



Official Oklahoma Traffic Collision Report Instruction Manual

January 1, 2007

A cooperative effort among the:

**Oklahoma Traffic Records Council
Oklahoma Highway Safety Office
Oklahoma Department of Public Safety
Oklahoma Department of Transportation
Oklahoma Law Enforcement Agencies
U. S. Federal Motor Carrier Administration**



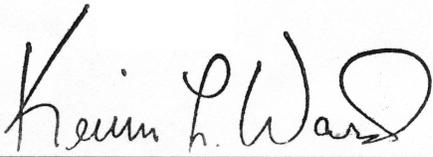
This publication printed by Central Printing is issued by the Oklahoma Department of Public Safety as authorized by the Commissioner of Public Safety. Ten thousand (10,000) copies have been prepared and distributed at a cost of \$25,000.

STATEMENT BY THE COMMISSIONER OF PUBLIC SAFETY

The law enforcement profession requires the highest degree of accuracy and efficiency in order to effectively function. Moreover, timely and accurate reporting is essential in our efforts to protect the public.

The Official Oklahoma Traffic Collision Report provides an important tool in documenting the facts surrounding a traffic collision. The information contained in the report is necessary as a reference in determining who, what, when, where, and how collisions occur. This information is critical in our efforts to reduce collisions in Oklahoma.

The Department of Public Safety is pleased to have participated in the development and implementation of the report and the accompanying manual. The report form was developed through the cooperative efforts of several federal, state and local agencies whose dedication to the public will ultimately result in a safer environment for all motorists.

A handwritten signature in black ink that reads "Kevin L. Ward". The signature is written in a cursive style with a large, looped "W" at the end.

KEVIN L. WARD
Commissioner

Collision Report Form

Y N Pg 1 of 1
 Y N
 Investigation Completed 2 Revised 6
 Investigation Made at Scene 3 Fatality 7
 Photographs 4 Hit and Run 8
 5

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

(1) Reporting Agency		Case Number (Agency Use)		Motor Vehicles Involved		Number Injured		Number Killed																	
9		10		11		12		13																	
(2) Date of Collision (mm/dd/yyyy)		Time		County Number and Name		Nearest City or Town Number and Name																			
14		15		16 17		In 18 Near 19 20																			
(3) Distance from Nearest City or Town Limits		Control #		Int ID		Location		East Grid		North Grid		Administrative													
21		22		23		24		25		26		27													
(4) Street, Road or Highway		Distance from		(Nearest) Intersecting Street, Road or Highway																					
33		34		35																					
(5) Unit		Occupants		Type		Last Name		First		Middle		Date of Birth (mm/dd/yyyy)		Sex											
39		40		41		42		43		44		45		46											
(6) Address		City		State		Zip		Telephone (Use Area Code)																	
50		51		52		53		54																	
(7) Driver License Number		State		Class		Endorsement(s)		Restriction(s)		Inj. Sev.		Type of Injury		Drv./Fed. Cond. OP Use											
55		56		57		58		59		60		61		62											
(8) Ejected		Extricated		Test		(% BAC)		Transported by		To Medical Facility		License Plate Number		State Month Year											
72		73		74		75		76		77		78		79											
(9) VIN		Vehicle Year		Color		2nd Color		Make		Model		Veh. Conf.		Extent of Damage											
83		84		85		86		87		88		89		90											
(10) Insurance Company Name		Policy Number		Insurance Telephone (Use Area Code)																					
91		92		93																					
(11) Vehicle Removed by		Owner's Last Name		First		Middle Initial																			
95		96		97		98																			
(12) Owner's Address		City		State		Zip		Towed Veh. Type		106		108													
100		101		102		103		104		105		107													
(13) Citation Number		Statute/Ordinance Number		Citation Number		Statute/Ordinance Number		113																	
110		111		112		113		114																	
(14) Unit		Occupants		Type		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./Fed. Cond. OP Use											
(17) Ejected		Extricated		Test		(% BAC)		Transported by		To Medical Facility		License Plate Number		State Month Year											
(18) VIN		Vehicle Year		Color		2nd Color		Make		Model		Veh. Conf.		Extent of Damage											
(19) Insurance Company Name		Policy Number		Insurance Telephone (Use Area Code)																					
(20) Vehicle Removed by		Owner's Last Name		First		Middle Initial																			
(21) Owner's Address		City		State		Zip		Towed Veh. Type		106		108													
								104		105		107													
(22) Citation Number		Statute/Ordinance Number		Citation Number		Statute/Ordinance Number		113																	
								114																	
(23) Investigating Officer		Badge Number		Troop/Div.		Reviewed by (Init.)		Reviewer Badge Number		Date of Report (mm/dd/yyyy)															
114		115		116		117		118		119															
Unit Type		Injury Severity		Type of Injury		Driver/Pedestrian Condition		Occupant Protection (OP) In Use																	
0 Driver 1 Pedestrian X Pedestrian Conveyance B Biocyclist		2 Other Cyclist C Parked Car A Animal T Train 3 Non-incapacitating		N/A 1 No Injury 2 Possible 3 Non-incapacitating		4 Incapacitating 5 Fatal 9 Unknown		0 N/A 1 Head 2 Trunk - External 3 Trunk - Internal 4 Arms 5 Legs 9 Unknown		00 Not Applicable 01 Apparently Normal 02 Drinking - Ability Impaired 03 Odor of Alcohol Beverage 04 Illegal Drugs		05 Under the Influence of 06 Dizzy/Faint 07 Medications 08 Emotional 09 Very Tired 10 Sleepy 11 Other 99 Unknown		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											
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		0 Not Applicable 1 Not Ejected 2 Ejected, Partially		3 Ejected, Totally 9 Unknown		0 N/A 1 No 2 Yes		0 N/A 1 Blood 2 Breath 3 Blood/Breath		0 N/A 1 None 2 Minor		3 Functional 4 Disabling 9 Unknown		0 N/A 1 No 2 Owner		0 N/A 1 Not Permitted P Permitted		00 N/A 01 Boat Trailer 02 House Trailer 03 Farm Trailer 04 Horse Trailer		05 Another Vehicle 06 Utility Trailer 07 Homestead Trailer 08 Box Trailer		09 Stock Trailer 10 Camping Trailer 11 Combination Trailer 12 Other 99 Unknown	

WARNING - STATE LAW Use of contents for commercial solicitation is unlawful
 DPS: 0192-01 REV 0107

(24) Unit 123		Pos in Veh. 125		Last Name 127		First 128		Middle Initial 129		Date of Birth (mm/dd/yyyy) 130		Sex 131	
Injured <input type="checkbox"/> Witness <input type="checkbox"/>		Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/>											
(25) Address 124		City 126		State 134		Zip 135		Telephone (Use Area Code) 136		Telephone (Use Area Code) 137		Telephone (Use Area Code) 138	
Same as Driver <input type="checkbox"/>													
(26) Injury Severity / Type 139		OP Use 140		Air Bag Ejected 141		Extricated 142		Transported by 143		To Medical Facility 144		Property Type 145	

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 152		Carrier Name 153		Address 154		City 155		State 156		Zip 157		GVWR <input type="checkbox"/> 0 - 10K lbs.		Axle Qty. 160		Cargo Body 161		Vehicle Use 162	
												10,001 - 26K lbs.							
												26K+ lbs.							
(38) U.S. DOT Number 163		NASI Report Number OK 164		Placard Number 165		Haz. Mat. Class 166		Haz. Mat. Involved 167		Haz. Mat. Release 168		Yes <input type="checkbox"/>		No <input type="checkbox"/>		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
												Other Non-Commercial <input type="checkbox"/>		Government <input type="checkbox"/>					

<p>Position in Vehicle</p> <p>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</p> <p>See manual for additional seating examples</p>	<p>Vehicle Configuration</p> <p>00. N/A</p> <p>01. Passenger Veh.-2 Dr</p> <p>02. Passenger Veh.-4 Dr</p> <p>03. Passenger Veh. Conv.</p> <p>04. Pickup</p> <p>05. Single Unit Truck, 2 axles</p> <p>06. Single Unit Truck, 3+ axles</p> <p>07. School Bus</p> <p>08. Truck/Trailer</p> <p>09. Truck-Tractor (Bobtail)</p> <p>10. Truck-Tractor/Semi-Trailer</p> <p>11. Truck-Tractor/Double</p> <p>12. Truck-Tractor/Triple</p> <p>13. Bus/Large Van 9-15 occupants including driver</p> <p>14. Bus 16+ occupants including driver</p> <p>15. Motorcycle</p> <p>16. Motor Scooter/Moped</p> <p>17. Motor Home</p> <p>18. Farm Machinery</p> <p>19. ATV</p> <p>20. SUV</p> <p>21. Passenger Van</p> <p>22. Truck more than 10,000 lbs., Cannot Classify</p> <p>23. Van 10,000 lbs. or Less</p> <p>24. Other</p> <p>99. Unknown</p>	<p>Cargo Body Type</p> <p>00. N/A</p> <p>01. Bus 9-15 seats</p> <p>02. Bus 16+ seats</p> <p>03. Van / Enclosed Box / Stock Trailer</p> <p>04. Cargo Tank</p> <p>05. Flatbed</p> <p>06. Intermodal</p> <p>07. Dump Truck/Trailer</p> <p>08. Concrete Mixer</p> <p>09. Auto Transporter</p> <p>10. Garbage/Refuse</p> <p>11. Hopper (grain/chips/gravel)</p> <p>12. Pole Trailer</p> <p>13. Log Trailer</p> <p>14. Vehicle Towing Vehicle</p> <p>15. Other</p> <p>99. Unknown</p>
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Unit	Total Lanes in Roadway	Legal Speed	Actions Prior to Collision	Location at Time of Collision	Safety Equip.	Unit Number of Vehicle Striking
171	172	173	174	175	176	177

Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section) **178** Yes No

Light **182**

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

What Vehicle Was Going to Do Unit 1 Unit 2

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

Override/Override Unit 1 Unit 2

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 **179**

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 **180**

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

181 Workers Present Yes No Unknown

Weather **183**

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

What Vehicle Did Unit 1 Unit 2

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

Traffic Control Unit 1 Unit 2

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

198

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

Unsafe / Unlawful Contributing Factors Unit 1 Unit 2

203

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 (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

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
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

POINT OF FIRST CONTACT ON VEHICLE Unit 1 Unit 2

204

Most Damaged Area Unit 1 Unit 2

205

00 Not Applicable
13 Top
14 Undercarriage
99 Unknown

Locality **184**

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

What Vehicle Did Unit 1 Unit 2

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

Road Surface Conditions Unit 1 Unit 2

194

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

199

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

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 Wrong Way
75 On Exit Ramp
76 On Entrance Ramp
77 Other

IMPROPER START FROM
78 Parked Position
79 Other

ALCOHOL-DUI/DWI
80 **DRUG-DUI**
81 **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/Unknown

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**

Type of Intersection **185**

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

Visibility Obscured by Unit 1 Unit 2

190

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

Road Character Unit 1 Unit 2

Grade Unit 1 Unit 2

195

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

Road Alignment Unit 1 Unit 2

196

1 Straight
2 Curve - Left
3 Curve - Right

Vehicle Condition Unit 1 Unit 2

200

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

Special Function of Vehicle Unit 1 Unit 2

201

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

Incident Type **186**

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

Visibility Obscured by Unit 1 Unit 2

190

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

Road Character Unit 1 Unit 2

Grade Unit 1 Unit 2

195

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

Road Alignment Unit 1 Unit 2

196

1 Straight
2 Curve - Left
3 Curve - Right

Special Function of Vehicle Unit 1 Unit 2

201

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

EMERGENCY VEHICLE RESPONDING TO AN EMERGENCY Unit 1 Unit 2

202

0 N/A
1 Yes
2 No
9 Unknown

Location of First Harmful Event **187**

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

Driver Distracted by Unit 1 Unit 2

191

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

Road Surface Type Unit 1 Unit 2

197

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

EMERGENCY VEHICLE RESPONDING TO AN EMERGENCY Unit 1 Unit 2

202

0 N/A
1 Yes
2 No
9 Unknown

POINT OF FIRST CONTACT ON VEHICLE Unit 1 Unit 2

204

Most Damaged Area Unit 1 Unit 2

205

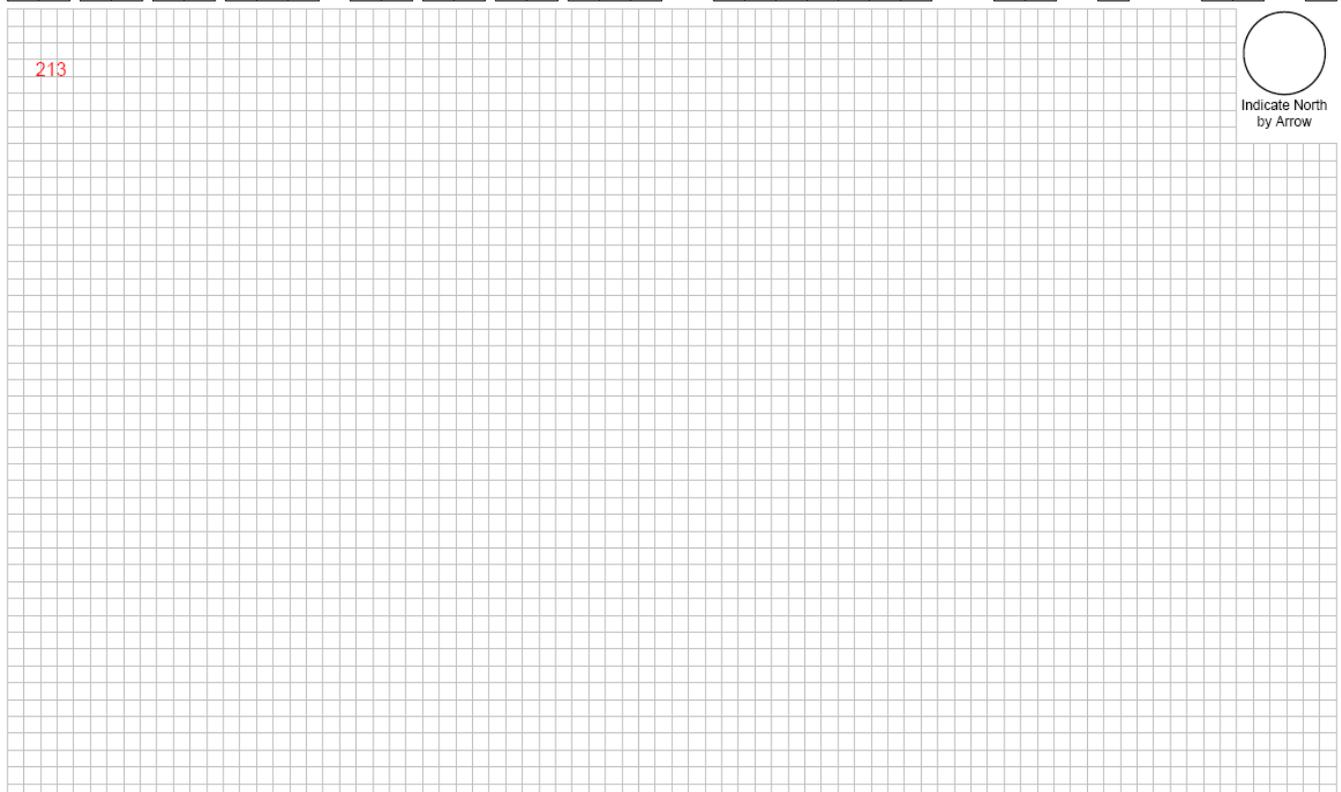
00 Not Applicable
13 Top
14 Undercarriage
99 Unknown



Case Number 206

Pg 207 of

Latitude N Longitude W Railroad Crossing Number Roadway Orientation Unit Number NE SW Unit Number NE SW



COLLISION EVENTS

Unit <input type="text" value="214"/>	First Event <input type="text" value="215"/>	Second Event <input type="text" value="216"/>	Third Event <input type="text" value="217"/>	Fourth Event <input type="text" value="218"/>	Most Harmful Event <input type="text" value="219"/>	First Harmful Event for the Entire Collision <input type="text" value="220"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- | | | | |
|--|---|---|--|
| <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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

