [REDACTED]	Insurance Telephone (Use Area Code) 8005887400										
(20) Vehicle Removed by Driver <input type="checkbox"/> MEL'S TOWING		Owner's Last Name Same as Driver <input checked="" type="checkbox"/>	First [REDACTED]	Middle [REDACTED]	Suffix [REDACTED]								
(21) Owner's Address [REDACTED]		City [REDACTED]	State [REDACTED]	Zip [REDACTED]	Towed Veh. Type Oversized Load <input type="checkbox"/> 0 00 Rolled <input type="checkbox"/> Phone present <input checked="" type="checkbox"/> Burned <input type="checkbox"/> Phone in use <input type="checkbox"/>								
(22) Citation Number [REDACTED]		Statute/Ordinance Number [REDACTED]	Citation Number [REDACTED]	Statute/Ordinance Number [REDACTED]									
(23) Investigating Officer David Hellums		Badge Number 577	Trp/Div. Assigned S	Trp/Div. Location A	Reviewer (Init.) RWC	Reviewer Badge Number 142							
Date of Report (mm/dd/yyyy) 09/21/2020													
<table border="1"> <tr> <td>Unit Type D Driver P Pedestrian X Pedestrian Conveyance B Bicyclist</td> <td>Z Other Cyclist C Parked Car A Animal T Train</td> <td>Injury Severity 0 N/A 1 No Injury 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal 6 Unknown</td> <td>Type of Injury 0 N/A 1 Head 2 Trunk - External 3 Trunk - Internal 4 Arms 5 Legs 6 Unknown</td> <td>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 Drowsy/Fatig 07 Medications 08 Emotional 09 Unknown</td> <td>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 99 Unknown</td> </tr> </table>							Unit Type D Driver P Pedestrian X Pedestrian Conveyance B Bicyclist	Z Other Cyclist C Parked Car A Animal T Train	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 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 Drowsy/Fatig 07 Medications 08 Emotional 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 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 99 Unknown	
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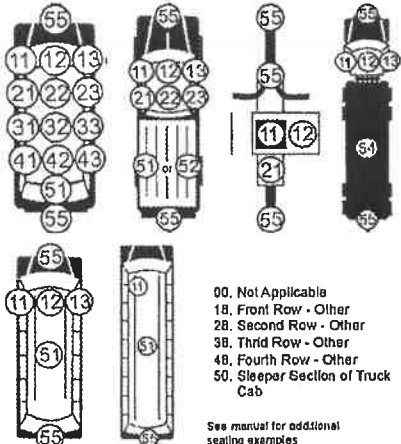
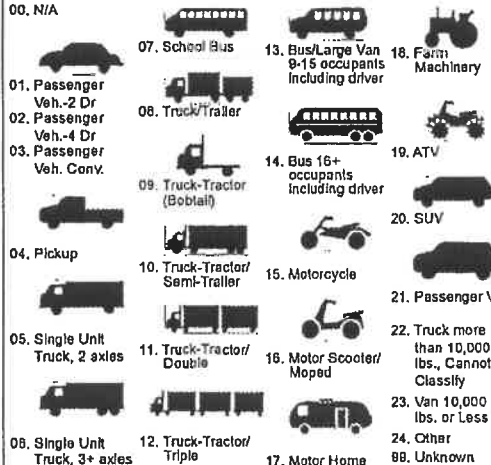
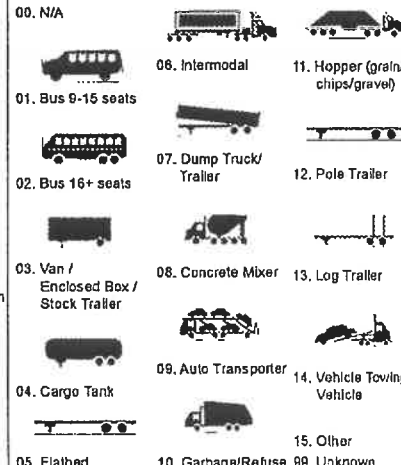
WARNING - STATE LAW

