

DO NOT WRITE IN THIS SPACE

Incident Report

Investigation Completed	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Investigation Made at Scene	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Photographs	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Revised	<input type="checkbox"/>		<input type="checkbox"/>	
Fatality	<input type="checkbox"/>		<input type="checkbox"/>	
Hit and Run	<input type="checkbox"/>		<input type="checkbox"/>	

# 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  Mi.  Ft.  Control #  Int ID  Location  East Grid  North Grid  Administrative

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

(5) Unit  Occupants  Type  Hit & Run  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

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

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

(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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(20) Vehicle Removed by  Driver  Owner's Last Name  First  Middle Initial

(21) Owner's Address  City  State  Zip  Towed Veh. Type

(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)

<b>Unit Type</b> D Driver P Pedestrian X Pedestrian Conveyance B Bicyclist	<b>Injury Severity</b> 0 N/A 1 No Injury 2 Possible 3 Non-incapacitating	<b>Type of Injury</b> 0 N/A 1 Head 2 Trunk - External 3 Trunk - Internal 4 Arms 5 Legs 9 Unknown	<b>Driver/Pedestrian Condition</b> 00 Not Applicable 01 Apparently Normal 02 Drinking - Ability Impaired 03 Odor of Alcohol Beverage 04 Illegal Drugs 05 Under the Influence of Medications 06 Very Tired 07 Sleepy 08 Ill (Sick) 09 Dizzy/Faint 10 Emotional 11 Other 99 Unknown	<b>Occupant Protection (OP) In Use</b> 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	<b>10 Booster Seat</b> 11 Other 99 Unknown		
<b>Air Bag Deployed</b> 0 Not Applicable 1 Not Deployed 2 Deployed - Front 3 Deployed - Side 4 Deployed - Other (knee, air belt, etc.) 5 Deployed - Combination 9 Deployment Unknown	<b>Ejected</b> 0 Not Applicable 1 Not Ejected 2 Ejected, Partially 3 Ejected, Totally 9 Unknown	<b>Extricated</b> 0 N/A 1 No 2 Yes	<b>Chemical Test</b> 0 N/A 1 Blood 2 Breath 3 Blood/Breath 4 Test Refused 5 None Given 6 Other	<b>Extent of Damage</b> 0 N/A 1 None 2 Minor 3 Functional 4 Disabling 9 Unknown	<b>Insurance Verification</b> 0 N/A 1 No 2 Owner 3 Operator 4 Exempt	<b>Oversized Load</b> 0 N/A N Not Permitted P Permitted	<b>Towed Vehicle Type</b> 00 N/A 01 Boat Trailer 02 House Trailer 03 Farm Trailer 04 Horse Trailer 05 Another Vehicle 06 Utility Trailer 07 Homemade Trailer 08 Box Trailer 09 Stock Trailer 10 Camping Trailer 11 Combination 12 Other 99 Unknown

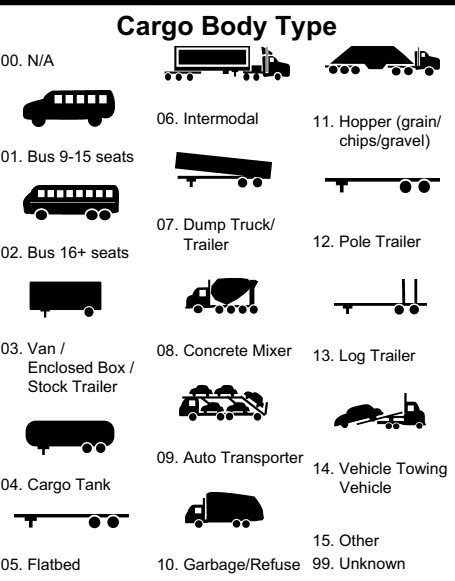
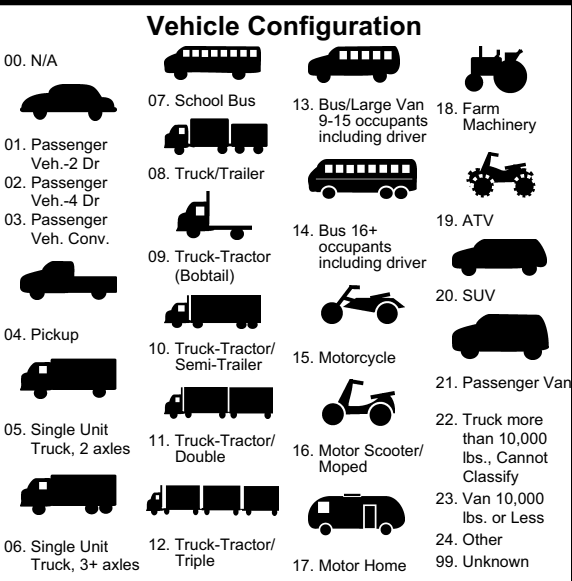
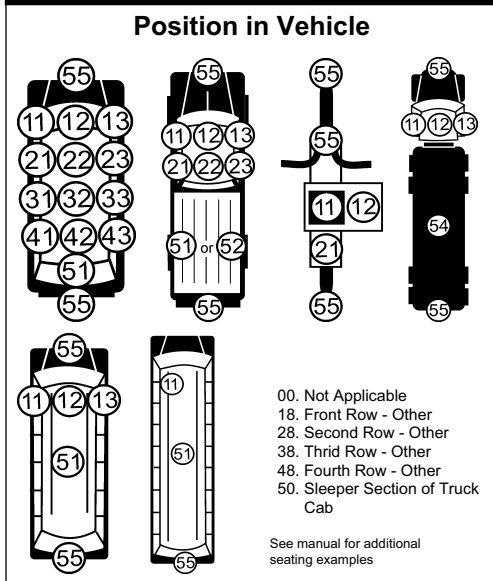
WARNING - STATE LAW