221

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



Collision Report Supplementals

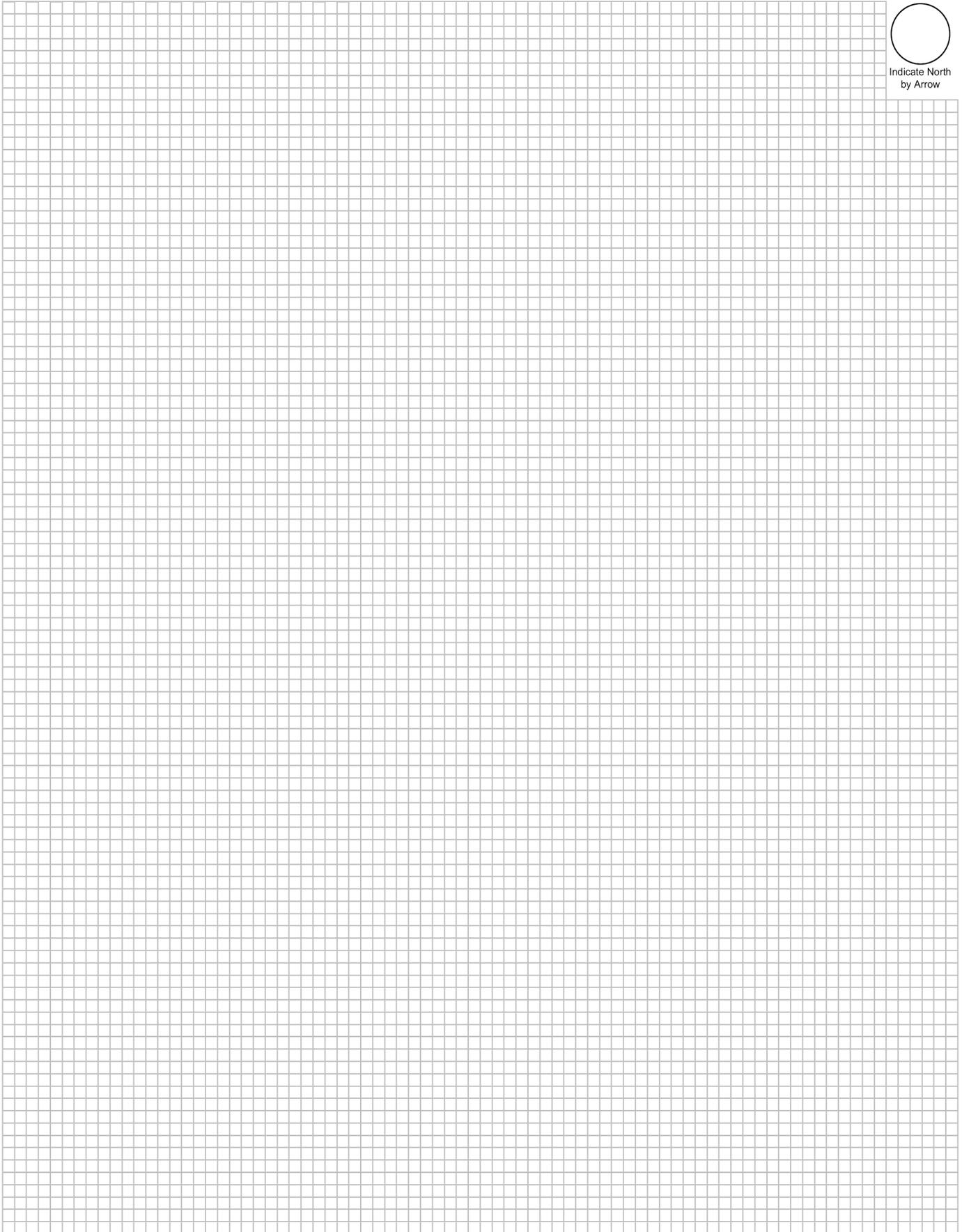
OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT
PERSONS SUPPLEMENTAL

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

Case Number _____



Indicate North
by Arrow



OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT INSTRUCTION MANUAL

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Importance of Data Collection

A motor vehicle collision report includes information that describes characteristics of the events, vehicles and persons (drivers, injured and uninjured occupants, injured pedestrians and bicyclists, etc.) involved in the collision. Law enforcement investigates the collision at the scene and documents the information on the collision report.

Data recorded on collision reports are computerized and merged into a central electronic collision data file at the Department of Public Safety, Records Management Division. In addition, the Department of Transportation, Traffic Engineering Division enhances location data.

These collision databases provide the basic information necessary for developing effective highway and traffic safety programs. It is the most reliable way to analyze and evaluate data to increase public awareness of highway safety issues. Data from Oklahoma's collision data systems are used to:

- Identify and prioritize highway and traffic safety problem areas
- Initiate and evaluate the effectiveness of laws and policies intended to reduce deaths, injuries, injury severity and costs
- Assess the relationship between vehicle and highway characteristics, collision propensity, and injury severity to support and evaluate countermeasures
- Draw public/media attention to a traffic safety issues and problems
- Provide justification for an existing traffic safety programs or illustrate a need for new programs
- Help provide grant funding
- Communicate the importance of data

National standards used in development of the new Oklahoma Official Traffic Collision Report (OOTCR) and Official Oklahoma Traffic Collision Report Instruction Manual (OOTCRIM) include: (1) Model Minimum Uniform Crash Criteria (MMUCC), (2) ANSI D16.1-1996 Manual on Classification of Motor Vehicle Traffic Accidents, 6th Edition and (3) ANSI D20-2003 Data Element Dictionary for Traffic Records Systems.

By using these standards, Oklahoma is taking part in the traffic records and traffic safety communities (nationally and locally) to create data that is understood through consistent definitions and meanings. Oklahoma's collision report data provide information for national collision information systems, either as the sampling frame or as a source of data. Data from these national systems are utilized in highway safety decision making by agencies at all levels of government and the private sector such as the automobile industry.

Collisions result in an economic cost of increased insurance rates, increased medical expenses, loss of property, loss of life and loss of personal income. They produce a drain on law enforcement in both time and money, and pose a personal risk to every driver, passenger and pedestrian in Oklahoma.

Your efforts in accurately collecting and reporting collision data will help immeasurably.

Collision Report Protocols

The new Collision Report Forms were designed to retrieve as much data as possible through scanning the form. The more data retrieved through scanning, the sooner data will be available for enforcement and analysis. An original form must be used to get the best results from scanning. These forms are available from DPS or may be printed from the following website: www.dps.state.ok.us. Adobe Acrobat version 7.0 or above is required.

The DPS records Management Division is not authorized to change an officer's report. Therefore, it is imperative that delayed fatality collisions are updated and resubmitted within two weeks of notification of the fatality. If a person expires within thirty (30) days of the collision as a result of injuries sustained in the collision, it shall be counted as a traffic fatality, and a revised report must be submitted.

Collision Report Forms – The pages are as follows:

1. Collision Report - DPS: 0192-01 REV 0107 (-01through -04) (4 pages total)
2. Persons Supplemental - DPS: 0192- SUPP01 REV 0107 (1 page)
3. Diagram Supplemental - DPS: 0192- SUPP02 REV 0107 (1 page)
4. Additional Narrative - DPS: 0192- SUPP03 REV 0107 (1 page)
5. Statement of Witness - DPS: 0192- SUPP04 REV 0107 (1 page)

This section of the Manual will provide general guidelines concerning the completion of the collision report forms. The guidelines cover procedures and recommendations that should be used when completing all forms and parts of the collision report.

Throughout the report, "0" or "00" indicate Not Applicable, and "9", "09" and "99" denote Unknown. All data blocks and data sections must have data entered unless otherwise specified.

Data Boxes shall be left blank if they are not applicable.



Data Box – an individual square designed for acknowledging an item by placing an "x" inside it. For example, one would place a cross mark "x" in the box to affirm that photographs are available. Data is read from the form through scanning.



Data Block – an individual block designed to receive one alphanumeric character of information. Data is read from the form through scanning.



Data Section – a group of data blocks. Data is read from the form through scanning.

1. Handwriting characters must stay within blocks.
2. Use of capital block letters is required
3. All boxes are left to right entry.
4. Leading zeroes in two digit Data Sections (00...09....99)
5. No dashes in any of the boxes



Unstructured Data Section – An open field with no data blocks. There are too many possible variations to be scannable. Neat capitol block letters are required.

Writing Tools – Typing or computer generated forms are preferred. Use a black ballpoint or roller-ball pen. The form must be completed in black ink. Pencils are not allowed, except in diagram.

Writing Example - The below text is an example of the optimal block handwriting for the form.



Justification – All entries are left justified except where specifically noted.

White-out or correction tape – The use of white-out is discouraged. If used, it is to be used sparingly and neatly. Do not obscure any data, Data Boxes or Data Blocks.

Official Oklahoma Traffic Collision Report

DPS: 0192-01 REV 0107

Page #1, Top Section

[DO NOT WRITE IN THIS SPACE]	Pg <u>1</u> of <u> </u>																			
OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT	<table border="1"><tr><td>Incident Report</td><td><input type="checkbox"/> Y <input type="checkbox"/> N</td><td></td></tr><tr><td>Investigation Completed</td><td><input type="checkbox"/> 2 <input type="checkbox"/></td><td>Revised</td><td><input type="checkbox"/> 6 <input type="checkbox"/></td></tr><tr><td>Investigation Made at Scene</td><td><input type="checkbox"/> 3 <input type="checkbox"/></td><td>Fatality</td><td><input type="checkbox"/> 7 <input type="checkbox"/></td></tr><tr><td>Photographs</td><td><input type="checkbox"/> 4 <input type="checkbox"/></td><td>Hit and Run</td><td><input type="checkbox"/> 8 <input type="checkbox"/></td></tr><tr><td></td><td><input type="checkbox"/> 5 <input type="checkbox"/></td><td></td><td></td></tr></table>	Incident Report	<input type="checkbox"/> Y <input type="checkbox"/> N		Investigation Completed	<input type="checkbox"/> 2 <input type="checkbox"/>	Revised	<input type="checkbox"/> 6 <input type="checkbox"/>	Investigation Made at Scene	<input type="checkbox"/> 3 <input type="checkbox"/>	Fatality	<input type="checkbox"/> 7 <input type="checkbox"/>	Photographs	<input type="checkbox"/> 4 <input type="checkbox"/>	Hit and Run	<input type="checkbox"/> 8 <input type="checkbox"/>		<input type="checkbox"/> 5 <input type="checkbox"/>		
Incident Report	<input type="checkbox"/> Y <input type="checkbox"/> N																			
Investigation Completed	<input type="checkbox"/> 2 <input type="checkbox"/>	Revised	<input type="checkbox"/> 6 <input type="checkbox"/>																	
Investigation Made at Scene	<input type="checkbox"/> 3 <input type="checkbox"/>	Fatality	<input type="checkbox"/> 7 <input type="checkbox"/>																	
Photographs	<input type="checkbox"/> 4 <input type="checkbox"/>	Hit and Run	<input type="checkbox"/> 8 <input type="checkbox"/>																	
	<input type="checkbox"/> 5 <input type="checkbox"/>																			

A. DO NOT WRITE IN THIS SPACE:

This space is reserved for use by the Department of Public Safety for assignment of the official identification number designating each individual report.

1) PG ___ OF ___:

Pg ___ of ___

- a) List each page in relation to the total number of pages of the complete report. Every collision report will be a minimum of four (4) pages. Each side of a single sheet counts as one page.

2) INCIDENT REPORT:

Incident Report	<input type="checkbox"/> Y <input type="checkbox"/> N
-----------------	---

- a) Place a cross mark (x) in the appropriate data box on the report form to make a written record and report of an incident involving a motor vehicle.
- i) Private property, suicide, legal intervention, TVI (Tactical Vehicle Intervention) or vehicle weaponry, burned vehicles (vehicles that catch fire after complete cessation of movement), machinery, deliberate intent, industrial, medical condition, and other investigations that are **NOT CHARGEABLE TRAFFIC COLLISIONS** shall require a report.
 - ii) An incident can be an injury or damage producing event resulting when a driver dies, loses consciousness or control of the vehicle because of a medical condition such as a stroke, heart attack, diabetic coma, epileptic seizure, etc. In such case the immediate effect of the disease, such as the driver's death, loss of consciousness or control is not itself considered to be an injury resulting from the collision.
 - iii) In the case of a medical condition, use Section 64– (INJURY SEVERITY) to indicate the condition of the driver, even though there is no injury from a collision (harmful event).
 - iv) Damage due to cataclysm (cyclone, earthquake, flood, hurricane, tidal wave, tornado, volcanic eruption, hail, or lightning) SHALL NOT be reported.
 - v) Incident information needs to correlate with INCIDENT TYPE on page three of the Collision Report.

3) INVESTIGATION COMPLETED:

Investigation Completed

- a) Place a cross mark (x) in the appropriate data box to indicate if the investigation is completed at the time the report is made.
- b) If "No" is marked, such as a Hit and Run collision, a complete revised report must be submitted if any additional information is obtained from the hit and run driver, vehicle, etc.

4) INVESTIGATION MADE AT SCENE:

Investigation Made at Scene

- a) Place a cross mark (x) in the appropriate data box to indicate whether the reporting officer responded to the site of the collision.

5) PHOTOGRAPHS:

Photographs

- a) Place a cross mark (x) in the appropriate data box to indicate if photographs were taken at the scene for investigative purposes. If ANY photographs were taken at the scene for the purpose of the investigation, identify in the remarks section, if known, the photographer, who has possession of the photographs, and where they are stored.

6) REVISED REPORT:

Revised

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

- a) When a follow-up or corrected report is submitted, place a cross mark (x) in the appropriate data box so the original report and the corresponding revised report can be correctly associated. A complete report must be submitted to the Department of Public Safety, Records Management Division. See line 23 (Section 119 - DATE OF REPORT (MM/DD/YYYY)) for correct date of revision.

7) FATALITY:

Fatality

- a) Place a cross mark (x) in the appropriate data box to indicate whether one or more persons were killed in the collision.
- b) If a person expires within thirty (30) days of the collision as a result of injuries sustained in the collision, it shall be counted as a traffic fatality, and a revised report must be submitted the Department of Public Safety, Records Management Division. If a person expires after thirty (30) days, no report revision is required.
- c) This section is for statistical purposes only and may not reflect actual cause of death if a person expires more than thirty (30) days after the collision.

8) HIT AND RUN:

Hit and Run	<input type="checkbox"/>	<input type="checkbox"/>
-------------	--------------------------	--------------------------

- a) Place a cross mark (x) in the appropriate data box to indicate whether the collision was a hit and run.
- b) A hit and run refers to cases where the vehicle or the driver of the vehicle in transport is a contact vehicle in the collision and departs the scene without stopping to render aid or report the collision.
- c) **A hit and run does not include a non-contact unit.**

Page #1, Line 1

(1) Reporting Agency	Case Number (Agency Use)	Motor Vehicles Involved	Number Injured	Number Killed
9	10	11	12	13

9) REPORTING AGENCY:

(1) Reporting Agency

- a) Enter the COMPLETE name of the agency submitting the report, i.e., Lawton Police Department; McClain County Sheriff's Office; Oklahoma Highway Patrol; University of Oklahoma Police Department. **ABBREVIATIONS OF CITY OR COUNTY NAMES ARE NOT ACCEPTABLE.**
- b) You may abbreviate the agency type, i.e. Police Department as P.D., Sheriff's Office as S.O., etc. Do not use OHP for Oklahoma Highway Patrol.

10) CASE NUMBER (AGENCY USE):

Case Number (Agency Use)

- a) Enter the case number beginning in the leftmost block. Fill out the case number as your agency requires.
- b) Every collision report will be a minimum of four (4) pages, and each page must contain the same case number. Each side of a single sheet counts as one page.
- c) If your agency uses hyphens, slashes, etc., these characters are acceptable in this Data Block.