Use of contents for commercial solicitation is unlawful

(24) Unit	Injured <input checked="" type="checkbox"/> Passenger <input checked="" type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
02		21	MUELLER	PEYTON				F
(25) Address	City State Zip Telephone (Use Area Code)							
Same as Driver <input checked="" type="checkbox"/>								
(26) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
2 2,4,5	08	3	1	1	REFUSED			
(27) Unit	Injured <input checked="" type="checkbox"/> Passenger <input checked="" type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
02		23	KELSEY	MYA				F
(28) Address	City State Zip Telephone (Use Area Code)							
Same as Driver <input checked="" type="checkbox"/>								
(29) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
2 2,5	09	3	1	1	REFUSED			
(30) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	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 <input type="checkbox"/>								
(32) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(33) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	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 <input type="checkbox"/>								
(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				
(38) U.S. DOT Number	NASIS Report Number	Placard Number	Haz. Mat. Class			
	OK					
(39) Unit	Carrier Name	Address				
(40) City	State	Zip				
(41) U.S. DOT Number	NASIS Report Number	Placard Number	Haz. Mat. Class			
	OK					
GVWR <input type="checkbox"/> 0 - 10K lbs. GCWR <input type="checkbox"/> 10,001 - 26K lbs. 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"/>
				Haz. Mat. Involved	Haz. Mat. Release	
				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
				No <input type="checkbox"/>	No <input type="checkbox"/>	

<b>Position in Vehicle</b>	<b>Vehicle Configuration</b>	<b>Cargo Body Type</b>
		
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		

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)			
Unit 1	Unit 2			Actions Prior to Collision	Location at Time of Collision	Safety Equip.	Unit Number of Vehicle Striking	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
This unit will correspond to 'Unit 1'		01	02	60					
This unit will correspond to 'Unit 2'		02	02	60					
Light		1	Unit 1	Unit 2	Underride/Override		Unit 1	Unit 2	
1 Daylight			05	06	0 Not Applicable				
2 Dark-Not Lighted			00 Not Applicable		1 No Underride or Override				
3 Dark-Lighted			01 Go Ahead		2 Underride, Compartment Intrusion				
4 Dawn			02 Turn Left		3 Underride, No Compartment Intrusion				
5 Dusk			03 Turn Right		4 Underride, Compartment Intrusion Unknown				
6 Dark-Unknown Lighting			04 Make "U" Turn		5 Override, Motor Vehicle In Transport				
7 Other			05 Stop		6 Override, Other Motor Vehicle				
9 Unknown			06 Slow for Cause		9 Unknown				
Weather		03	Unit 1	Unit 2	Traffic Control		Unit 1	Unit 2	
01 Clear			00 Not Applicable		00 No Control				
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				
Locality		5	Unit 1	Unit 2	Road Surface Conditions		Unit 1	Unit 2	
1 Residential			00 Not Applicable		01 Dry				
2 Business			01 Went Ahead		02 Wet				
3 Industrial			02 Turned Left		03 Ice/Frost				
4 School			03 Turned Right		04 Snow				
5 Not Built-up			04 Entered "U" Turn		05 Mud, Dirt, Gravel				
6 Mixed Use			05 Stopped		06 Slush				
7 Other			06 Slowed		07 Water (standing, moving)				
9 Unknown			07 Started From Park/Stop		08 Sand				
Type of Intersection		0	Unit 1	Unit 2	Road Character		Unit 1	Unit 2	
C Not an Intersection			00 Not Applicable		1 Level				
2 Y-Intersection			01 Trees		2 Hillcrest				
3 T-Intersection			02 Embankment		3 Uphill				
4 Four-Way Intersection			03 Building		4 Downhill				
5 Five-Point or More Intersection as Part of Interchange			04 Signs		5 Sag (bottom)				
6 Intersection as Part of Interchange			05 Parked Vehicles		Road Alignment		Unit 1	Unit 2	
7 Traffic Circle			06 High Weeds		1 Straight				
8 Roundabout			07 Fences		2 Curve - Left				
9 Unknown			08 Shrubbery		3 Curve - Right				
Incident Type		00	Unit 1	Unit 2	Road Surface Type		Unit 1	Unit 2	
00 Not an Incident			00 Not Applicable		1 Concrete				
51 Private Property			01 Trees		2 Asphalt				
52 Deliberate Intent			02 Embankment		3 Gravel				
53 Medical Condition			03 Building		4 Dirt				
54 Legal Intervention			04 Signs		5 Brick				
55 Suicide			05 Parked Vehicles		6 Other				
57 Drowning			06 High Weeds		9 Unknown				
58 Other			07 Fences		Driver Distracted by		Unit 1	Unit 2	
Location of First Harmful Event		01	Unit 1	Unit 2	0 Not Applicable/None				
01 On Roadway			00 Not Applicable		1 Electronic Communication Devices				
02 Shoulder			01 Trees		2 Other Electronic Device				
03 Median			02 Embankment		3 Other Inside Vehicle				
04 Roadside			03 Building		4 Other Outside Vehicle				
05 Gore			04 Signs		9 Unknown				
06 Separator			05 Parked Vehicles		Emergency Vehicle Responding to an Emergency		Unit 1	Unit 2	
07 Parking Lane/Zone			06 High Weeds		0 N/A				
08 Off Roadway, Location Unknown			07 Fences		1 Yes				
09 Outside Right-of-Way			08 Shrubbery		2 No				
10 Other			09 Ice, Snow or Frost on Windows		9 Unknown				
99 Unknown			10 Smoke		Point of First Contact on Vehicle		Unit 1	Unit 2	
			11 Fog		12				
			12 Dust		Most Damaged Area		Unit 1	Unit 2	
			13 Rain		12				
			14 Sun		13 Top				
			15 Other						
			99 Unknown						

