

Incident Report

Investigation Completed

Y N

Investigation Made at Scene

Revised

Photographs

Fatality

Hit and Run

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

(1) Reporting Agency Case Number (Agency Use) Motor Vehicles Involved Number Injured Number Killed

(2) Date of Collision (mm/dd/yyyy) Time County Number and Name Nearest City or Town Number and Name

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

(4) Street, Road or Highway Distance from (Nearest) Intersecting Street, Road or Highway

(5) Unit Occupants Type Hit & Run CMV Last Name First Middle Date of Birth (mm/dd/yyyy) Sex

(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 To Medical Facility License Plate Number State Month Year

(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 Initial

(12) Owner's Address City State Zip Towed Veh. Type Oversized Load Rolled Burned Phone present Phone in use

(13) Citation Number Statute/Ordinance Number Citation Number Statute/Ordinance Number

(14) Unit Occupants Type Hit & Run CMV Last Name First Middle Date of Birth (mm/dd/yyyy) Sex

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

(23) Investigating Officer Badge Number Troop/Div. Reviewed by (Init.) Reviewer Badge Number Date of Report (mm/dd/yyyy)

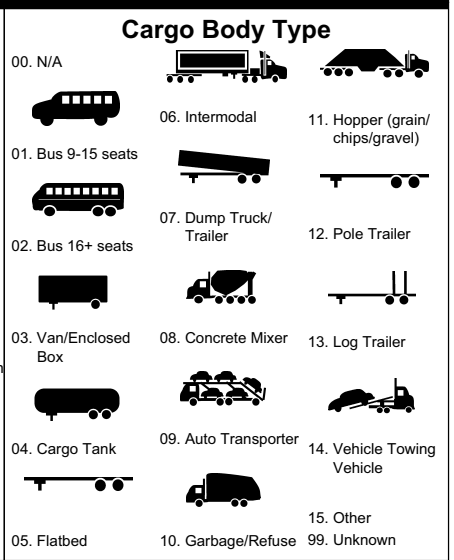
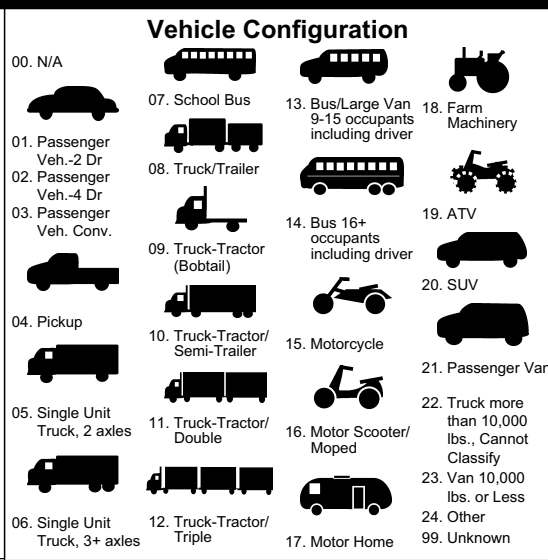
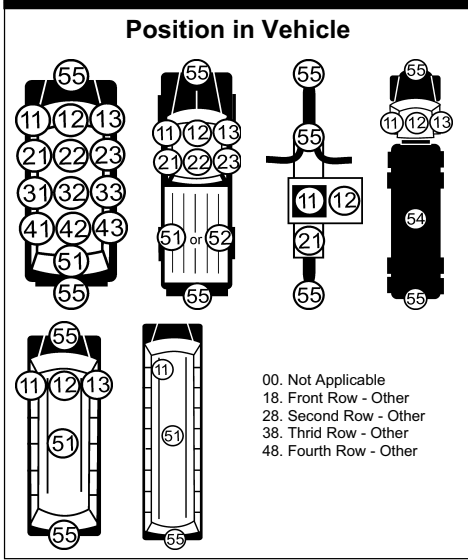
Legend table with columns: Unit Type, Injury Severity, Type of Injury, Driver/Pedestrian Condition, Occupant Protection (OP) In Use, Air Bag Deployed, Ejected, Extricated, Chemical Test, Extent of Damage, Insurance Verification, Oversized Load, Towed Vehicle Type.

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 Initial	Date of Birth (mm/dd/yyyy)	Sex
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>								
(25) 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 _____ Injured _____ Witness _____ Passenger _____ Prop. Owner _____ Pos in Veh. _____ Last Name _____ First _____ Middle Initial _____ Date of Birth (mm/dd/yyyy) _____ Sex _____								
(28) Address _____ City _____ State _____ Zip _____ Telephone (Use Area Code) _____								
Same as Driver <input type="checkbox"/>								
(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 Initial _____ Date of Birth (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 _____ Witness _____ Passenger _____ Prop. Owner _____ Pos in Veh. _____ Last Name _____ First _____ Middle Initial _____ Date of Birth (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 _____	GVWR <input type="checkbox"/> 0 - 10K lbs. GCWR <input type="checkbox"/> 10,001 - 26K lbs. 26K+ lbs.
(38) U.S. DOT Number	Vehicle Inspection Number	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"/>
	OK	Placard Number _____ Haz. Mat. Class _____ Haz. Mat. Involved _____ Haz. Mat. Release _____ Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
(39) Unit	Carrier Name _____	Address _____
(40) City	State _____ Zip _____	GVWR <input type="checkbox"/> 0 - 10K lbs. GCWR <input type="checkbox"/> 10,001 - 26K lbs. 26K+ lbs.
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	OK	Placard Number _____ Haz. Mat. Class _____ Haz. Mat. Involved _____ Haz. Mat. Release _____ Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>