11) MOTOR VEHICLES INVOLVED:

Motor Vehicles Involved	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------	--------------------------	--------------------------

- a) Enter the number of motor vehicle(s) that had actual physical contact with another unit or object. AIRCRAFT, WATERCRAFT, BICYCLES, TRAINS and PEDESTRIANS are not motor vehicles and shall not be counted as motor vehicles in this section. Include a leading zero for quantities 00 through 09.
- b) For the purpose of this data section only, implements of husbandry, machinery, army tanks, and special motorized devices (go-carts, snowmobiles, riding lawn mowers, three-wheelers, and four-wheelers) which by design may not be registered or licensed for road use are considered to be motor vehicles and shall be included in the total number of motor vehicles involved.

- c) The term motor vehicle as applied to a traffic unit refers to the complete traffic unit of which the motor vehicle is a part and includes any vehicle or trailer (including their loads) being pushed or towed by the motor vehicle. If any part of a traffic unit of this type is involved in a collision to the extent of inflicting/receiving injury or damage to/upon any person or property, the motor vehicle doing the hauling, pushing, or towing is considered as the traffic unit and should be shown as such. (ANSI D16 1-1996, sections 2.2.7 through 2.2.26)
- d) If a driverless, towed vehicle or a driverless, pushed vehicle is damaged, describe this vehicle in the "Remarks" section, i.e., color, year, make, model, VIN, license tag. Example: If a motor vehicle is towing another vehicle and the towed vehicle inflicts or receives injury or damage, the motor vehicle doing the towing would be considered as the actual unit in the collision. This applies even though the towed vehicle might have become detached prior to the actual impact if the towed vehicle is still moving under impetus from the motor vehicle doing the towing.
- e) If the towed or pushed vehicle is occupied by a driver who is controlling the vehicle, this unit would be listed as a separate vehicle in and of itself and would be shown in the appropriate Unit section of the Collision Report Form.
- f) A noncontact vehicle is any vehicle other than a contact vehicle. A noncontact vehicle can be directly or indirectly involved in a collision.
- g) Noncontact vehicles may or may not be recorded on collision reports but should not be counted when classifying collisions by number of vehicles involved. Information about a noncontact vehicle may be recorded for legal purposes, but such vehicles are not counted for statistical purposes.

12) NUMBER INJURED:

Number Injured	<input type="text"/>	<input type="text"/>
----------------	----------------------	----------------------

- a) DO NOT COUNT FATALITIES. Enter the total number of persons injured in the collision.
- b) The data section must NOT be blank. If there are no persons injured, enter "00". Include a leading zero for quantities 00 through 09.

13) NUMBER KILLED:

Number Killed	<input type="text"/>	<input type="text"/>
---------------	----------------------	----------------------

- a) Enter the total number of persons killed. (If a person expires within thirty (30) days of the collision as a result of injuries sustained in the collision, it is counted as a traffic fatality.) If person expires after thirty (30) days, no report revision is required.
- b) For purposes of THIS DATA SECTION ONLY, an unborn child that ceases to live as a result of a traffic collision is not to be included in the number injured or number killed. List this occurrence in "Remarks".
- c) The data section must NOT be blank. If there are no persons killed, enter "00". Include a leading zero for quantities 00 through 09.

<small>(2) Date of Collision (mm/dd/yyyy)</small>	<small>Time</small>	<small>County Number and Name</small>	<small>Nearest City or Town Number and Name</small>
14	15	16 17	In 18 Near 19 20

14) DATE:

<small>(2) Date of Collision (mm/dd/yyyy)</small>

- a) Enter the date the collision occurred in month, day, and year order. Do not include spaces, hyphens or any other separators. Example: 04082007. Do not leave this Data Block blank.
- b) If the exact date the collision occurred is unknown, enter the date that the collision was reported or discovered.

15) TIME:

<small>Time</small>

- a) Enter the hour of the day the collision occurred using 24-hour military time. Example: 0720, 1930. (See time scale below.) If the time is unknown, enter 9999. Do not leave this Data Block blank.

MILITARY TIME (Midnight to noon)	12 HOUR TIME (Midnight to noon)	MILITARY TIME (Noon to midnight)	12 HOUR TIME (Noon to midnight)
0000	MIDNIGHT	1200	NOON
0001	One minute after midnight	1201	One minute after noon
0015	Fifteen minutes past midnight	1215	Fifteen minutes past noon
0045	45 minutes past midnight	After noon, add the hour and minute to 1200	
0100	One o'clock in the morning	1300 (Add 100 to 1200)	1 p.m.
0130	One thirty in the morning	1345 (Add 145 to 1200)	1:45 p.m.
0200	2 a.m.	1400 (Add 200 to 1200)	2 p.m.
0300	3 a.m.	1500 (Add 300 to 1200)	3 p.m.
0400	4 a.m.	1600 (Add 400 to 1200)	4 p.m.
0500	5 a.m.	1700 (Add 500 to 1200)	5 p.m.
0600	6 a.m.	1800 (Add 600 to 1200)	6 p.m.
0700	7 a.m.	1900 (Add 700 to 1200)	7 p.m.
0800	8 a.m.	2000 (Add 800 to 1200)	8 p.m.
0900	9 a.m.	2100 (Add 900 to 1200)	9 p.m.
1000	10 a.m.	2200 (Add 1000 to 1200)	10 p.m.
1100	11 a.m.	2300 (Add 1100 to 1200)	11 p.m.

16) COUNTY NUMBER:

<small>County Number and Name</small>

- a) Enter the designated county number. (See listing of cities and counties on following pages.)

17) COUNTY NAME:

County Number and Name	
<input type="text"/>	<input type="text"/>

- a) Enter the COMPLETE name of the county in which the collision occurred or the county in which the first injury or damage producing event occurred. NO ABBREVIATIONS.

Page #1, Line 2

(2) Date of Collision (mm/dd/yyyy)	Time	County Number and Name	Nearest City or Town Number and Name
14	15	16 17	In 18 Near 19 20

18) IN / NEAR CITY:

Nearest City or Town Number and Name	
In <input type="checkbox"/>	<input type="text"/>
Near <input type="checkbox"/>	<input type="text"/>

- a) In: Place a cross mark (x) in this data box when the collision occurs within the city/town limits.
 b) Near: Place a cross mark (x) in this data box when the collision occurs outside the city/town limits.
 c) If the collision occurs on a boundary line, assign the collision to the area in which the first injury or damage producing event occurred.

19) CITY / TOWN NUMBER:

Nearest City or Town Number and Name	
In <input type="checkbox"/>	<input type="text"/>
Near <input type="checkbox"/>	<input type="text"/>

- a) Enter the city number only if the collision occurred within the city limits. (City number codes are listed in previous section alongside County Codes.) Enter "00" for the city number if the collision did not occur within city limits.

20) CITY / TOWN NAME:

Nearest City or Town Number and Name	
In <input type="checkbox"/>	<input type="text"/>
Near <input type="checkbox"/>	<input type="text"/>

- a) Enter the complete name of the city/town in or near the collision location. NO ABBREVIATIONS.

Page #1, Line 3

(3) Distance from Nearest City or Town Limits	Control #	Int ID	Location	East Grid	North Grid	Administrative
21 <input type="text"/> Mi <input type="text"/> Ft <input type="checkbox"/> 22 N <input type="checkbox"/> S <input type="checkbox"/> 23 <input type="text"/> Mi <input type="text"/> Ft <input type="checkbox"/> 24 E <input type="checkbox"/> W <input type="checkbox"/> 25 26 27 28 29 . 30 + 31 + 32						

City police are not required to complete Section 21 through 32 if the collision occurs within city limits.

21) DISTANCE FROM CITY / TOWN (ALSO 24):

(3) Distance from Nearest City or Town Limits

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mi.	<input type="text"/>	<input type="text"/>	N	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mi.	<input type="text"/>	<input type="text"/>	E	<input type="text"/>	W
				Ft.			S					Ft.					

a) Enter the distance from the city limits of the nearest city or town from which the collision location can most easily be established.

Example: A city or town five miles away on the same road upon which the collision occurred is a better reference than one three miles away using back roads and shortcuts.

b) The distance should be entered in miles and tenths of miles unless it is less than one-tenth (0.1) of a mile, in which case it should be noted in feet.

22) MILES / FEET (ALSO 25):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mi.	<input type="text"/>	<input type="text"/>	N	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mi.	<input type="text"/>	<input type="text"/>	E	<input type="text"/>	W
				Ft.			S					Ft.					

a) Miles: Place a cross mark (x) in this data box when the measurement is in miles.

i) When using mile measurement, the rightmost block is to be used for tenths of a mile. This block is bolded for your reference.

b) Feet: Place a cross mark (x) in this data box when the measurement is in feet.

i) When using feet measurement, all four blocks are to be used for feet with no fractions or decimal values.

Examples:

0024	Mi.	<input checked="" type="checkbox"/>	N	N	0010	Mi.	<input checked="" type="checkbox"/>	E	E	W
	Ft.	<input type="checkbox"/>	S			Ft.	<input type="checkbox"/>			

"2.4 Miles North and 1.0 Mile East"

0120	Mi.	<input type="checkbox"/>	S	N	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mi.	<input type="text"/>	<input type="text"/>	E	<input type="text"/>	W
	Ft.	<input checked="" type="checkbox"/>	S						Ft.					

"120 Feet South"

23) N-S (ALSO 26):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mi.	<input type="text"/>	<input type="text"/>	N	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mi.	<input type="text"/>	<input type="text"/>	E	<input type="text"/>	W
				Ft.			S					Ft.					

a) Place a letter (N or S) in the appropriate data block referencing direction from the nearest town.

24) DISTANCE FROM CITY / TOWN - SEE 21 ABOVE:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mi.	<input type="text"/>	<input type="text"/>	N	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mi.	<input type="text"/>	<input type="text"/>	E	<input type="text"/>	W
				Ft.			S					Ft.					

25) MILES / FEET - SEE 22 ABOVE:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mi.	<input type="text"/>	<input type="text"/>	N	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mi.	<input type="text"/>	<input type="text"/>	E	<input type="text"/>	W
				Ft.			S					Ft.					

26) E-W - SEE 23 ABOVE:

				Mi.			N					Mi.			E
				Ft.			S					Ft.			W

27) CONTROL NUMBER:

Control #

FOR STATE AND U.S. HIGHWAYS ONLY (Reference Point System)

- a) The reference point system calls for placement of physical markers along the rural, state, and federal highway system in accordance with the already established control system. (Does not include the interstate highway system). The reference point system gives the investigating officer some definite points from which to orient the collision.
- b) There are two types of markers:
 - i) Primary markers
 - ii) Intersection markers

PRIMARY MARKERS are signs which identify the county, the control section, and the log mile from the beginning of the control section.

PRIMARY MARKERS are placed at:

- i) Intersections where county roads intersect with State highways or U.S. highways - the back of stop signs (if no stop sign, a permanent fixture at that intersection).
- ii) Each approach to bridge structures.

PRIMARY MARKERS begin with "zero mile" point at the beginning of the control section and progress generally to the east or north.

PRIMARY MARKERS are structured with three tiers of numbers. These numbers are ordered in three rows.

- i) Top Row – County Number - Whole number matching the county list in Appendix A
- ii) Middle Row - Control Section Number
- iii) Bottom Row – Intersection/Mile post – denotes distance in miles within the control section.



- c) If the control number does not apply and the collision occurred outside of city limits, enter "00" in the Data Section.
- d) Municipal police officers are not required to list grid locations for collisions that occur within the city limits.

28) INT ID:

Int ID	



INTERSECTION IDENTIFICATION markers are used to identify the intersection of a state highway with another state or U.S. highway, two state highways, a state highway with a U.S. highway, or two U.S. highways. The markers are only found at those specific intersections.

- i) Intersection I.D. numbers are composed of the county number and the respective intersection number within each county as shown below. These markers are not usually on tall signs (like stop signs), but are on short signs in the ground.
- ii) The county number is the top number, and the Intersection number is the bottom number.

29) LOCATION:

Location			
		.	

- a) When reporting the collision location using a primary marker, the location number will be as shown on the marker if the collision occurs within a 250 foot radius of the primary marker.
- b) If the collision occurs more than 250 feet from the marker, the location number is determined by adding or subtracting to/from the log mile on the primary marker.

Example:

Log Mile	5.00
<u>Subtract Distance to Marker</u>	<u>(0.30)</u>
Location	4.70

30) COUNTY SECTION LINE GRIDS (East Grid):

31) COUNTY SECTION LINE GRIDS (North Grid):

East Grid			North Grid		
			+		

- a) East: Enter the grid number found on the grid map.
 - ▶ East grid lines are assigned odd numbers.
- b) North: Enter the grid number found on the grid map.
 - ▶ North grid lines are assigned even numbers.
- c) The grid number starts in the real or imaginary southwest corner of each map. Use the nearest tenth of a mile in recording the grid locations.

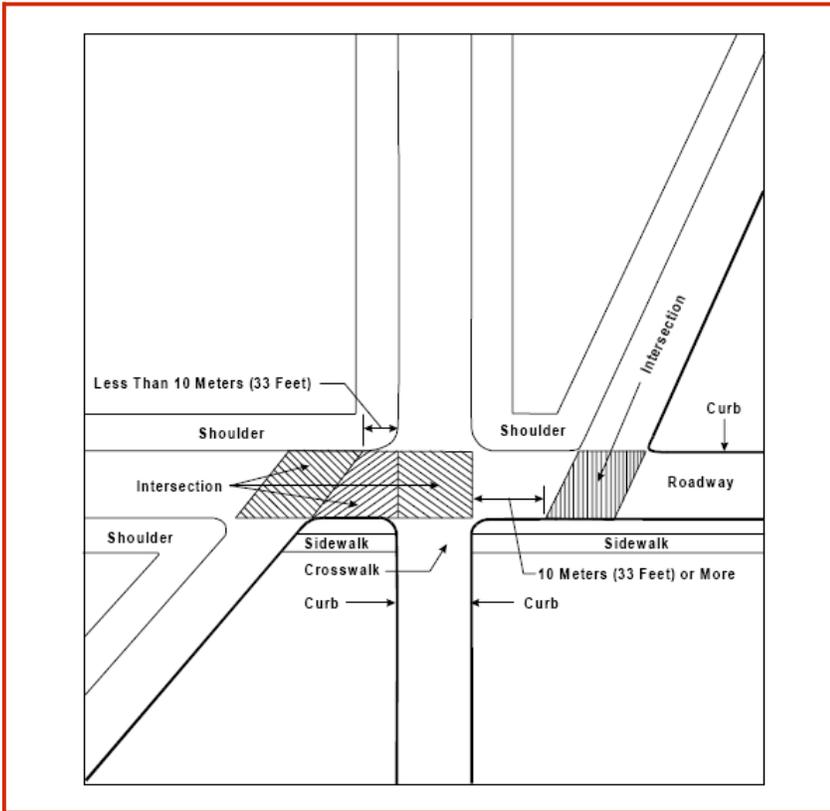
- vii) In the event the collision occurs on a named or numbered street and the roadway is also designated as a federal or state highway. If possible, indicate the name of the street in parenthesis after the highway number.

Example: SH-66 (Second street).

34) AT:



- Place a cross mark (x) in the data box when the collision occurs at an intersecting road.
- Enter the name of the intersecting road in Section 38 - (NEAREST) INTERSECTION STREET, RD OR HIGHWAY. For the purpose of the report, an intersection is defined as an area which (1) contains a crossing or connection of two or more roadways not classified as driveway access and (2) is embraced within the prolongation of the lateral curb lines or, if none, the lateral boundary lines of the roadways.
- Where the distance along multiple roadways between two areas meeting these criteria are less than 10 meters (33 feet), the two areas and the roadways connecting them are considered to be parts of a single intersection.



35) DISTANCE FROM INTERSECTING STREET, ROAD OR HIGHWAY:

Distance from			

- a) Enter the distance from the nearest street, road or highway.
 - i) The distance should be entered in miles and tenths of miles unless it is one-tenth (0.1) of a mile or less, in which case it should be noted in feet.
 - ii) When using feet measurement, all four blocks are to be used for feet with no fractions or decimal values.
- b) The numbering structure is three digits, a decimal and a tenths digit (XXX.X).