35.3913

N

-97.4766

W

Unit  
Number

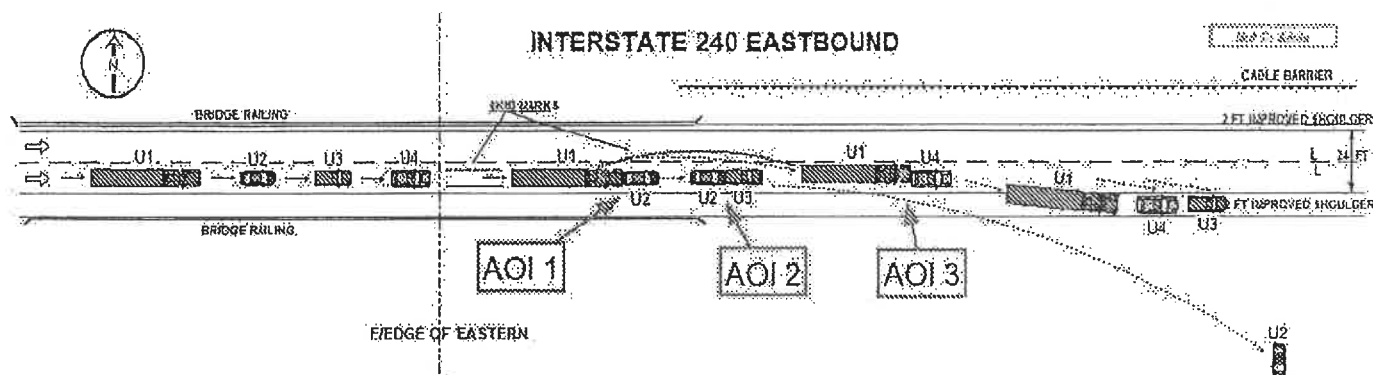
10-

NE  
SW

Unit  
Number

0:

**22**



## 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
Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	
02	34	17	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	56	Pavement Drop-Off
38	Other Non-Fixed Object	57	Ditch
FIXED OBJECT:		58	Embankment
40	Barrier (Cable)	59	Tree (Standing)
41	Barrier (Concrete)	60	Dividing Strip
42	Barrier (Other)	61	Retaining Wall
43	Fence Pole	62	Bridge Abutment
44	Fence	63	Bridge Pier or Support
45	Traffic Signal Support	64	Bridge Rail
46	Traffic Sign Support	65	Bridge Post
47	Utility Pole/Light Support	66	Bridge Curb
48	Other Post/Pole/Support	67	Bridge Super Structure (Beams)
49	Guardrail/Guardrail Face	68	Bridge Overhead Structure
50	Guardrail End	69	Delineator
51	Culvert	70	Mailbox
52	Curb	71	Other Fixed Object
53	Island	72	Other Highway Structure
54	Sand Barrels	73	Ground
55	Impact Attenuator/ Crash Cushion	99	Unknown

## Remarks

ALL UNITS WERE EASTBOUND ON INTERSTATE 240 IN THE OUTSIDE LANE. UNITS 2,3 AND 4 SLOWED FOR EXISTING TRAFFIC. U1 STRUCK U2 FROM BEHIND (AOI 1). U2 WAS THEN FORCED INTO THE REAR OF U3 (AOI 2). U2 WAS FORCED OFF THE ROADWAY TO THE RIGHT. U3 WAS PULLING TO THE OUTSIDE SHOULDER. U1 PARTIALLY ENTERED THE INSIDE LANE THEN RE-ENTERED THE MAJORITY OF THE OUTSIDE LANE AND STRUCK U4 FROM BEHIND. AOI 1 WAS APPROX. 143' EAST OF E/EDGE OF EASTERN AND APPROX. 6' NORTH OF S/EDGE OF INTERSTATE 240 EASTBOUND. AOI 2 WAS APPROX. 20' EAST OF AOI 1 AND APPROX. 6' NORTH OF S/EDGE OF INTERSTATE 240 EASTBOUND. AOI 3 WAS APPROX. 64' EAST OF AOI 2 AND APPROX. 9' NORTH OF S/EDGE OF INTERSTATE 240 EASTBOUND. AOR U1 WAS APPROX. 153' EAST OF AOI 1 AND ON THE S/EDGE OF INTERSTATE 240 EASTBOUND. AOR U2 WAS APPROX. 203' EAST OF AOI 1 AND APPROX. 113' SOUTH OF S/EDGE OF INTERSTATE 240 EASTBOUND. U3 AND U4 CAME TO A CONTROLLED STOP IN THE OUTSIDE SHOULDER. U1 LEFT APPROX. 210' OF PRE-IMPACT SKID MARKS AND APPROX. 141' OF POST-IMPACT SKID MARKS.

