

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT  
PERSONS SUPPLEMENTAL

Case Number \_\_\_\_\_

(42)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
(43)	Address		City	State	Zip	Telephone (Use Area Code)			
(44)	Injury Severity / Type		OP Use	Air Bag Ejected	Extricated	Transported by	To Medical Facility		Property Type
(46)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
(46)	Address		City	State	Zip	Telephone (Use Area Code)			
(47)	Injury Severity / Type		OP Use	Air Bag Ejected	Extricated	Transported by	To Medical Facility		Property Type
(48)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
(49)	Address		City	State	Zip	Telephone (Use Area Code)			
(50)	Injury Severity / Type		OP Use	Air Bag Ejected	Extricated	Transported by	To Medical Facility		Property Type
(51)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
(52)	Address		City	State	Zip	Telephone (Use Area Code)			
(53)	Injury Severity / Type		OP Use	Air Bag Ejected	Extricated	Transported by	To Medical Facility		Property Type
(54)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
(55)	Address		City	State	Zip	Telephone (Use Area Code)			
(56)	Injury Severity / Type		OP Use	Air Bag Ejected	Extricated	Transported by	To Medical Facility		Property Type
(57)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
(58)	Address		City	State	Zip	Telephone (Use Area Code)			
(59)	Injury Severity / Type		OP Use	Air Bag Ejected	Extricated	Transported by	To Medical Facility		Property Type
(60)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
(61)	Address		City	State	Zip	Telephone (Use Area Code)			
(62)	Injury Severity / Type		OP Use	Air Bag Ejected	Extricated	Transported by	To Medical Facility		Property Type
(63)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
(64)	Address		City	State	Zip	Telephone (Use Area Code)			
(65)	Injury Severity / Type		OP Use	Air Bag Ejected	Extricated	Transported by	To Medical Facility		Property Type
(66)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
(67)	Address		City	State	Zip	Telephone (Use Area Code)			
(68)	Injury Severity / Type		OP Use	Air Bag Ejected	Extricated	Transported by	To Medical Facility		Property Type