Unit		Total Lanes in Roadway	Legal Speed	Pedestrian / Pedalcyclist Only		
Actions Prior to Collision		Location at Time of Collision	Safety Equip.	Unit Number of Vehicle Striking		
This unit will correspond to 'Unit 1'	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
This unit will correspond to 'Unit 2'	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Light

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

Weather

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

Locality

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

Type of Intersection

0 Not an Intersection
1 Y-Intersection
2 T-Intersection
3 Four-Way
4 Intersection
5 Intersection as Part of Interchange
6 Traffic Circle
7 Roundabout
9 Unknown

Incident Type

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

Location of First Harmful Event

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

What Vehicle Was Going to Do

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

What Vehicle Did

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

Visibility Obscured by

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

Driver Distracted by

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

Override/Override

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

Traffic Control

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 Posted Speed
15 Other
99 Unknown

Road Surface Conditions

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

Road Character

Grade

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

Horizontal Alignment

1 Straight
2 Curve - Left
3 Curve - Right

Road Surface Type

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

Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section) Yes No

Type of Work Zone

1 Lane Closure
2 Lane Shift/Crossover
3 Work on Shoulder or Median
4 Intermittent or Moving Work
9 Unknown

Location of the Work Zone Collision

1 Before the First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area
5 Termination Area
9 Unknown

Workers Present Yes No Unknown

Trafficway

0 Not Applicable
1 Two-Way, Not Divided
2 Two-Way, Not Divided with a Continuous Left Turn Lane
3 Two-Way, Divided, Unprotected (painted > 4 feet) Median
4 Two-Way, Divided, Positive Median Barrier
5 Two-Way, Divided, Cable Barrier
6 One-Way
9 Unknown

Vehicle Removal

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

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
13 Wipers
14 Power Train
15 Other
99 Unknown

Special Function of Vehicle

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

0 N/A
1 Yes
2 No
9 Unknown

Unsafe / Unlawful Contributing Factors

FAILED TO YIELD

01 From Stop Sign
02 From Yield Sign
03 Private Drive
04 County Road at Through Highway
05 From Signal Light
06 From Alley
07 To Pedestrian
08 To Vehicle on Right
09 To Vehicle in Intersection
10 To Emergency Vehicles
12 Other

FOLLOWED TOO CLOSELY

13 Human Element
14 Traffic Condition
15 Weather Condition

UNSAFE SPEED

16 Driver's Ability (Age)
17 Inexperienced Driver - Young
18 Exceeding Legal Limit
19 For Traffic Conditions
20 For Type of Roadway (Gravel, Dirt, etc.)
21 For Ice or Snow on Roadway
22 Rain or Wet Roadway
23 Wind
24 Other Weather Conditions
25 Vehicle Condition
26 View Obstruction
27 On Curve/Turn
28 Impeding Traffic
29 Other

IMPROPER TURN

30 From Wrong Lane
31 From Direct Course
32 Right
33 Left
34 Turn About/U-Turn
35 To Enter Private Drive
36 In Front of Oncoming Traffic
37 Other

CHANGED LANES UNSAFELY STOPPED IN TRAFFIC LANE

38 CHANGED LANES UNSAFELY STOPPED IN TRAFFIC LANE
39 FAILED TO STOP

40 For Stop Sign
41 For Traffic Signal
42 For School Bus
43 For Railroad Gates/Signal
44 For Officer/Flagman
45 At Sidewalk/Stopline
46 Other

UNSAFE VEHICLE

47 Brakes
48 Steering

49 Tires
50 Suspension
51 Headlights
52 Tail Lights
53 Stop Lights
54 Wheel
55 Exhaust System
56 Windshield Wipers
57 Other Mechanical Defects

LEFT OF CENTER

58 In Meeting
59 No Passing Zone (Unmarked)
60 Marked Zone
61 Other

IMPROPER OVERTAKING

62 In Marked Zone
63 On Hill/Curve
64 At Intersection
65 Without Sufficient Clearance
66 Other

IMPROPER PARKING

67 On Roadway
68 Where Prohibited
69 Other

INATTENTION

70 Distracted by Passenger in Vehicle
71 Other Distraction Inside Vehicle
72 Distraction From Outside Vehicle
73 Other

WRONG WAY

74 On One Way
75 On Exit Ramp
76 On Entrance Ramp
77 Other

IMPROPER START FROM

78 Parked Position
79 Other

ALCOHOL-DUI/DWI

80 ALCOHOL-DUI/DWI

DRUG-DUI

81 DRUG-DUI

OTHER IMPROPER ACT/ MOVEMENT

82 Failed to Signal
83 Disregarded Warning Signal
84 Improper Use of Lane
85 Improper Backing
86 Apparently Sleepy
87 Failed to Secure Load
88 Other