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



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

Y N

☒ ☐☒ ☐☒ ☐

(1) Reporting Agency OKLAHOMA HIGHWAY PATROL		Case Number (Agency Use) AM02574-20		Motor Vehicles Involved 04	Number Injured 03	Number Killed 00	
(2) Date of Collision (mm/dd/yyyy) 09/21/2020		Time 1449	County Number and Name 55 OKLAHOMA	Nearest City or Town Number and Name In <input checked="" type="checkbox"/> 70 OKLAHOMA CITY Near <input type="checkbox"/>			
(3) Distance from Nearest City or Town Limits ML <input type="checkbox"/> N <input type="checkbox"/> FL <input type="checkbox"/> S <input type="checkbox"/>		Control # 00	Int ID 00	Location 00	East Grid 021	North Grid 002	
(4) Street, Road or Highway I-240		Distance from 0143	ML <input type="checkbox"/> N <input type="checkbox"/> E <input checked="" type="checkbox"/> W <input type="checkbox"/>	(Nearest) Intersecting Street, Road or Highway EASTERN			
(5) Unit 03	Occupants Type 01 D	Hit & Run CMV <input type="checkbox"/>	Last Name EITEL	First TERRY	Middle L	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 Extricated Test (% BAC) Transported by Air Bag 0 1 1 5 0							
(9) VIN Vehicle Year Color 2nd Color Make Model Veh. Conf. Extent of Damage							
(10) Insurance Company Name Policy Number Insurance Telephone (Use Area Code)							
(11) Vehicle Removed by Driver Owner's Last Name First Middle Suffix							
(12) Owner's Address City State Zip Towed Veh. Type Oversized Load Rollover Burned Phone present Phone in use							
(13) Citation Number Statute/Ordinance Number Citation Number Statute/Ordinance Number							
(14) Unit 04	Occupants Type 02 D	Hit & Run CMV <input type="checkbox"/>	Last Name WILLIAMS	First JOHN	Middle D	Suffix Date of Birth (mm/dd/yyyy) Sex M	
(15) Address City State Zip Telephone (Use Area Code)							
(16) Driver License Number State Class Endorsement(s) Restriction(s) Inj. Sev. Type of Injury Drv./Ped. Cond. OP Use							
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(22) Citation Number Statute/Ordinance Number Citation Number Statute/Ordinance Number							
(23) Investigating Officer David Hellums		Badge Number 577	Trp/Div. Assigned S	Trp/Div. Location A	Reviewer (Init.) RWC	Reviewer Badge Number 142	
Date of Report (mm/dd/yyyy) 09/21/2020							
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Ejected 0 Not Ejected 1 Ejected 2 Partially Ejected		Extricated 0 N/A 1 No 2 Yes	Chemical Test 0 N/A 1 Blood 2 Breath 3 Blood/Breath	Extent of Damage 0 N/A 1 None 2 Minor 3 Functional 4 Disabling 5 Unknown	Insurance Verification 0 N/A 1 No 2 Owner 3 Operator 4 Exempt	Oversized Load 0 N/A 1 Not Permitted 2 Permitted	
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WARNING - STATE LAW

Use of contents for commercial solicitation is unlawful

DPS: 0192-01 REV 0107

(24) Unit	Injured <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
04		13	WILLIAMS	SHIRLEY				F
(25) Same as Driver	Address City State Zip Telephone (Use Area Code)							
(26) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
1 0	04	1	1	1				
(27) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(28) Same as Driver	Address City State Zip Telephone (Use Area Code)							
(29) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(30) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(31) Same as Driver	Address City State Zip Telephone (Use Area Code)							
(32) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(33) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(34) Same as Driver	Address City State Zip Telephone (Use Area Code)							
(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	
(38) U.S. DOT Number	NASIS Report Number	Placard Number	Haz. Mat. Class
	OK		
(39) Unit	Carrier Name	Address	
(40) City	State	Zip	
(41) U.S. DOT Number	NASIS Report Number	Placard Number	Haz. Mat. Class
	OK		
GVWR 0 - 10K lbs. 10,001 - 26K lbs. 26K+ lbs. Axle Qty. Cargo Body Vehicle Use			
GCWR 0 - 10K lbs. 10,001 - 26K lbs. 26K+ lbs. Interstate Commerce			
Intrastate Commerce			
Other Non-Commercial			
Government			