36) MILES / FEET:

Mi.	<input type="checkbox"/>
Ft.	<input type="checkbox"/>

- a) Miles: Place a cross mark (x) in this data box when the measurement is in miles.
- b) Feet: Place a cross mark (x) in this data box when the measurement is in feet.

37) N-S, E-W:

N	<input type="checkbox"/>	E	<input type="checkbox"/>
S	<input type="checkbox"/>	W	<input type="checkbox"/>

- a) Place a cross mark (x) in the appropriate data boxes to denote the direction (N, W, SW, etc.). No more than two data boxes should be checked. The direction references the designated direction from the nearest street, road or highway.

38) (NEAREST) INTERSECTION STREET, RD OR HIGHWAY:

(Nearest) Intersecting Street, Road or Highway	
of	

- a) If the collision WAS NOT in an intersection, enter the name of the nearest intersecting street or highway as it appears on an official map. Mile markers and identification numbers of bridges, overpasses, and underpasses on interstates and turnpikes are permissible.
 - i) For this section ONLY, do not use serialized utility pole numbers.

Page #1, Line 5

(5) Unit	Occupants	Type	Hlt & Run	CMV	Last Name	First	Middle	Date of Birth (mm/dd/yyyy)	Sex
39	40	41	42	43	44	45	46	47	48
									49

39) UNIT:

(5) Unit		
<table border="1"><tr><td></td><td></td></tr></table>		

Contact unit shall be labeled as Unit 1, Unit 2, etc. The number assigned to the unit has no meaning other than identification. Include a leading zero for units 00 through 09.

If the unit involved is a non-contact unit, but contributes to the collision (for example, a vehicle drops debris or a load on the road, or a careless driver who drives on) label the unit as Unit 0A, Unit 0B, etc. A non-contact unit does not necessarily denote fault in the collision.

a) Definitions of Contact and Non-Contact unit.

- ii) Contact unit: A contact unit is any which comes in contact with one or more road units, or property in a collision. A contact unit is directly involved in a collision.
- iii) Noncontact unit: A noncontact unit is any vehicle other than a contact unit. A noncontact unit is indirectly involved in a collision.

Examples:

- (1) A vehicle changes lanes into the path of another vehicle (without making contact) causing a collision. The vehicle changing lanes is a noncontact unit.
- (2) A school bus is stopped on the roadway picking up or discharging pupils and one of the pupils is struck without the school bus being struck. The school bus is a noncontact unit.
- (3) A pedestrian darts into the roadway causing a motor vehicle to stop suddenly without striking the pedestrian. A following vehicle swerves to avoid the stopped vehicle and collides with a fixed object. The first vehicle and the pedestrian are noncontact units.

40) OCCUPANTS:

Occupants		
<table border="1"><tr><td></td><td></td></tr></table>		

- a) Enter the number of persons in or on the unit, including the driver.
- b) If the unit is not a transport vehicle, enter "00". If the number of occupants is unknown, enter "99".
- c) Definitions of a Transport Vehicle (ANSI D16).

2.1.4 Transport vehicle: A transport vehicle consists of one or more devices or animals and their load. Such devices or animals must include at least one of the following:

- a. a transport device, or a unit made up of connected transport devices, while idle or in use for moving persons or property from one place to another,
- b. an animal or team of animals while in use for moving persons or property other than the animal or team itself from one place to another, or
- c. a movable device such as construction, farm, or industrial machinery outside the confines of a building and its premises while in use for moving persons, the device itself, or other property from one place to another.

If such a device or animal has a load, the load is part of that transport vehicle. Loads include:
— persons or property upon, or set in motion by, the device or animal

- persons boarding or alighting from the device or animal
- persons or property attached to and in position to move with the device or animal

If the load upon a transport device includes another transport device, the entire unit including the load is considered to be a single transport vehicle.

Exclusions:

1) Transport Devices

- Pickup truck while being used to power a saw
- Dump truck while spreading its load
- Tow truck while using its winch
- Jeep while pulling a device picking up golf balls
- Transit-mix concrete truck while discharging its load
- Dump truck while plowing snow
- And others

41) UNIT TYPE:

Type
<input type="text"/>

a) Enter the appropriate unit type into the data box.

Unit Type	
D Driver	Z Other Cyclist 0
P Pedestrian	C Parked Car 1
X Pedestrian Conveyance	A Animal 2
B Bicyclist	T Train 3

- D - Driver - A driver is an occupant who is in actual physical control of a transport vehicle or, for an out-of-control vehicle, an occupant who was in control until control was lost.
- P - Pedestrian - Any person afoot. For example of filled collision section with pedestrian, see Appendix H. In the case of a minor (17 years of age or younger), list the parent's or legal guardian's name and address in vehicle owner's section (Section 96-103). Enter a "0" in the leftmost block of Section 55 – DRIVER LICENSE NUMBER.
- X - Pedestrian Conveyance – Any powered or motorized vehicle on which one or more person may ride. Examples would be a Segway or other scooter. In the case of a minor (17 years of age or younger), list the parent's or legal guardian's name in vehicle owner's section (Section 96 – OWNER'S LAST NAME). Enter a "0" in the leftmost block of Section 55 – DRIVER LICENSE NUMBER.
- B - Bicyclist - A non-motorized road vehicle propelled by pedaling. A device propelled by human power upon which one person may ride, having two tandem wheels. In the case of a minor (17 years of age or younger), list the parent's or legal guardian's name in vehicle owner's section (Section 96 – OWNER'S LAST NAME). Enter a "0" in the leftmost block of Section 55 – DRIVER LICENSE NUMBER.
- Z - Other Cyclist – All other non bicycle, non-motorized road vehicle propelled by pedaling. A device propelled by human power upon which one or more person may ride, having one or three or more wheels. In the case of a minor (17 years of age or younger), list the parent's or legal guardian's name in vehicle owner's section (Section 96 – OWNER'S LAST NAME). Enter a "0" in the leftmost block of Section 55 – DRIVER LICENSE NUMBER.
- C - Parked Car - Park or parking means the standing of a vehicle, whether occupied or not, other than temporarily, for the purpose of and while actually engaged in loading or unloading property or passengers.

(1) A parked car may be stopped, parked, or standing legally or illegally on or off the roadway.

- (2) If the vehicle is improperly parked or abandoned in the roadway and this violation is the cause of or contributed to the collision, the name of the person responsible for parking or leaving the vehicle in that position should be entered in Sections 44-47 if known.

vii) A - Animal - A collision involving an animal. For example of a filled collision section with animal, see Appendix H.

- (1) Place an "A" in this data block when a motor unit and an animal are involved in a collision.
- (2) A report must be completed if there is five hundred dollars (\$500.00) or more in total property damage; OR personal injury resulting from a collision with an animal. This section applies to both domestic and wild animals.
- (3) List the domestic or wild animal in Section 44 – (LAST NAME) of the report. If there is more than one animal, list the number involved.
- (4) List the color and approximate weight of the animal in the driver address section (Section 50 - ADDRESS). When entering this information in this section, leave Sections 42-94 blank. Make proper entries in Sections 95 – 103 and skip Sections 104-113.
- (5) List the owner's name and address in Section 96 – (OWNER'S LAST NAME). If the owner is unknown, enter "Unknown". Enter "NONE" as the owner for wild animals.

viii) T - Train - A steam engine, diesel, electric or other motor, with or without cars coupled thereto, operated upon rails, except streetcars, and railway maintenance vehicles. For example of a filled collision section with a train, see Appendix H.

- (1) Place a "T" in this data block if the information listed is that of a train, high rail car or railway maintenance vehicle.

HIGH RAIL CAR – a vehicle equipped with tires and rail wheels which can be operated on roads or rails. When operated on rails it is considered the same as a train. Note in the remarks section that this is a high rail car or a railway maintenance vehicle.

- (2) List the engineer as the operator/driver.

DO NOT record the driver license information. Enter a zero "0" in the leftmost block of Section 55 – DRIVER LICENSE NUMBER. It is recommended not to ask for the driver license except to verify identity. Use the Railroad Company's address for the train crew address.

- (3) The letter designation of the operating railroad followed by a three or four digit number on the lead locomotive should be entered in the "VIN Number" block, beginning in the leftmost block of Section 83 –VEHICLE IDENTIFICATION NUMBER.

Example: BNSF9837, UP6736, KCS708

- (4) The train *consist* number should be listed in Section 79 – LICENSE PLATE NUMBER. You will need to ask the train crew or company representative for this number.

- (5) Enter "FRGT" for freight or "PASS" for passenger train in Section 87 - MAKE. Enter the total number of rail cars and non-lead locomotives in Section 88 - MODEL.

Example: 1-Lead locomotive, 3 Non-Lead locomotives and 40 rail cars. In the "Vehicle Model" block you would enter 43, beginning in the leftmost block.

- (6) The name and address of the owner of the tracks should be listed in the "Owner's Name" and "Street/RFD" blocks (Sections 96 – 103). This may be different than the owner of the train.

- (7) The **conductor** is in charge of the train while it is operating, therefore his/her name should be listed in the "Remarks" section.

(8) The following sections shall be completed along with all other sections on the back side of the collision report:

- | | | |
|----|--|-------------------------------|
| a. | Total Lanes in Roadway (Section 172): | Leave blank. |
| b. | Legal Speed (Section 173): | Enter legal speed, if known. |
| c. | Road Surface Conditions (Section 194): | Enter the appropriate number. |
| d. | Road Surface Type (Section 197): | Enter 6 for other. |
| e. | Trafficway (Section 198): | Enter "0" for Not Applicable. |

42) HIT & RUN:

Hit & Run	<input type="checkbox"/>
-----------	--------------------------

- a) Place a cross mark (x) in the data box if this unit is the hit and run vehicle.

43) COMMERCIAL MOTOR VEHICLE:

CMV	<input type="checkbox"/>
-----	--------------------------

- a) Place a cross mark (x) in the data box if this vehicle is a Commercial Motor Vehicle. A Commercial Motor Vehicle is defined as a vehicle 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. The definition of a Commercial Motor Vehicle is not dependent on the license plate displayed on the vehicle.

GVWR - Gross Vehicle Weight Rating - The GVWR is the rating issued by the vehicle manufacturer and is the combination of the vehicles actual weight and the maximum recommended cargo weight.

If the vehicle is a single unit, enter the manufacturer's **Gross Vehicle Weight Rating (GVWR)** in the appropriate blocks. The GVWR of a vehicle can be located on most single unit or powered vehicles on a manufacturer's plates or on the Nader sticker.

The vehicle registration certificate **IS NOT** an appropriate source of the GVWR. The weight recorded on the registration certificate is the legal registered combined weight of the vehicle.

GCWR – Gross Combination Weight Rating - The GCWR is the combination of GVWRs from two or more vehicles which include the tow vehicle and the vehicles being towed.

If the vehicle is towing a trailer then enter the Gross Combination Weight Rating (GCWR) in this set of blocks. This is the combination of the GVWR's of the towing and towed vehicles. In the absence of a GCWR specified by the shipper, GCWR should be determined by adding the GVWR of the power (towing) unit and the total weight of the towed unit(s) and any load thereon.

Generally, a single (straight) truck has a GVWR; any combination of trucks and trailers has a GCWR, the manufacturer's Gross Vehicle Weight Rating for the trailer or trailers combined.

- b) If the collision involves a CMV, data Sections 96 -103 and 105 will be left blank and Sections 152-157 must be completed.

44) LAST NAME:

Last Name	First	Middle
<input type="text"/>		

- a) Enter the Last name of the driver of the unit. Hyphenated names are allowed. **Use name as it appears on the driver license unless a driver license check the Department of Public Safety indicates it has been changed.**

45) FIRST NAME:

Last Name	First	Middle

a) Enter the First name of the driver of the unit. Hyphenated names are allowed.

46) MIDDLE:

Last Name	First	Middle

a) Enter the middle name of the driver of the unit. Leave blank if there is no middle name.

47) SUFFIX:

a) Enter the Suffix (Jr., Sr., III, etc.) of the driver of the unit. If applicable, place the suffix after the middle name. Leave blank if there is no Suffix.

48) DATE OF BIRTH: MM/DD/YYYY:

Date of Birth (mm/dd/yyyy)									

- a) The month, day and year of birth of the person involved in the collision. Enter a two digit Month (01-12), two digit Day (01-31) and a **four digit Year**.
- b) Enter "9" in the leftmost block for an unknown Date of Birth.

49) DRIVER'S SEX:

Sex

- a) Enter the sex of the person involved in the collision.
- b) Choices are (M - Male, F- Female, and 9 - Unknown).

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(6) Address	City	State	Zip	Telephone (Use Area Code)
50	51	52	53	54

50) ADDRESS:

(6) Address	City

a) Enter the correct and current address of the driver, if known. If unavailable, enter "unknown".

51) CITY:

(6) Address	City

a) Enter the city name where the driver lives. Abbreviations are not allowed.

52) STATE:

State		
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>		

a) Enter two digit abbreviations for the state where the driver lives. See Appendix B for two letter abbreviations for U.S. states, Canada and Mexico.

53) ZIP CODE:

Zip					
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20%;"></td> </tr> </table>					

a) Enter the five digit ZIP code for a U.S. address. Leave blank if the address is not in the U.S.

b) A list of Oklahoma ZIP codes is provided in Appendix J.

54) TELEPHONE NUMBER:

Telephone (Use Area Code)										
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>										

a) Enter the driver’s telephone number including the area code. In the U.S., the number should be ten (10) digits. If the driver does not have a telephone number or resides outside the United States, enter a “0” in the far left block, or a “9”, if unknown. Do not use dashes or spaces.

b) A list of Area code prefixes for Oklahoma cities is provided in Appendix K.

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(7) Driver License Number	State	Class	Endorsement(s)	Restriction(s)	Inj. Sev.	Type of Injury	Drv./Ped. Cond.	OP Use
55	56	57	58 59 60	61 62 63	64	65 66 67 68 69	70	71

55) DRIVER LICENSE NUMBER:

(7) Driver License Number													

- a) Enter the **Driver License or Set-up number alpha numeric identifier ONLY** in these boxes.
- b) **Do not use** Social Security Number (unless same as driver license number), state ID or any other number here.
- c) If the operator does not have a Driver License Number, a Set-up Number or it is not applicable, enter a "0" in the leftmost block. If unknown, enter "9" in the leftmost block. Do not use dashes or spaces.
- d) If "0" or "9" is entered in this Section, leave Sections 56-63 blank.

56) DRIVER LICENSE STATE:

State	

- a) Enter two digit abbreviations for the state issuing the Driver License. See Appendix B for two letter abbreviations for states, Canada and Mexico.
- b) Countries other than Canada and Mexico must be entered as "99" and explained in the remarks.

57) CLASS:

Class

- a) A unique class assigned by the authorizing agent issuing a driver license to the individual. The class indicates the types of vehicles the individual is authorized to drive. Enter "9" if class is unknown.

58) ENDORSEMENT(S):

59) ENDORSEMENT(S):

60) ENDORSEMENT(S):

Endorsement(s)		

- a) An endorsement is issued to drivers after successfully completing a specialized test that qualifies them to operate a specific type of commercial motor vehicle or ride a motorcycle.
- b) When there are more than three endorsements, enter the three most applicable. Leave blank if endorsement is not known or there are no endorsements.

- 61) RESTRICTION(S):
- 62) RESTRICTION(S):
- 63) RESTRICTION(S):

Restriction(s)		

- a) Restrictions are assigned to an individual’s driver license by the license examiner. Enter in the appropriate Data Block. Leave blank if restriction is not known or there are no restrictions. Enter the license restrictions as they appear on the license.
- b) When there are more than three restrictions, enter the three most applicable.

64) INJURY SEVERITY:

Inj. Sev.

- a) Enter the injury severity level for a person involved in collision.