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
(25) Address								
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								
(28) Address								
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								
(31) Address								
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								
(34) Address								
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. <input type="checkbox"/> 26K+ lbs.		
Axle Qty. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Cargo Body <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Vehicle Use <input type="checkbox"/> Interstate Commerce <input type="checkbox"/> Intrastate Commerce <input type="checkbox"/> Other Non-Commercial <input type="checkbox"/> Government		
(38) U.S. DOT Number		NASI Report Number
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. <input type="checkbox"/> 26K+ lbs.		
Axle Qty. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Cargo Body <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Vehicle Use <input type="checkbox"/> Interstate Commerce <input type="checkbox"/> Intrastate Commerce <input type="checkbox"/> Other Non-Commercial <input type="checkbox"/> Government		
(41) U.S. DOT Number		NASI Report Number
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'						
This unit will correspond to 'Unit 2'						

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

Light	What Vehicle Was Going to Do	Unit 1	Unit 2	Override/Override	Unit 1	Unit 2
1 Daylight 2 Dark-Not Lighted 3 Dark-Lighted 4 Dawn 5 Dusk 6 Dark-Unknown Lighting 7 Other 9 Unknown	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			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		

Type of Work Zone	Location of the Work Zone Collision
1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 9 Unknown	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 <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	

Weather	What Vehicle Did	Unit 1	Unit 2	Traffic Control	Unit 1	Unit 2
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	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			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 Other 99 Unknown		

Trafficway	Unit 1	Unit 2	Unsafe / Unlawful Contributing Factors	Unit 1	Unit 2
0 Not Applicable 1 One Way 2 Two-Way - Not Divided 3 Two-Way - Divided 4 Two-Way - Divided - Positive Median Barrier 5 Turn Lane 6 Ramp / Loop 7 Driveway 8 Alley / Parking Lot 9 Unknown			<b>FAILED TO YIELD</b> 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 <b>FOLLOWED TOO CLOSELY</b> 13 Human Element 14 Traffic Condition 15 Weather Condition <b>UNSAFE SPEED</b> 16 Driver's Ability (Aged) 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 <b>IMPROPER TURN</b> 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 <b>CHANGED LANES UNSAFELY</b> 39 <b>STOPPED IN TRAFFIC LANE</b> <b>FAILED TO STOP</b> 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 <b>UNSAFE VEHICLE</b> 47 Brakes 48 Steering		

Locality	What Vehicle Did	Unit 1	Unit 2	Road Surface Conditions	Unit 1	Unit 2
1 Residential 2 Business 3 Industrial 4 School 5 Not Built-up 6 Mixed Use 7 Other 9 Unknown	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			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		

Vehicle Removal	Unit 1	Unit 2	Vehicle Condition	Unit 1	Unit 2	Special Function of Vehicle	Unit 1	Unit 2
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			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 15 Other 13 Wipers 99 Unknown 14 Power Train			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		

Type of Intersection	Visibility Obscured by	Unit 1	Unit 2	Road Character	Unit 1	Unit 2
0 Not an Intersection 2 Y-Intersection 3 T-Intersection 4 Four-Way Intersection 5 Five-Point or More 6 Intersection as Part of Interchange 7 Traffic Circle 8 Roundabout 9 Unknown	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			1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		

Incident Type	Location of First Harmful Event	Driver Distracted by	Unit 1	Unit 2	Road Surface Type	Unit 1	Unit 2	Point of First Contact on Vehicle	Unit 1	Unit 2	Most Damaged Area	Unit 1	Unit 2
00 Not an Incident 51 Private Property 52 Deliberate Intent 53 Medical Condition 54 Legal Intervention 55 Suicide 57 Drowning 58 Other	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	0 Not Applicable/None 1 Electronic Communication Devices 2 Other Electronic Device 3 Other Inside Vehicle 4 Other Outside Vehicle 9 Unknown			1 Concrete 2 Asphalt 3 Gravel 4 Dirt 5 Brick 6 Other 9 Unknown			00 Not Applicable 13 Top			14 Undercarriage 99 Unknown		