<b>Position in Vehicle</b>  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	<b>Vehicle Configuration</b> 00. N/A 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 07. School Bus 08. Truck/Trailer 09. Truck-Tractor (Bobtail) 10. Truck-Tractor/Semi-Trailer 11. Truck-Tractor/Double 12. Truck-Tractor/Triples 13. Bus/Large Van 8-15 occupants including driver 14. Bus 16+ occupants including driver 15. Motorcycle 16. Motor Scooter/Moped 17. Motor Home 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	<b>Cargo Body Type</b> 00. N/A 01. Bus 9-15 seats 02. Bus 16+ seats 03. Van / Enclosed Box / Stock Trailer 04. Cargo Tank 05. Flatbed 06. Intermodal 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 16. Unknown
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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)	
Unit				Actions Prior to Collision	Location at Time of Collision	Safety Equip.	Unit Number of Vehicle Striking		
This unit will correspond to Unit 1		03	02	60				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
This unit will correspond to Unit 2		04	02	60					
Light		1	Unit 1	Unit 2	Underride/Override		Unit 1	Unit 2	
1 Daylight			06	06	0 Not Applicable				
2 Dark-Not Lighted					1 No Underride or Override				
3 Dark-Lighted					2 Underride, Compartment Intrusion				
4 Dawn					3 Underride, No Compartment Intrusion				
5 Dusk					4 Underride, Compartment Intrusion Unknown				
6 Dark-Unknown					5 Override, Motor Vehicle In Transport				
7 Lighting					6 Override, Other Motor Vehicle				
8 Other					9 Unknown				
9 Unknown									
Weather		03			Traffic Control		Unit 1	Unit 2	
01 Clear					00 No Control		00	00	
02 Fog/Smog/Smoke					01 Stop Sign				
03 Cloudy					02 Traffic Signal				
04 Rain					03 Flashing Traffic Signal				
05 Snow					04 School Zone Signs				
06 Sleet/Hail (Freezing Rain/Drizzle)					05 Yield Sign				
07 Severe Crosswind					06 Warning Sign				
08 Blowing Snow					07 Railroad Advance Warning Sign				
09 Blowing Sand, Silt, Dirt					08 Railroad Cross Bucks				
10 Other					09 Railroad Gates				
99 Unknown					10 Railroad Signal				
Locality		5			11 No Passing Zone				
1 Residential					12 Person (including flagger, law enforcement, crossing guard, etc.)				
2 Business					13 Abnormal Control				
3 Industrial					99 Unknown				
4 School					Road Surface Conditions		Unit 1	Unit 2	
5 Not Built-up					01 Dry		01	01	
6 Mixed Use					02 Wet				
7 Other					03 Ice/Frost				
9 Unknown					04 Snow				
Type of Intersection		0			05 Mud, Dirt, Gravel				
0 Not an Intersection					06 Slush				
1 Y-Intersection					07 Water (standing, moving)				
2 T-Intersection					08 Sand				
3 Four-Way Intersection					09 Oil				
4 Five-Point or More Intersection as Part of Interchange					10 Other				
5 Roundabout					99 Unknown				
9 Unknown					Road Character		Unit 1	Unit 2	
Incident Type		00			1 Level		3	3	
00 Not an Incident					2 Hillcrest				
51 Private Property					3 Uphill				
52 Deliberate Intent					4 Downhill				
53 Medical Condition					5 Sag (bottom)				
54 Legal Intervention					Road Alignment		Unit 1	Unit 2	
55 Suicide					1 Straight		1	1	
57 Drowning					2 Curve - Left				
58 Other					3 Curve - Right				
Location of First Harmful Event		01			Road Surface Type		Unit 1	Unit 2	
01 On Roadway					1 Concrete		1	1	
02 Shoulder					2 Asphalt				
03 Median					3 Gravel				
04 Roadside					4 Dirt				
05 Gore					5 Brick				
06 Separator					6 Other				
07 Parking Lane/Zone					9 Unknown				
08 Off Roadway, Location Unknown					Driver Distacted by		Unit 1	Unit 2	
09 Outside Right-of-Way					0 Not Applicable/None		0	0	
10 Other					1 Electronic Communication Devices				
99 Unknown					2 Other Electronic Device				
Point of First Contact on Vehicle		Unit 1	Unit 2	Most Damaged Area		Unit 1	Unit 2		
06		06	06		06	06			
13 Top				14 Undercarriage					
00 Not Applicable				99 Unknown					