Injury Severity	
0 N/A	4 Incapacitating
1 No Injury	5 Fatal
2 Possible	9 Unknown
3 Non - incapacitating	

- | | |
|------------------------------|--|
| 0. N/A | Not Applicable |
| 1. No Injury | No Injuries |
| 2. Possible Injury | Any injury reported or claimed which is not a fatal injury, incapacitating injury, or non-incapacitating evident injury. |
| 3. Non-incapacitating Injury | Evident Injury - Any injury, other than a fatal injury or an incapacitating injury, which is evident to observers at the scene of the accident in which the injury occurred. |
| 4. Incapacitating Injury | Any injury, other than a fatal injury, which prevents the injured person for walking, driving or normally continuing the activities the person was capable of performing before the injury occurred. |
| 5. Fatal Injury | Any injury that results in death within thirty (30) days of the collision. |
| 9. Unknown | |

71) OCCUPANT PROTECTION SYSTEM USE:

OP Use	

- a) This section references occupant protection types other than air bags in motor vehicles. Data collected for air bags is in Section 72 – AIR BAG.
- b) The restraint equipment in use by the occupant, or the helmet use by a motorcyclist at the time of the collision. Enter the appropriate option to describe the occupant protection system in use.
- c) For a pedestrian or pedalcyclist enter “00” in this section and complete Section 176 - PEDESTRIAN/PEDALCYCLIST SAFETY EQUIPMENT.

Occupant Protection (OP) In Use		
00 Not Applicable	05 Child Restraint Type Unknown	10 Booster Seat
01 None Used	06 Restraint Type Unknown	11 Other
02 Lap Belt Only	07 Helmet	99 Unknown
03 Shoulder Belt Only	08 Child Restraint - Forward Facing	
04 Shoulder and Lap Belt	09 Child Restraint - Rear Facing	

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(8)	Ejected	Extricated	Test	(% BAC)	Transported by	To Medical Facility	License Plate Number	State	Month	Year		
Air Bag	72	73	74	75	0	76	77	78	79	80	81	82

72) AIR BAG:

(8)
Air Bag

- a) Enter the deployment status of an air bag relative to the position in the motor vehicle for this occupant.

Air Bag Deployed	
0 Not Applicable	4 Deployed - Other (knee, air belt, etc.)
1 Not Deployed	
2 Deployed - Front	5 Deployed - Combination
3 Deployed - Side	9 Deployment Unknown

- b) Enter “0” if this section is not applicable or if the vehicle is not equipped with air bags.

73) EJECTED:

Ejected

- a) Driver completely or partially thrown from the interior of the motor vehicle as a result of a collision, excluding motorcycles. Partial ejection occurs when all movement stops and the driver is partially outside the vehicle.

Ejected	
0 Not Applicable	3 Ejected, Totally
1 Not Ejected	
2 Ejected, Partially	9 Unknown

- b) Enter “0” if the vehicle did not have a driver, or if the vehicle is a motorcycle or a pedestrian conveyance (Skateboard, Segway, etc.). Enter “1” if driver is not ejected. If driver is ejected, enter the appropriate option.

74) EXTRICATED:

Extricated

- a) Occupant who is physically pinned in the vehicle by damaged vehicle components as a result of a collision, and is freed or removed from the vehicle. Enter the appropriate option.

Extricated
0 N/A
1 No
2 Yes

- b) Extrication refers to the use of equipment or other force to remove an occupant from the vehicle, more than just lifting or carrying an occupant from wreckage.

75) CHEMICAL TEST:

Test

- a) Indicate whether a chemical test was administered and what type of test (if applicable) was given. Enter the appropriate option.

Chemical Test
0 N/A 4 Test Refused
1 Blood 5 None Given
2 Breath 6 Other
3 Blood/Breath

- b) Enter "0" when the unit is not a motor vehicle unless a chemical test was given. If a test was given, enter the appropriate number to indicate what type of test was given.

76) PERCENT BLOOD ALCOHOL CONCENTRATION (BAC):

(% BAC)
0.

- a) Enter the alcohol concentration when the results of the breath or blood test are known. **In the case of a blood test, when the results are available, the revised report must be submitted to the Department of Public Safety, Records Management within two weeks of receipt of the BAC results.**
- b) Leave the data block blank if a test was not performed.

77) TRANSPORTED BY:

Transported by _____ To Medical Facility

- a) Enter the type and identity of unit providing transportation to the medical facility receiving the injured person. If transported by private vehicle, enter "POV". If injured person refuses transportation to a medical facility, enter "REFUSED". **Abbreviations are allowed.**
- b) In the case of fatality, enter the transporting entity.
- c) Leave this section blank if there are no injuries.

78) TO MEDICAL FACILITY:

Transported by	To Medical Facility
<input type="text"/>	

- a) Enter the name of the medical facility to which the injured was transported. **Abbreviations are allowed.**
- b) In the case of fatality, enter the facility to which the deceased was transported.
- c) Leave this section blank if there are no injuries.

79) LICENSE PLATE NUMBER:

License Plate Number
<input type="text"/>

- a) Enter the alphanumeric identifier or other characters, exactly as displayed, on the registration plate or tag affixed to the motor vehicle. If no tag is present, enter "NONE". Enter the tag number currently displayed (Personalized plate, dealer tags (paper or metal), etc.).
- b) In case of a train, enter the train consist number.
- c) In case of a military vehicle, enter "MIL VEH" if no license plate is displayed.

80) STATE:

State
<input type="text"/>

- a) Enter the state issuing the license plate. See Appendix B for two letter abbreviations for U.S. states, Canada and Mexico.
- b) If the license plate is from an Indian Nation (Tribal), enter the state shown on the tribal license plate.
- c) Federal license plate tags use (US) as state abbreviation.
- d) License plates issued by countries other than Canada or Mexico, enter "99" and explain in the remarks.
- e) If no tag is present, enter "00".

81) MONTH:

Month
<input type="text"/>

- a) Enter the two-digit month (01, 06, ..., 12) of registration as indicated on the license plate displayed on the motor vehicle. If no tag is present, enter "00". If unknown, enter "99".
- b) On non-expiring license plates or license plates issued to a state, city, county or school district with no expiration decal, enter "12" (December) as the month of expiration.

82) YEAR:

Year			

- a) Enter the year of registration as indicated on the license plate displayed on the motor vehicle. If no tag is present, enter "00" in the leftmost blocks. If unknown, enter "99".
- b) Non-expiring license plates or license plates issued to a state, city, county or school district with no expiration decal, enter the current year as the year of expiration.

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(9) VIN	Vehicle Year	Color	2nd Color	Make	Model	Veh. Conf.	Extent of Damage
83	84	85	86	87	88	89	90

83) VEHICLE IDENTIFICATION NUMBER:

(9) VIN

- a) Enter the VIN assigned to that vehicle by the manufacturer. You should attempt to verify the VIN listed on the registration against the vehicle's VIN plate.
- b) Enter the VIN digits from left to right.
- c) If VIN is unknown, enter "9" in the leftmost block.
- d) If no identifying number is available (pedestrian, animal, pedalcyclist, etc.), enter "0" in the leftmost block.
- e) If unit is not a motor vehicle, you may list a unique identifying number if available.
 - i) The VIN plate on most automobiles, pick-up trucks, and vans is located on the front left corner of the dashboard, visible through the windshield. Additionally, a VIN plate may be present on the inside of the driver's door.
 - ii) The VIN plate on most tractor-trailers is located on a plate in the passenger compartment. This plate can readily be seen by opening the driver's door.
 - iii) The VIN plate on the majority of motorcycles is located on the fork or frame itself, not the number on the engine; most motorcycles have an engine serial number that is different from the VIN.
 - iv) The letter designation of the operating railroad followed by a three or four digit number on the lead locomotive should be entered beginning in the leftmost block of Section 83 – VEHICLE IDENTIFICATION NUMBER.

Example: BNSF9837, UP6736, KCS708

84) VEHICLE YEAR:

Vehicle Year			

- a) Enter the model year as assigned by the manufacturer. Use all four digits to denote the model year. If unknown, enter a “9” in the leftmost block, if not applicable, enter “0” in the leftmost block.

85) COLOR:

Color		

- a) Use the color codes in the table listed below. Each color has three characters for its code.
- b) When the vehicle is one color, enter the appropriate three-character code describing that color. Ex.: RED.
- c) For multicolored vehicles, enter MUL in this data block, and “0” in the leftmost block of Section 86 – SECOND COLOR.
- d) If the vehicle color is unknown, enter “9” in the leftmost block and “9” in the leftmost block of Section 86 – SECOND COLOR.
- e) If the vehicle color is not applicable, enter “0” in the leftmost block and “0” in the leftmost block of Section 86 – SECOND COLOR.

COLOR	CODE
Aluminum	SIL
Amethyst (Purple)	AME
Beige	BGE
Black	BLK
Blue	BLU
Blue, Dark	DBL
Blue, Light	LBL
Bronze	BRZ
Brown	BRO
Burgundy	MAR
Camouflage	CAM
Chrome	COM
Copper	CPR

COLOR	CODE
Cream	CRM
Gold	GLD
Gray	GRY
Green	GRN
Green, dark	DGR
Green, light	LGR
Ivory	CRM
Lavender	LAV
Maroon	MAR
Mauve (Purple)	MVE
Multicolored	MUL
Orange	ONG
Pink	PNK

COLOR	CODE
Purple	PLE
Red	RED
Silver	SIL
Stainless Steel	COM
Tan	TAN
Taupe (Brown)	TPE
Teal	TEA
Turquoise	TRQ
White	WHI
Yellow	YEL

86) SECOND COLOR:

2nd Color		

- a) Use the colors codes in the above listed table. Enter “0” in the leftmost block if there is no second color and “9” in the leftmost block if unknown.
- b) When describing a vehicle of two colors, the order of listing shall be from top to bottom or from front to rear. Example: WHI BLU RED WHI.

87) MAKE:

Make			

- a) Enter the make or trade name of the vehicle beginning in the leftmost block. Example: FORD, CHEV, GMC.
- b) If the vehicle make is not applicable, enter "0" in the leftmost block.
- c) If the vehicle make is unknown, enter "9" in the leftmost block.
- d) A list of vehicle makes is provided in Appendix C.

88) MODEL:

Model			

- a) Enter the first four characters of the model name, letters or numbers, starting from the leftmost block. Abbreviations may be used.
- b) If the vehicle model is not applicable, enter "0" in the leftmost block.
- c) If the vehicle model is unknown, enter "9" in the leftmost block.

89) VEHICLE CONFIGURATION:

Veh. Conf.	

a) Enter the appropriate vehicle configuration from the following table.

Vehicle Configuration			
00. N/A			
01. Passenger Veh.-2 Dr		13. Bus/Large Van 9-15 occupants including driver	18. Farm Machinery
02. Passenger Veh.-4 Dr	08. Truck/Trailer		
03. Passenger Veh. Conv.	09. Truck-Tractor (Bobtail)	14. Bus 16+ occupants including driver	19. ATV
			20. SUV
04. Pickup	10. Truck-Tractor/Semi-Trailer	15. Motorcycle	
			21. Passenger Van
05. Single Unit Truck, 2 axles	11. Truck-Tractor/Double	16. Motor Scooter/Moped	22. Truck more than 10,000 lbs., Cannot Classify
			23. Van 10,000 lbs. or Less
06. Single Unit Truck, 3+ axles	12. Truck-Tractor/Triple	17. Motor Home	24. Other
			99. Unknown

90) EXTENT OF DAMAGE:

Extent of Damage	
------------------	--

a) Enter the appropriate description for the damage to the vehicle from the collision. Below is a list of the choices and brief definitions.

Extent of Damage	
0 N/A	3 Functional
1 None	4 Disabling
2 Minor	9 Unknown

0	N/A	Not Applicable
1	None	No damage to vehicle
2	Minor	Limited cosmetic damage that does not render the vehicle immobile.
3	Functional	Road vehicle damage, other than disabling damage, which affects operation of the road vehicle or its parts.
4	Disabling	Damage which precludes departure of the vehicle from the collision if moved in its usual operating manner by daylight after simple repairs.
9	Unknown	Unknown

(10) Insurance Verification	91	Insurance Company Name	92	Policy Number	93	Insurance Telephone (Use Area Code)	94												
-----------------------------------	----	------------------------	----	---------------	----	-------------------------------------	----	--	--	--	--	--	--	--	--	--	--	--	--

91) INSURANCE VERIFICATION:

(10) Insurance Verification	<input type="text"/>
-----------------------------------	----------------------

a) Enter the appropriate description for insurance verification. Below is a list of the choices and brief definitions.

Insurance Verification	
0 N/A	3 Operator
1 No	4 Exempt
2 Owner	

- 0 N/A Not Applicable (animal, pedestrian, golf cart)
- 1 No If the operator or owner of the unit does not have satisfactory evidence of minimum liability insurance, enter "1" in the block.
- 2 Owner If the operator is the legal owner of the unit, enter "2" in the block.

 Title 47 § 7-602 A1. The owner of a motor vehicle registered in this state shall carry in such vehicle at all times, a current owner's security verification form listing the vehicle, or an equivalent form which has been issued by the Department and shall produce such form upon request for inspection by any law enforcement officer or representative of the Department of Public Safety, and in case of a collision, the form shall be shown upon request to any person affected by said collision.
- 3 Operator If the operator is not the legal owner of the unit, enter "3" in the block.
- 4 Exempt If the operator of the unit is exempt from producing security verification, enter "4" in the block.

 Title 47 §7-602.A.4. The following shall not be required to carry an owner's or operator's security verification form or an equivalent form from the Department during the operation of the vehicle and shall not be required to surrender such form for vehicle registration purposes.

 Title 47 § 7-602 A.4.a. Any vehicle owned or leased by the federal or state government, or any agency or political subdivision thereof.

 Title 47 § 7-602A.4.b. Any vehicle bearing the name, symbol, or logo of a business, corporation or utility on the exterior and which is in compliance with the provisions of Section 7-600 through 7-607 of this title according to records of the Department of Public Safety which reflect a deposit, bond, self-insurance, or fleet policy.

 Title 47 § 7-602.A.4.c. Fleet vehicles maintaining current vehicle liability insurance as required by the Corporation Commission or any other regulating entity.

 Title 47 § 7-602.A.4.d. Any licensed taxi cab.

 Title 47 § 7-602.A.4.e. Any vehicle owned by a licensed, used motor vehicle dealer.

b) If "0", "1" or "4" are entered in this section, leave Sections 92-94 blank.

92) INSURANCE COMPANY NAME:

Insurance Company Name	Policy Number

- a) Enter the business name of the insurance company insuring the vehicle as shown on the Security Verification Form.

93) POLICY NUMBER:

Insurance Company Name	Policy Number

- a) Enter the policy number as shown on the Security Verification Form. If unavailable, enter "NONE".
- b) If agency policy dictates, enter effective and expiration dates after the policy number in this Data Section.

94) INSURANCE TELEPHONE NUMBER:

Insurance Telephone (Use Area Code)
<input type="text"/>

- a) Enter the insurance provider's telephone number including the area code. If the number is unavailable, enter "0" in the leftmost block, or "9" if unknown. Do not use dashes or spaces.
- b) A list of Area code prefixes for Oklahoma cities is provided in Appendix K.

Page #1, Line 11

(11) Vehicle Removed by	Owner's Last Name	First	Middle Initial
<input type="checkbox"/> Driver 95	<input type="checkbox"/> Same as Driver 96	97	98
			99

95) VEHICLE REMOVED BY:

(11) Vehicle Removed by
<input type="checkbox"/> Driver

- a) Enter the name of the person or company that removed the vehicle. Enter "Left at Scene" if the driver or owner elects not to have the vehicle removed.
- b) If the driver assumes the responsibility of removal, place a cross mark (x) in the driver box.
- c) Leave blank if this section does not apply.

- 96) OWNER'S LAST NAME:
- 97) OWNER'S FIRST NAME:
- 98) OWNER'S MIDDLE INITIAL:
- 99) OWNER'S SUFFIX:

Owner's Last Name	First	Middle Initial
Same as Driver <input type="checkbox"/>		

- a) Ascertain the legal owner of the vehicle through the registration, title, bill of sale, or any other document that positively identifies the current legal owner.
- b) If the owner is also the driver of the vehicle, place a cross mark (x) in the "Same as Driver" box. If the box is marked, it is not necessary to enter any information in Sections 96-103.
- c) Enter the last name or company name of the owner of the unit. Hyphenated names are allowed
- d) Enter the Suffix (Jr., Sr., III, etc.) of the owner of the unit. If applicable, place the suffix after the middle initial. Leave blank if there is no Suffix or owner is a company.
- e) Enter the First name of the owner of the unit. Hyphenated names are allowed.
- f) Enter the middle initial of the owner of the unit. Leave blank if there is no middle initial.
- g) If ownership cannot be determined, enter "Unknown" in this section.
- h) In the case of a minor pedestrian or pedalcyclist (17 years of age or younger), list the parent's or legal guardian's name and address in Sections 96-103.
- i) If Commercial Motor Vehicle box (Section 43 -COMMERCIAL MOTOR VEHICLE) is checked, enter the complete name and address of the owner of the Commercial Vehicle. Keep in mind that the owner of the vehicle and the owner of the cargo may or may not be the same.
- j) Leave blank if this section does not apply.