UNKN./NO IMPROPER ACT

89 Deer in Roadway
90 Animal in Roadway
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


Point of First Contact on Vehicle

Unit 1 Unit 2

Most Damaged Area

Unit 1 Unit 2

13 Top
14 Undercarriage
15 Non-Collision
99 Unknown



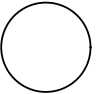
OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT PERSONS SUPPLEMENTAL

Case Number _____

(42) Unit		Pos in Veh.		Last Name			First			Middle Initial			Date of Birth (mm/dd/yyyy)				Sex			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														<input type="checkbox"/>			
Injured <input type="checkbox"/>		Passenger <input type="checkbox"/>																		
Witness <input type="checkbox"/>		Prop. Owner <input type="checkbox"/>																		
(43) Address											City		State		Zip		Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>																				
(44) Injury Severity / Type		OP Use		Air Bag Ejected		Extricated		Transported by		To Medical Facility				Property Type						
(45) Unit		Pos in Veh.		Last Name			First			Middle Initial			Date of Birth (mm/dd/yyyy)				Sex			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														<input type="checkbox"/>			
Injured <input type="checkbox"/>		Passenger <input type="checkbox"/>																		
Witness <input type="checkbox"/>		Prop. Owner <input type="checkbox"/>																		
(46) Address											City		State		Zip		Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>																				
(47) Injury Severity / Type		OP Use		Air Bag Ejected		Extricated		Transported by		To Medical Facility				Property Type						
(48) Unit		Pos in Veh.		Last Name			First			Middle Initial			Date of Birth (mm/dd/yyyy)				Sex			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														<input type="checkbox"/>			
Injured <input type="checkbox"/>		Passenger <input type="checkbox"/>																		
Witness <input type="checkbox"/>		Prop. Owner <input type="checkbox"/>																		
(49) Address											City		State		Zip		Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>																				
(50) Injury Severity / Type		OP Use		Air Bag Ejected		Extricated		Transported by		To Medical Facility				Property Type						
(51) Unit		Pos in Veh.		Last Name			First			Middle Initial			Date of Birth (mm/dd/yyyy)				Sex			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														<input type="checkbox"/>			
Injured <input type="checkbox"/>		Passenger <input type="checkbox"/>																		
Witness <input type="checkbox"/>		Prop. Owner <input type="checkbox"/>																		
(52) Address											City		State		Zip		Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>																				
(53) Injury Severity / Type		OP Use		Air Bag Ejected		Extricated		Transported by		To Medical Facility				Property Type						
(54) Unit		Pos in Veh.		Last Name			First			Middle Initial			Date of Birth (mm/dd/yyyy)				Sex			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														<input type="checkbox"/>			
Injured <input type="checkbox"/>		Passenger <input type="checkbox"/>																		
Witness <input type="checkbox"/>		Prop. Owner <input type="checkbox"/>																		
(55) Address											City		State		Zip		Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>																				
(56) Injury Severity / Type		OP Use		Air Bag Ejected		Extricated		Transported by		To Medical Facility				Property Type						
(57) Unit		Pos in Veh.		Last Name			First			Middle Initial			Date of Birth (mm/dd/yyyy)				Sex			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														<input type="checkbox"/>			
Injured <input type="checkbox"/>		Passenger <input type="checkbox"/>																		
Witness <input type="checkbox"/>		Prop. Owner <input type="checkbox"/>																		
(58) Address											City		State		Zip		Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>																				
(59) Injury Severity / Type		OP Use		Air Bag Ejected		Extricated		Transported by		To Medical Facility				Property Type						
(60) Unit		Pos in Veh.		Last Name			First			Middle Initial			Date of Birth (mm/dd/yyyy)				Sex			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														<input type="checkbox"/>			
Injured <input type="checkbox"/>		Passenger <input type="checkbox"/>																		
Witness <input type="checkbox"/>		Prop. Owner <input type="checkbox"/>																		
(61) Address											City		State		Zip		Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>																				
(62) Injury Severity / Type		OP Use		Air Bag Ejected		Extricated		Transported by		To Medical Facility				Property Type						
(63) Unit		Pos in Veh.		Last Name			First			Middle Initial			Date of Birth (mm/dd/yyyy)				Sex			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														<input type="checkbox"/>			
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														<input type="checkbox"/>			
Injured <input type="checkbox"/>		Passenger <input type="checkbox"/>																		
Witness <input type="checkbox"/>		Prop. Owner <input type="checkbox"/>																		
(67) Address											City		State		Zip		Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>																				
(68) Injury Severity / Type		OP Use		Air Bag Ejected		Extricated		Transported by		To Medical Facility				Property Type						

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT
DIAGRAM SUPPLEMENTAL

Case Number _____



Indicate North
by Arrow

A large grid area for drawing a diagram, consisting of a 30x40 grid of small squares.