Type of Work Zone		3		Location of the Work Zone Collision		2			
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					
Workers Present		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>							
Trafficway		Unit 1	Unit 2	Unsafe / Unlawful Contributing Factors		Unit 1	Unit 2		
4		4	98		98				
0 Not Applicable				FAILED TO YIELD					
1 One Way				01 From Stop Sign					
2 Two-Way - Not Divided				02 From Yield Sign					
3 Two-Way - Divided				03 Private Drive					
4 Two-Way - Divided - Positive Median Barrier				04 County Road at Through Highway					
5 Turn Lane				05 From Signal Light					
6 Ramp / Loop				06 From Alley					
7 Driveway				07 To Pedestrian					
8 Alley / Parking Lot				08 To Vehicle on Right					
9 Unknown				09 To Vehicle in Intersection					
Vehicle Removal		Unit 1	Unit 2	10 To Emergency Vehicles					
4		4	49 Tires						
0 Not Applicable				50 Suspension					
1 Towed Due to Vehicle Damage				51 Headlights					
2 Towed For Reasons Other Than Damage				52 Tail Lights					
3 Remained at Scene				53 Stop Lights					
4 Driven from Scene				54 Wheel					
9 Unknown				55 Exhaust System					
Vehicle Condition		Unit 1	Unit 2	56 Windshield Wipers					
01		01	57 Other Mechanical Defects						
00 Not Applicable				LEFT OF CENTER					
01 Apparently Normal				58 In Meeting					
02 Brakes				59 No Passing Zone (Unmarked)					
03 Headlights				60 Marked Zone					
04 Steering				61 Other					
05 Tail Lights				IMPROPER OVERTAKING					
06 Brake Lights				62 In Marked Zone					
07 Tires/Wheels				63 On Hill/Curve					
08 Suspension				64 At Intersection					
09 Signal lights				65 Without Sufficient Clearance					
10 Windows				66 Other					
11 Truck Coupling/Trailer Hitch/Safety Chains				IMPROPER PARKING					
12 Mirrors				67 On Roadway					
13 Wipers				68 Where Prohibited					
14 Power Train				69 Other					
Special Function of Vehicle		Unit 1	Unit 2	INATTENTION					
00		00	70 Distracted by Passenger in Vehicle						
00 Not Applicable				71 Other Distraction Inside Vehicle					
01 School Bus				72 Distraction From Outside Vehicle					
02 Transit Bus				73 Other					
03 InterCity Bus				WRONG WAY					
04 Charter Bus				74 On One Way					
05 Other Bus				75 On Exit Ramp					
06 Military				76 On Entrance Ramp					
07 OHP				77 Other					
08 Other Police				IMPROPER START FROM					
09 Other Law Enforcement				78 Parked Position					
10 Ambulance				79 Other					
11 Fire Truck				80 ALCOHOL-DUI/DWI					
12 Public Owned Vehicle				81 DRUG-DUI					
13 Highway Equipment				OTHER IMPROPER ACT/ MOVEMENT					
14 Special Mobilized Machine				82 Failed to Signal					
15 Other				83 Disregarded Warning Signal					
Emergency Vehicle Responding to an Emergency		Unit 1	Unit 2	84 Improper Use of Lane					
0 N/A		2 No	85 Improper Backing						
1 Yes		9 Unknown	86 Apparently Sleepy						
Point of First Contact on Vehicle		Unit 1	Unit 2	87 Failed to Secure Load					
06		06	88 Other/Unknown						
Most Damaged Area		Unit 1	Unit 2	UNKN/NO IMPROPER ACT					
06		06	89 Deer in Roadway						
00 Not Applicable				90 Animal in Roadway					
13 Top				91 Domestic Animal in Rdwy					
				92 Avoiding Other Vehicle					
				93 Avoiding Pedestrian					
				94 Object/Debris in Roadway					
				95 Defect in Roadway					
				96 Abnormal Traffic Control					
				97 Improper Bicyclist Action					
				98 NO IMPROPER ACTION BY DRIVER					
				99 PEDESTRIAN ACTION					

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Latitude

35.3913

N

Longitude

-97.4766

W

Railroad Crossing Number

Roadway Orientation

Unit  
Number03NE  
SW

E

Unit  
Number04NE  
SW

E



## COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
<u>03</u>	<u>34</u>	<u>00</u>	<u>00</u>	<u>00</u>	<u>34</u>	
<u>04</u>	<u>34</u>	<u>00</u>	<u>00</u>	<u>00</u>	<u>34</u>	<u>34</u>

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

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



DPS: 0192-04 REV 0107