Page #1, Line 12

(12) Owner's Address	City	State	Zip	Oversized Load	Towed Veh. Type	Rollover	Phone present
100	101	102	103	104	105	106	108
						Burned	Phone in use
						107	109

100) VEHICLE OWNER'S ADDRESS:

(12) Owner's Address	City

- a) Enter the correct and current address of the owner if known. If unavailable, enter "UNKNOWN".
- b) If Commercial Motor Vehicle box (Section 43 – COMMERCIAL MOTOR VEHICLE), is checked leave Sections 100-103 blank. This information is to be entered in Sections 154 - 157.

101) VEHICLE OWNER'S CITY:

(12) Owner's Address	City
<input type="text"/>	

- a) Enter the city name. Abbreviations are not allowed.

102) VEHICLE OWNER'S STATE:

State
<input type="text"/>

- a) Enter two-digit abbreviation for the state. See Appendix B for two letter abbreviations for U.S. states, Canada and Mexico.
- b) Foreign countries other than Canada or Mexico, enter "99" and explain in the remarks.

103) VEHICLE OWNER'S ZIP CODE:

Zip
<input type="text"/>

- a) Enter the five (5) digit ZIP code for a U.S. address. Leave blank if the address is not in the U.S.
- b) A list of Oklahoma ZIP codes is provided in Appendix J.

104) OVERSIZED LOAD:

Oversized Load	<input type="text"/>
----------------	----------------------

- a) Enter the appropriate option for Oversized Load. Choosing "N" or "P" indicates this was an oversized load or vehicle.

Oversized Load
0 N/A
N Not Permitted
P Permitted

- | | | |
|---|---------------|--|
| 0 | N/A | Not Applicable. |
| N | Not Permitted | Oversized load or vehicle that <u>does not</u> have a permit for an oversized load. Vehicle must be parked until proper permit is obtained by owner. |
| P | Permitted | Oversized load or vehicle that <u>does</u> have a permit for an oversized load. |

- b) Oversized loads are defined in Title 47, Chapter 14, Section 103.

105) TOWED VEHICLE TYPE:

Towed Veh. Type
<input type="text"/>

a) Enter the appropriate option for Towed Vehicle Type.

Towed Vehicle Type		
00 N/A	05 Another Vehicle	09 Stock Trailer
01 Boat Trailer	06 Utility Trailer	10 Camping Trailer
02 House Trailer	07 Homemade Trailer	11 Combination
03 Farm Trailer	08 Box Trailer	12 Other
04 Horse Trailer		99 Unknown

b) For non-commercial vehicles ONLY. Enter “00” if no trailer is in tow.

c) If Commercial Motor Vehicle box (Section 43 – COMMERCIAL MOTOR VEHICLE) is checked, enter “00”.

106) ROLLED:

Rolled <input type="checkbox"/>

a) Place a cross mark (x) in the data box if the vehicle overturned as part of the collision.

107) BURNED:

Burned <input type="checkbox"/>

a) Place a cross mark (x) in the data box if the vehicle burned as part of the collision.

b) If the data box is marked, explain in the remarks section of the report if the fire resulted from the collision or if it was the first event.

i) Example: (1) The gas tank on unit #2 exploded on impact and the unit was destroyed by the fire; (2) The rear tire of unit #1 caught fire while the vehicle was moving.

c) Any vehicle that catches on fire that is not in motion or not involved in a collision is to be filled out as an INCIDENT REPORT.

i) Example: Occupants had stopped on the shoulder to rest when an electrical fire under the driver side dashboard developed and caught the vehicle on fire.

108) PHONE PRESENT:

Phone present <input type="checkbox"/>
--

a) Place a cross mark (x) in the data box if a cellular phone was present in the vehicle.

109) PHONE IN USE:

Phone in use <input type="checkbox"/>

a) Place a cross mark (x) in the data box if a cellular phone was in use by the driver at the time of the collision. Requires completion of Section 191 – (DRIVER DISTRACTED BY) if this data box is marked.

(13) Citation Number	110	Statute/Ordinance Number	111	Citation Number	112	Statute/Ordinance Number	113
----------------------	-----	--------------------------	-----	-----------------	-----	--------------------------	-----

110) CITATION NUMBER:

(13) Citation Number																			
----------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

- a) Enter the citation number of the offense for which the driver was arrested or cited **only** if it directly contributed to or caused the collision. Include any prefixes or suffixes in addition to the number. Start entry in the leftmost data block.
- b) If no citation is issued, leave Sections 110-113 blank.

111) STATUTE/ORDINANCE NUMBER:

Statute/Ordinance Number	
--------------------------	--

- a) Enter the state statute/ordinance number of the offense for which the driver was arrested or cited if it directly contributed to or caused the collision. Include any prefixes or suffixes in addition to the number. Indicate the Title number (T21, etc.), if other than Title 47.

112) CITATION NUMBER:

Citation Number																			
-----------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

- a) Enter the citation number of the offense for which the driver was arrested or cited **only** if it directly contributed to or caused the collision. Include any prefixes or suffixes in addition to the number. Start entry in the leftmost data block.
- b) If no second citation is issued, leave Sections 112-113 blank.

113) STATUTE/ORDINANCE NUMBER:

Statute/Ordinance Number	
--------------------------	--

- a) Enter the state statute/ordinance number of the offense for which the driver was arrested or cited if it directly contributed to or caused the collision. Include any prefixes or suffixes in addition to the number. Indicate the Title number (T21, etc.), if other than Title 47.

(23) Investigating Officer	Badge Number	Troop/Div.	Reviewed by (Init.)	Reviewer Badge Number	Date of Report (mm/dd/yyyy)
114	115	116	117	118	119

114) INVESTIGATING OFFICER:

(23) Investigating Officer

- a) The investigating officer shall sign the report, placing his/her rank before the name.

115) BADGE NUMBER:

Badge Number				

- a) Enter the Badge or agency assigned number of the investigating officer. Enter the number beginning in the leftmost block.

116) TROOP/DIVISION:

Troop/Div.			

- a) Highway Patrol troopers must enter the following information in this Data Section:
 - i) The leftmost two blocks are to be used to denote the patrol troop of the officer completing the report.
 - ii) The following two blocks (rightmost) are to be used to denote the troop location in which the collision occurred. If the officer's troop and the troop location are the same, leave the two rightmost blocks blank.
- b) Other law enforcement agencies should use the space according to their individual department requirements or leave blank. Enter the letters starting in the leftmost block.

117) REVIEWED BY (INITIALS):

Reviewed by (Init.)

- a) Highway Patrol users: The personnel or supervisor authorized to review the report and accept it as complete and accurate must put his/her initials in this space.
- b) Other law enforcement agencies: Use this space according to their individual departmental requirements or leave blank.

118) REVIEWER BADGE NUMBER:

Reviewer Badge Number				

- a) Highway Patrol users: The personnel or supervisor authorized to review the report and accept it as complete and accurate must put his/her badge number in this space. Enter the number starting in the leftmost block.
- b) Other law enforcement agencies: Use this space according to their individual departmental requirements or leave blank.

119) DATE OF REPORT (MM/DD/YYYY):

Date of Report (mm/dd/yyyy)							

- a) Enter the date the report is completed. In case of an incomplete report, i.e., incomplete hit and run investigation use the date the report is submitted.
- b) Enter a two digit Month (01-12), two digit Day (01-31) and a four digit Year.
- c) In case of a revised report, enter the date the revised report was completed.

Page #2, Top Section

Case Number <u>120</u>	Pg <u>121</u> of <u> </u>
------------------------	------------------------------

120) CASE NUMBER:

Case Number _____

- a) Enter the case number exactly as it appears on Page 1, Section 10. Every collision report will be a minimum of four (4) pages, and must contain the same case number on each page. Each side of a single sheet counts as one page.

121) PG ___ OF ___:

Pg ___ of ___

- a) List each page in relation to the total number of pages of the complete report. Every collision report will be a minimum of four (4) pages. Each side of a single sheet counts as one page.

Page #2, Line 24

(24) Unit	123	125	Pos in Veh.	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)	Sex
<input checked="" type="checkbox"/> Injured <input type="checkbox"/> Witness	<input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner	<input type="checkbox"/>	<input checked="" type="checkbox"/>	128	129	130	132	133
	124	126						

122) UNIT:

(24) Unit		
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> </table>		

- a) If the passenger (Section 124 - PASSENGER) data box is marked, enter the appropriate unit number in the data block.
- b) If the witness (Section 125 - WITNESS) data box or property owner (Section 126 – PROPERTY OWNER) data box is marked, enter “00” in the data block.

123) INJURED:

Injured	<input type="checkbox"/>
---------	--------------------------

- a) Place a cross mark (x) in the data box if this is an injured passenger.

124) PASSENGER:

Passenger	<input type="checkbox"/>
-----------	--------------------------

- a) Place a cross mark (x) in the data box if the listed individual was a passenger. The passenger can also be Injured (Section 123 - INJURED).

125) WITNESS:

Witness	<input type="checkbox"/>
---------	--------------------------

- a) Place a cross mark (x) in the data box if the identified is a witness to the collision. A witness is a person not involved in the collision. If the data box is marked, fill out Sections 128-138. Sections 139-151 shall be left blank.

126) PROPERTY OWNER:

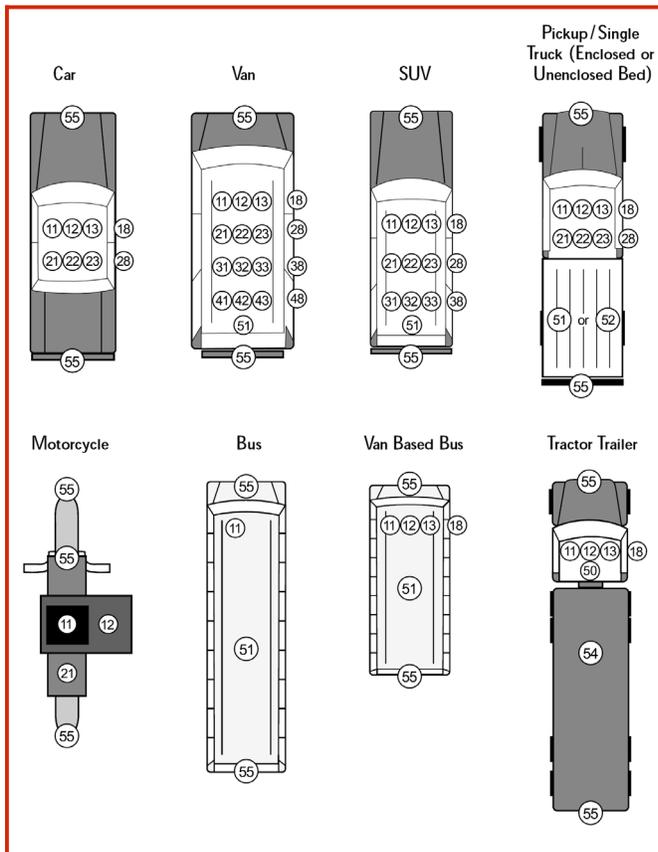
Prop. Owner	<input type="checkbox"/>
-------------	--------------------------

- a) Place a cross mark (x) in the data box if the identified is an owner of damaged property other than an involved unit. If the data box is marked, fill out Sections 128-131, 134-138, and 151. Sections 132-133 and 139-150 shall be left blank.

127) POSITION IN VEHICLE:

Pos in Veh.		
<table border="1"><tr><td></td><td></td></tr></table>		

- a) Enter the position in vehicle that best describes the location of the identified occupant.



- 00 Non-Motorist
- 11 Front Seat — Left Side (Usually Driver's Side)
- 12 Front Seat — Middle
- 13 Front Seat — Right Side
- 18 Front Seat — Other
- 19 Front Seat — Unknown
- 21 Second Seat — Left Side
- 22 Second Seat — Middle
- 23 Second Seat — Right Side
- 28 Second Seat — Other
- 29 Second Seat — Unknown
- 31 Third Seat — Left Side
- 32 Third Seat — Middle
- 33 Third Seat — Right Side
- 38 Third Seat — Other
- 39 Third Seat — Unknown
- 41 Fourth Seat — Left Side
- 42 Fourth Seat — Middle
- 43 Fourth Seat — Right Side
- 48 Fourth Seat — Other
- 49 Fourth Seat — Unknown
- 50 Sleeper Section of Cab (Truck)
- 51 Other Passenger in enclosed passenger or cargo area (includes passengers in 5th row of 15-seat, 5-row vans)
- 52 Other Passenger in unenclosed passenger or cargo area
- 53 Other Passenger in passenger or cargo area, unknown whether or not enclosed
- 54 Trailing Unit
- 55 Riding on Vehicle Exterior
- 99 Unknown

128) LAST NAME:

Last Name	First	Middle Initial

- a) Enter the last name of the passenger, witness or property owner. Hyphenated names are allowed. **Use name as it appears on the driver license or other form of legal identification.**

129) FIRST NAME:

Last Name	First	Middle Initial

- a) Enter the first name of the passenger, witness or property owner. Hyphenated names are allowed.

130) MIDDLE INITIAL:

Last Name	First	Middle Initial

- a) Enter the middle initial of the passenger, witness or property owner. Leave blank if there is no middle initial.

131) SUFFIX:

- a) Enter the suffix (Jr., Sr., III, etc.) of the passenger, witness or property owner. If applicable, place the suffix after the middle initial or leave blank if there is no suffix.

132) DATE OF BIRTH: MM/DD/YYYY:

Date of Birth (mm/dd/yyyy)									

- a) The month, day and year of birth of the passenger, witness or property owner. Enter in a two digit Month (01-12), two digit Day (01-31) and a **four digit Year**.
- b) Enter "9" in the first block for an unknown date of birth.

133) SEX:

Sex

- a) Enter the sex of the passenger, witness or property owner.
- b) Choices are M - Male, F- Female, and 9 - Unknown.

(25) Address	City	State	Zip	Telephone (Use Area Code)
Same as Driver <input type="checkbox"/> 134	135	136	137	138

134) ADDRESS:

(25) Address	City
Same as Driver <input type="checkbox"/>	

- a) Enter the current address of the identified passenger. If unavailable, enter "UNKNOWN".
- b) If passenger's address is the same as the driver of the vehicle, place a cross mark (x) in the "Same as Driver" box. If the box is marked, it is not necessary to enter any address information in this section.

135) CITY:

(25) Address	City
Same as Driver <input type="checkbox"/>	

- a) Enter the city name. Abbreviations are not allowed.

136) STATE:

State		
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>		

- a) Enter two-digit abbreviation for the state. See Appendix B for two letter abbreviations for U.S. states, Canada and Mexico.
- b) Foreign countries other than Canada or Mexico enter "99" and explain in the remarks.

137) ZIP CODE:

Zip					
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20%;"></td> </tr> </table>					

- a) Enter the five (5) digit ZIP code for a U.S. address. Leave blank if the address is not in the U.S.
- b) A list of Oklahoma ZIP codes is provided in Appendix J.

138) TELEPHONE NUMBER:

Telephone (Use Area Code)										
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>										

- a) List the passenger, witness or property owner's telephone number including the area code. In the U.S., the number should be 10 digits. If the driver does not have a telephone number or resides outside the United States, enter a "0" in the leftmost block, or a "9", if unknown. Do not use dashes or spaces.
- b) A list of Area code prefixes for Oklahoma cities is provided in Appendix K.

Page #2, Line 26

(26) Injury Severity / Type	OP Use	Air Bag Ejected	Extricated	Transported by	To Medical Facility	Property Type
139 140 141 142 143 144	145	146 147	148	149	150	151

139) INJURY SEVERITY:

(26) Injury Severity / Type

--

a) Enter the injury severity level for a passenger involved in a collision.

Injury Severity	
0 N/A	4 Incapacitating
1 No Injury	5 Fatal
2 Possible	9 Unknown
3 Non-incapacitating	

- 0 N/A Not Applicable
- 1 No Injury No Injuries
- 2 Possible Injury Any injury reported or claimed which is not a fatal injury, incapacitating injury, or non-incapacitating evident injury.
- 3 Non-incapacitating Injury Evident Injury - Any injury, other than a fatal injury or an incapacitating injury, which is evident to observers at the scene of the accident in which the injury occurred.
- 4 Incapacitating Injury Any injury, other than a fatal injury, which prevents the injured person for walking, driving or normally continuing the activities the person was capable of performing before the injury occurred.
- 5 Fatal Injury Any injury that results in death within thirty (30) days of the collision.
- 9 Unknown

- 140) TYPE OF INJURY:
- 141) TYPE OF INJURY:
- 142) TYPE OF INJURY:
- 143) TYPE OF INJURY:
- 144) TYPE OF INJURY:

(26) Injury Severity / Type

--	--	--	--	--

a) The area(s) of the person's body injured during the collision. Enter up to five (5) injuries, starting in the leftmost block.

Type of Injury	
0 N/A	3 Trunk - Internal
1 Head	4 Arms
2 Trunk - External	5 Legs
	9 Unknown

- 0 N/A Not Applicable / No Injury
- 1 Head Any injury, visible or not, to that part of the body above the shoulders. This includes the neck.
- 2 Trunk-External Any injury to the trunk that is a visible open wound. This would include

cuts, bruises and abrasions.

- 3 Trunk-Internal Any injury to that part of the body exclusive of the head, arms and legs that is not a visible external injury. This would include crushed chest, painful breathing, abnormal swelling, etc.
- 4 Arms Any injury to the arms.
- 5 Legs Any injury to the legs.
- 9 Unknown

b) If there are no injuries, enter "0" in the leftmost block and leave the remaining blank.

145) OCCUPANT PROTECTION SYSTEM USE:

OP Use	

a) This section references occupant protection types other than air bags. Data collected for air bags is in Section 146 – AIR BAG.

Occupant Protection (OP) In Use		
00 Not Applicable	05 Child Restraint Type Unknown	10 Booster Seat
01 None Used	06 Restraint Type Unknown	11 Other
02 Lap Belt Only	07 Helmet	99 Unknown
03 Shoulder Belt Only	08 Child Restraint - Forward Facing	
04 Shoulder and Lap Belt	09 Child Restraint - Rear Facing	

b) The restraint equipment in use by the occupant, or the helmet use by a motorcyclist at the time of the collision. Enter the appropriate option to describe the occupant protection system in use.

146) AIR BAG:

Air Bag

a) Enter the deployment status of an air bag relative to the position in the vehicle for this occupant.

Air Bag Deployed	
0 Not Applicable	4 Deployed - Other (knee, air belt, etc.)
1 Not Deployed	
2 Deployed - Front	5 Deployed - Combination
3 Deployed - Side	9 Deployment Unknown

b) Enter "0" if this section is not applicable or if the vehicle is not equipped with air bags.

147) EJECTED:

Ejected
<input type="text"/>

- a) Occupant completely or partially thrown from the interior of the motor vehicle as a result of a collision, excluding motorcycles. Partial ejection occurs when all movement stops and the occupant is partially outside the vehicle.

Ejected	
0 Not Applicable	3 Ejected, Totally
1 Not Ejected	9 Unknown
2 Ejected, Partially	

- b) Enter "0" if the vehicle did not have an occupant, or if the vehicle is a motorcycle or a pedestrian conveyance (Skateboard, Segway, etc.). Enter "1" if no occupant is ejected. If the occupant is ejected, enter the appropriate option.
- c) If the occupant is ejected from the cargo bed of a pickup, enter the appropriate option.

148) EXTRICATED:

Extricated
<input type="text"/>

- a) Occupant who is physically pinned in the vehicle by damaged vehicle components as a result of a collision, and is freed or removed from the vehicle. Enter the appropriate option.

Extricated	
0 N/A	
1 No	
2 Yes	

- b) Extrication refers to the use of equipment or other force to remove an occupant from the vehicle, more than just lifting or carrying an occupant from wreckage.

149) TRANSPORTED BY:

Transported by	To Medical Facility
<input type="text"/>	

- a) Enter the type and identity of unit providing transportation to the medical facility receiving the injured person. If transported by private vehicle, enter "POV". If injured person refuses transportation to a medical facility, enter "REFUSED". **Abbreviations are allowed.**
- b) In the case of fatality, enter the transporting entity.
- c) Leave this section blank if there are no injuries.

150) TO MEDICAL FACILITY:

Transported by	To Medical Facility

- a) The name of the medical facility to which the injured was transported. **Abbreviations are allowed.**
- b) In the case of fatality, enter the facility to which the deceased was transported.
- c) Leave this section blank if there are no injuries.

151) PROPERTY TYPE:

Property Type

- a) Enter the name of the property damaged (other than a unit), i.e., house, building, bridge or other fixed object.
- b) Leave this section blank if not applicable.

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(36) Unit	Carrier Name	Address
152	153	154

If Section 43 – (COMMERCIAL MOTOR VEHICLE) is marked, complete Sections 152 through 168. If no Commercial Motor Vehicle is involved, leave these sections blank.

152) UNIT:

(36) Unit

- a) Enter the unit number of the vehicle being described.

153) CARRIER NAME:

Carrier Name	Address

- a) A motor carrier is defined as “the business entity, individual, partnership, corporation, or religious organization responsible for the transportation of goods, property or people.” The identity of the carrier is often not the same as the owner of the truck. Carrier names are sometimes displayed on the side of the truck, but this information may or may not be correct. Officers should ask the driver the name of the carrier under whose authority the load is being transported.
 - i) **Example:** Driver John Smith owns the tractor that he is driving. Driver Smith has leased his truck to GoFast Trucking and is pulling a GoFast Trucking trailer, or one that he may have leased to GoFast Trucking as well, delivering goods for-hire. The tractor registration shows John Smith as the owner. The marking displayed on the side shows GoFast Trucking and their U.S. DOT Numbers.

A check of the logbook and load manifest indicates GoFast Trucking as the carrier. The Single State Registration shows GoFast Trucking. In such an instance, GoFast Trucking would be the carrier and should be shown as such on the crash report.

- b) Review the following “How to find the correct U.S. DOT number and Carrier Name” document.

HOW TO FIND THE CORRECT U.S. DOT # AND CARRIER NAME



SIDE OF THE VEHICLE

This is good in 90% of the cases for name and number. Look for a # preceded by the letters USDOT

...BUT...

DON'T STOP!

Keep on moving – the information on the side of the truck may not be the U.S. DOT #, name or address of the responsible motor carrier.

DRIVER INTERVIEW

1. Is the truck leased or rented?
2. Who is the motor carrier responsible for this load?
3. Who is directing & controlling the movement of this vehicle?
4. Where is the motor carrier's principle place of business?



LEASE AGREEMENT

Identifies the name of the lessee.



DRIVER'S LOG

Contains the name of the motor carrier, city, and state for the principal place of business.



BILLS OF LADING / SHIPPING PAPERS

Provide the name of the motor carrier responsible for the load.



Vehicle Registration

Generally good for identifying the owner or registrant.

CAREFUL – This may not be the responsible carrier.



YOU CAN MAKE A DIFFERENCE!

All roadside inspection and accident reports are uploaded to SAFETYNET which monitors motor carrier Out-of-Service and crash rates.

By properly identifying the motor carrier on this report YOU will provide the important data needed to identify high risk motor carriers!

IMPORTANT

The more items that “match” or agree, the better chance of properly identifying the motor carrier!!

HOW TO FIND THE CORRECT U.S. DOT # AND CARRIER NAME (Carrier Identification Reference Card)

This sheet has been designed as a quick reference to aid any Inspector or state officer in correctly identifying the motor carrier and/or U.S. DOT number for purposes of reporting accidents or inspections.

It was create so that when a commercial motor vehicle inspection report and/or accident report is filled out, the correct motor carrier will receive credit (good or bad) for the inspection and/or accident. The Federal Motor Carrier Safety Administration and States use the inspection and/or accident reports in determining safety fitness ratings of motor carriers and targeting unsafe motor carriers for in-depth investigations. To avoid improperly identifying the name and address of a motor carrier, you should rely on **more than a single document or item when identifying the motor carrier**. You should review as many of the following items as possible to determine the name and address of the motor carrier.

- **SIDE OF THE VEHICLE** – The correct name, address and US DOT# of the motor carrier may or may not be marked on the side of the vehicle. If the marking on the side of the vehicle matches the name on the other items, you've probably identified the correct motor carrier.
- **DRIVER INTERVIEW** – Ask questions such as:
 - Is the vehicle leased or rented?
 - Who is the motor carrier that is responsible for this load?
 - Who is directing and controlling the movement of this vehicle?
 - Where is the motor carrier's principal place of business? (generally the corporate headquarters)
- **LEASE AGREEMENT** – This document is excellent for identifying the name of the lessee.
- **DRIVER'S LOG** – When logs are required, they will contain the name of the motor carrier and the city and state where the motor carrier's principal place of business is located.
- **BILLS OF LADING/SHIPPING PAPERS** – Generally this document will provide you with the name of the motor carrier who is responsible for the load. The bills of lading/shipping papers are the written transportation contract between the shipper and the carrier. They identify the freight, who is to receive it, and the place of delivery and give the terms of the agreement.
- **VEHICLE REGISTRATION** – These documents are good for identifying the owner and/or registrant who may or may not be the responsible motor carrier. Even when the registration identifies the responsible motor carrier, it may or may not show the address of the motor carrier's principal place of business because carriers with terminals in multiple states generally register their vehicles in the state of domicile. Therefore, the address may be a terminal address.

YOU CAN MAKE A DIFFERENCE!

All roadside inspection and accident reports are uploaded to SAFETYNET which monitors motor carriers' Out-of-Service and Accident rates. By properly identifying the motor carrier on this report, YOU will provide the important data needed to assist in the identification of high risk motor carriers.

IF YOU HAVE QUESTIONS OR NEED FURTHER ASSISTANCE PLEASE CONTACT:



Federal Motor Carrier Safety
Administration
300 N Meridian – Suite 106-S
Oklahoma City, OK 73107
(405) 605-6047

Commercial Vehicle
Enforcement Division
Troop S
32 N.E. 23rd
Oklahoma City, OK 73105
(405) 521-6104



154) ADDRESS:

Carrier Name	Address

- a) Enter the current physical address of the carrier's headquarters.
- b) **Do not use a local or regional office. Do NOT use a P.O. Box.** If unavailable, enter unknown.
- c) A good source of obtaining carrier addresses is <http://www.safersys.org>.

Page #2, Line 37

(37) City	State	Zip	158	159	Axle Qty.	Cargo Body	Vehicle Use	162	
155	156	157	GVWR <input type="checkbox"/> GCWR <input type="checkbox"/>	0 - 10K lbs. <input type="checkbox"/> 10,001 - 26K lbs. <input type="checkbox"/> 26K+ lbs. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	160	161	Interstate Commerce <input type="checkbox"/> Intrastate Commerce <input type="checkbox"/> Other Non-Commercial <input type="checkbox"/> Government <input type="checkbox"/>

155) CITY:

(37) City

- a) Enter the city name. Abbreviations are not allowed.

156) STATE:

State
<input type="text"/> <input type="text"/>

- a) Enter two-digit abbreviation for the state. See Appendix B for two letter abbreviations for U.S. states, Canada and Mexico.
- b) Foreign countries other than Canada or Mexico enter "99" and explain in the remarks.

157) ZIP:

Zip
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

- a) Enter the 5 digit ZIP code for a U.S. address. Leave blank if the address is not in the U.S.
- b) A list of Oklahoma ZIP codes is provided in Appendix J.

158) GVWR/GCWR:

GVWR	<input type="checkbox"/>
GCWR	<input type="checkbox"/>

- a) Place a cross mark (x) in the appropriate data boxes to define if this is a commercial vehicle.

GVWR - Gross Vehicle Weight Rating - The GVWR is the rating issued by the vehicle manufacturer and is the combination of the vehicles actual weight and the maximum recommended cargo weight.

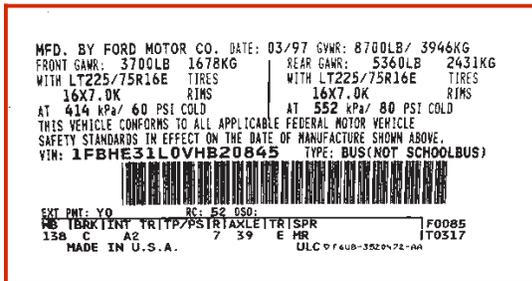
If the vehicle is a single unit, enter the manufacturer's **Gross Vehicle Weight Rating (GVWR)** in the appropriate blocks. The GVWR of a vehicle can be located on most single unit or powered vehicles on a manufacturer's plates or on the Nader sticker.

The vehicle registration certificate **IS NOT** an appropriate source of the GVWR. The weight recorded on the registration certificate is the legal registered combined weight of the vehicle.

GCWR – Gross Combination Weight Rating - The GCWR is the combination of GVWRs from two or more vehicles which include the tow vehicle and the vehicles being towed.

If the vehicle is towing a trailer then enter the Gross Combination Weight Rating (GCWR) in this set of blocks. This is the combination of the GVWR's of the towing and towed vehicles. In the absence of a GCWR specified by the shipper, GCWR should be determined by adding the GVWR of the power (towing) unit and the total weight of the towed unit(s) and any load thereon.

Generally, a single (straight) truck has a GVWR; any combination of trucks and trailers has a GCWR, the manufacturer's Gross Vehicle Weight Rating for the trailer or trailers combined.



159) WEIGHT:

0 - 10K lbs.	<input type="checkbox"/>
10,001 - 26K lbs.	<input type="checkbox"/>
26K+ lbs.	<input type="checkbox"/>

- a) Place a cross mark (x) in the appropriate data box based on the total weight of the vehicles (GVWR or GCWR). Mark only one box.
- b) Single axle utility trailers are normally rated for 3,250 pounds and above. In the event that the single axle unit is a home made or shop made trailer without markings, the investigator shall use the 3,250 GVWR.
- c) Double axle utility trailers are normally rated for 7,500 pounds and above. In the event that the double axle unit is a home made or shop made trailer without markings, the investigator shall use the 7,500 GVWR.

160) AXLE QUANTITY:

Axle Qty.	

a) Enter the number of load-bearing axles on the vehicle, including axles not in contact with the ground.

161) CARGO BODY:

Cargo Body	

a) Enter the appropriate number to describe the cargo body. Use the provided diagram.

Cargo Body Type

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 99. Unknown
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162) VEHICLE USE:

Vehicle Use	
Interstate Commerce	<input type="checkbox"/>
Intrastate Commerce	<input type="checkbox"/>
Other Non-Commercial	<input type="checkbox"/>
Government	<input type="checkbox"/>

a) Place a cross mark (x) in the appropriate data box that best describes the vehicle's use at the time of the collision.

b) Extended definitions of a Vehicle Use elements are in Appendix D.

(38) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release
163	OK 164	165	166	167 Yes <input type="checkbox"/> No <input type="checkbox"/>	168 Yes <input type="checkbox"/> No <input type="checkbox"/>

163) U.S. DOT NUMBER:

(38) U.S. DOT Number										
<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:12.5%;"></td> </tr> </table>										

- a) The U.S. DOT Number is assigned by the United States Department of Transportation and is required to be displayed on vehicles operated by intrastate and interstate carriers.
- b) If vehicle does not have a U.S. DOT Number enter "0" in leftmost block.

164) NASI REPORT NUMBER:

NASI Report Number										
<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:12.5%;">OK</td> <td style="width:12.5%;"></td> </tr> </table>	OK									
OK										

- a) The vehicle inspection number is provided by a certified NASI (North American Standard Inspection) inspector after a **post-collision inspection**. The NASI report number is assigned to a Level I, II, III or V report.
- b) This section should be left blank unless a NASI inspection is completed.

165) PLACARD NUMBER:

Placard Number				
<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> </table>				

- a) If the vehicle is transporting Hazardous Material(s), place the four-digit Hazardous material Identification Number in the block provided, starting in the leftmost block. The ID Number is the four digit number assigned by the U.S. DOT to identify chemicals and groups of chemicals for transportation. The ID number should be displayed on or near (on an orange panel) the Hazardous Material placard on bulk containers.
- b) Freight containers, box trailers, etc. that have bulk containers inside will not have the ID number on the bulk container itself. The ID Number should also be on the shipping papers.
- c) If multiple placarded amounts of a hazardous material are transported on a single vehicle, FMCSA recommends that the placard number of the largest quantity be recorded on the collision report.
- d) However, if there is a release of hazardous materials, the placard number of that material should be recorded.
- e) If there is no placard associated with the load, then leave this section blank.

166) HAZARDOUS MATERIAL CLASS:

Haz. Mat. Class	



a) If the vehicle is transporting hazardous material(s), enter the Hazardous Material Classification number, listed below. The Hazmat Class number can be located on the bottom of the Hazardous Material Placard and on the shipping papers.

- 01 Explosives
- 02 Gases
- 03 Flammable liquids (includes combustible liquids)
- 04 Flammable solids; spontaneously combustible materials and dangerous when wet materials
- 05 Oxidizers and organic peroxides
- 06 Toxic materials and infectious substances
- 07 Radioactive materials
- 08 Corrosive materials
- 09 Miscellaneous dangerous goods
- 99 Unknown

b) Enter the lowest Hazmat Class number listed. List additional Hazmat Classes in the remarks section.

c) If this section does not apply, leave blank.

Hazardous Materials Warning Placards

Actual placard size: 273 mm (10.8 inches) on all sides

<p>CLASS 1 Explosives</p> <p>§172.522, §172.523, §172.524, §172.525</p> <p>*Enter Division Number 1.1, 1.2, or 1.3, and compatibility group letter, when required; placard any quantity. For Divisions 1.4, 1.5, and 1.6, enter compatibility group letter, when required; placard 454 kg (1,001 lbs) or more.</p>	<p>CLASS 2 Gases</p> <p>§172.528, §172.530, §172.532, §172.540</p> <p>For NON-FLAMMABLE GAS, OXYGEN (compressed gas or refrigerated liquid), and FLAMMABLE GAS, placard 454 kg (1,001 lbs) or more gross weight. For POISON GAS (Division 2.3), placard any quantity.</p>	<p>CLASS 3 Flammable Liquid and Combustible Liquid</p> <p>§172.542, §172.544</p> <p>For FLAMMABLE, placard 454 kg (1,001 lbs) or more. GASOLINE may be used in place of FLAMMABLE placard displayed on a cargo tank or portable tank transporting gasoline by highway. Placard combustible liquid transported in bulk. See §172.504(f)(2) for use of FLAMMABLE placard in place of COMBUSTIBLE. FUEL OIL may be used in place of COMBUSTIBLE on a cargo or portable tank transporting fuel oil not classed as a flammable liquid by highway.</p>	<p>CLASS 4 Flammable Solid, Spontaneously Combustible, and Dangerous When Wet</p> <p>§172.546, §172.547, §172.548</p> <p>For FLAMMABLE SOLID and SPONTANEOUSLY COMBUSTIBLE, placard 454 kg (1,001 lbs) or more. For DANGEROUS WHEN WET (Division 4.3), placard any quantity.</p>	
<p>CLASS 5 Oxidizer & Organic Peroxide</p> <p>§172.550, §172.552</p> <p>For OXIDIZER and ORGANIC PEROXIDE (other than TYPE B, temperature controlled), placard 454 kg (1,001 lbs) or more. For ORGANIC PEROXIDE (Division 5.2), Type B, temperature controlled, placard any quantity.</p>	<p>CLASS 6 Poison (Toxic) and Poison Inhalation Hazard</p> <p>§172.504(f)(10), §172.554, §172.555</p> <p>POISON-INHALATION HAZARD (Division 6.1), Zone A or B inhalation hazard only, placard any quantity. For POISON, (PGI or PGI), other than Zone A or B inhalation hazard only and KEEP AWAY FROM FOOD (PGIII), placard 454 kg (1,001 lbs) or more. For Transition 2003, see §171.14(b)(3).</p>	<p>CLASS 7 Radioactive</p> <p>§172.556</p> <p>Placard any quantity - packages bearing RADIOACTIVE YELLOW-III labels only. Certain low specific activity radioactive materials in "exclusive use" will not bear the label, but the radioactive placard is required for exclusive use shipments of low specific activity material and surface contaminated objects transported in accordance with §173.427(b)(3) or (c).</p>	<p>CLASS 8 Corrosive</p> <p>§172.558</p> <p>Placard 454 kg (1,001 lbs) or more.</p>	<p>CLASS 9 Miscellaneous Dangerous</p> <p>§172.560, §172.521</p> <p>Not required for domestic transportation. A bulk packaging containing a Class 9 material must be marked with the appropriate ID number displayed on a Class 9 placard, an orange panel, or a white square-on-point display.</p> <p>A freight container, unit load device, transport vehicle, or rail car which contains non-bulk packagings with two or more categories of hazardous materials that require different placards specified in Table 2 may be placarded with DANGEROUS placards instead of the specific placards required for each of the materials in Table 2. However, when 1,000 kg (2,205 lbs) or more of one category of material is loaded at one loading facility, the placard specified in Table 2 must be applied.</p>
<p>§172.527</p>	<p>PLACARDS OR ORANGE PANELS</p> <p>§172.332</p> <p>Appropriate placard must be used.</p>	<p>IDENTIFICATION NUMBER DISPLAYS</p>	<p>MUST BE DISPLAYED ON: (1) Tank Cars, Cargo Tanks, Portable Tanks, and other Bulk Packagings; (2) Vehicles or containers containing 4000 kg (8,820 lbs) in non-bulk packages of only a single hazardous material having the same proper shipping name and identification number; and (3) 1000 kg (2,205 lbs) of materials poisonous by inhalation in Hazard Zone A or B. See §172.301(a)(3) and §172.313(c).</p>	

Response begins with identification!

167) HAZARDOUS MATERIALS INVOLVED:

Haz. Mat. Involved

Yes

No

- Place a cross mark (x) in the appropriate data box to indicate if the vehicle is carrying (hauling, etc.) hazardous materials in a transport container.
- This should only be for the product transported, not items in use (fuel, etc.).

168) HAZARDOUS MATERIALS RELEASE:

Haz. Mat. Release

Yes

No

- Place a cross mark (x) in the appropriate data box to indicate if hazardous materials were released (spilled, exhausted from tank, etc.) as a result of the collision.
- This should only be for the product transported, not items in use (fuel, etc.).

Case Number 169			OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT				Pg <u>170</u> of ____	
This unit will correspond to 'Unit 1'	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	
	171	172	173	174	175	176	177	
This unit will correspond to 'Unit 2'								

169) CASE NUMBER:

Case Number _____

- a) Enter the case number exactly as it appears on Page 1, Section 10. Every collision report will be a minimum of four (4) pages, and must contain the same case number on each page. Each side of a single sheet counts as one page.

170) PG ____ OF ____:

Pg ____ of ____

- a) List each page in relation to the total number of pages of the complete report. Every collision report will be a minimum of four (4) pages. Each side of a single sheet counts as one page.

Page #3, Unit Section

This unit will correspond to 'Unit 1'	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 2'							

171) UNIT:

Unit

--	--

- a) Enter the unit number from page one of the unit being described.

172) TOTAL LANES IN ROADWAY:

Total Lanes in Roadway

--	--

- a) Enter the total number of lanes in the roadway on which the unit was traveling.

- i) For undivided highways/trafficways – total the “thru” lanes in both directions. Do not count designated turn lanes (left/right-turn only) or continuous turn lanes (center left-turn-only lane).
 - ii) For divided highways/trafficways – total number of “thru” lanes for the roadway on which the unit was traveling. This does not include on-ramps, off-ramps or acceleration/deceleration lanes
 - iii) All lanes in the roadway (thru, turn, ramps, etc.) on which the unit was traveling should be shown in the diagram in Section 213 – COLLISION DIAGRAM.
 - iv) If anything (paint, concrete, grass, etc, except center left-turn-only lane) that separates opposite lanes of traffic is four feet wide or larger, only count the number of “thru” lanes that go in the same direction of travel.
 - v) If there is nothing that separates opposite lanes of traffic, or if the separation is less than four feet, then count the number of “thru” lanes in both directions.
- b) For purposes of this section, use the following definitions when considering whether the roadway/trafficway is divided or undivided and entering data for total number of lanes:
- i) Roadway: That part of the trafficway designed, improved, and ordinarily used for motor vehicle travel... Separate roadways may be provided for northbound and southbound traffic (as well as eastbound and westbound). Bicycle paths and shoulders are not included...
 - ii) Median: An area of trafficway between parallel roads separating travel in opposite directions. A median should be four or more feet wide.
 - iii) Divided highway/trafficway: Roadway travel in the opposite directions that is physically separated by a median that is painted, raised, suppressed, etc. Excludes two-way continuous left turn lanes (center left-turn-only lane).

173) LEGAL SPEED:

Legal Speed	

- a) Enter the legal speed listed on the black on white speed limit signs. If on private property, enter “00” in this block.
- b) If legal speed limit is not applicable to this unit (pedestrian, animals) enter “00”.

174) PEDESTRIAN/PEDALCYCLIST ACTIONS PRIOR TO COLLISION:



a) Enter the most applicable action that the non-motorist was undertaking prior to the time of collision.

- 00 Not Applicable
- 01 Crossing at Intersection
- 02 Crossing Not at Intersection
- 03 Crossing at Other Crosswalk
- 04 Getting on Vehicle
- 05 Getting Off Vehicle
- 06 Walking or Riding with Traffic
- 07 Walking or Riding Against Traffic
- 08 Pushing on Vehicle
- 09 Playing or Working on Vehicle
- 10 Playing
- 11 Other Working
- 12 Entering or Crossing Specified Location
- 13 Entering or Crossing from Behind School Bus
- 14 Entering or Crossing from Behind Other Vehicle
- 15 Walking or Riding after Leaving or Returning to Disable Vehicle with Traffic
- 16 Walking or Riding after Leaving or Returning to Disable Vehicle against Traffic
- 17 Approaching or Leaving School Bus
- 18 Approaching or Leaving Other Vehicle
- 19 Standing
- 20 Lying, not in Roadway
- 21 Sitting in a Vehicle Not in Transport
- 22 Improper Crossing
- 23 Darting
- 24 In Roadway (Standing, on Knees, Lying, Etc.)
- 25 Failure to Yield Right-of Way
- 26 Not Visible (Dark Clothing)
- 27 Inattentive (Talking, Eating, Etc.)
- 28 Failure to Obey Traffic Signs, Signals, or Officer
- 29 Wrong Side of Road
- 30 Other
- 99 Unknown

b) If not a pedestrian/pedalcyclist, leave Sections 174-177 blank.

175) PEDESTRIAN/PEDALCYCLIST LOCATION AT TIME OF COLLISION:

Location at Time of Collision	
<input type="text"/>	<input type="text"/>

a) Enter the non-motorist's location with respect to the roadway at the time of the collision.

- 00 Not applicable
- 01 Marked crosswalk at Intersection
- 02 At intersection but no crosswalk
- 03 Non-intersection crosswalk
- 04 Driveway access crosswalk
- 05 In roadway (not in crosswalk or intersection)
- 06 Median (but not on shoulder)
- 07 Island
- 08 Shoulder
- 09 Sidewalk
- 10 Roadside
- 11 Outside trafficway
- 12 Dedicated bike lane
- 13 Shared-used path or trails
- 14 Inside building
- 15 Other
- 99 Unknown

176) PEDESTRIAN/PEDALCYCLIST SAFETY EQUIPMENT:

Safety Equip.
<input type="text"/>

a) Enter the safety equipment used by the pedestrian/pedalcyclist.

- 0 Not applicable
- 1 None
- 2 Helmet
- 3 Protective pads used (elbows, knees, shins, etc.)
- 4 Reflective clothing (jacket, backpack, etc.)
- 5 Lighting
- 6 Other
- 9 Unknown

b) If a combination of safety equipment is used, enter the lowest number in the data block.

177) UNIT NUMBER OF MOTOR VEHICLE STRIKING PEDESTRIAN/PEDALCYCLIST:

Unit Number of Vehicle Striking	
<input type="text"/>	<input type="text"/>

a) Enter the number assigned to identify the first motor vehicle that struck the pedestrian/pedalcyclist in the collision.

181) WORKERS PRESENT:

Workers Present Yes No Unknown

a) Place a cross mark (x) in the appropriate data box to indicate if workers were present at the time of the collision.

182) LIGHT:

Light

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

a) Enter the most applicable lighting condition at the time of the collision.

183) WEATHER:

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

a) Enter the most applicable weather condition at the time of the collision.

184) LOCALITY:

Locality

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

a) Enter the locality of the collision (within 500 feet of collision).

b) Mixed use is defined as the combination of two or more localities.

185) TYPE OF INTERSECTION:

Type of Intersection	<input type="text"/>
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	

- a) An intersection consists of two or more roadways that intersect at the same level. Enter the most appropriate option for the type of intersection on which the collision occurred.
- b) Y – Intersection - An intersection where three roadways connect and none of the roadways continue across the other roadways. The roadways form a “Y”.
- c) T – Intersection - An intersection where two roadways connect and one roadway does not continue across the other roadway. The roadways form a “T”.
- d) Four-Way Intersection – Where two roadways cross and continue across the other roadways.
- e) Five-Point or More - An intersection where more than two roadways cross or connect.
- f) Intersection as Part of Interchange – Where two roadways are connected by an interchange and includes area within 100 feet of the off and on ramps.
- g) Traffic Circle - An intersection of roads where motor vehicles must travel around a circle to continue on the same road or leave on any intersecting road.
- h) Roundabout - Circular traffic patterns in which yield control is used on all entries, circulating vehicles have the right-of-way, pedestrian access is allowed only across the legs of the roundabout behind the yield line and circulation is counter-clockwise and passes to the right of the central island.

186) INCIDENT TYPE:

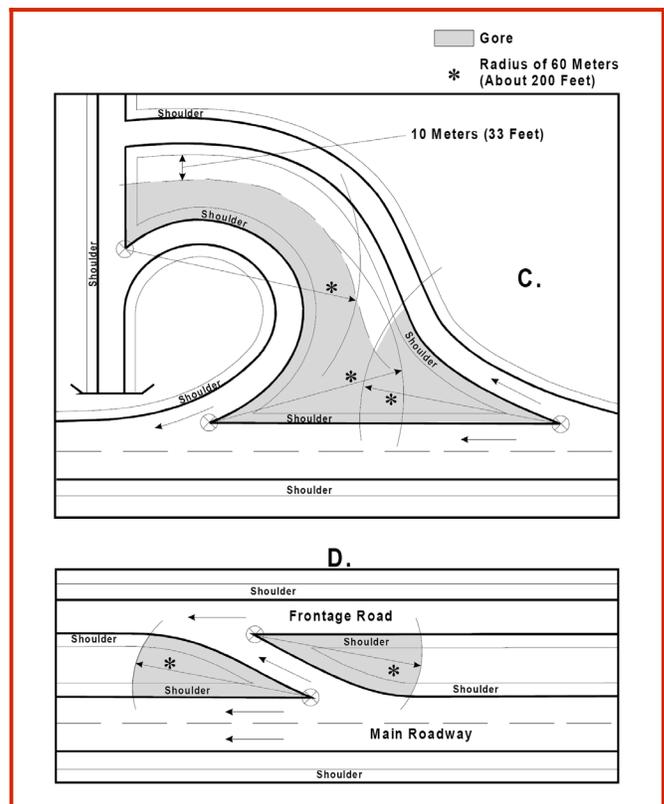
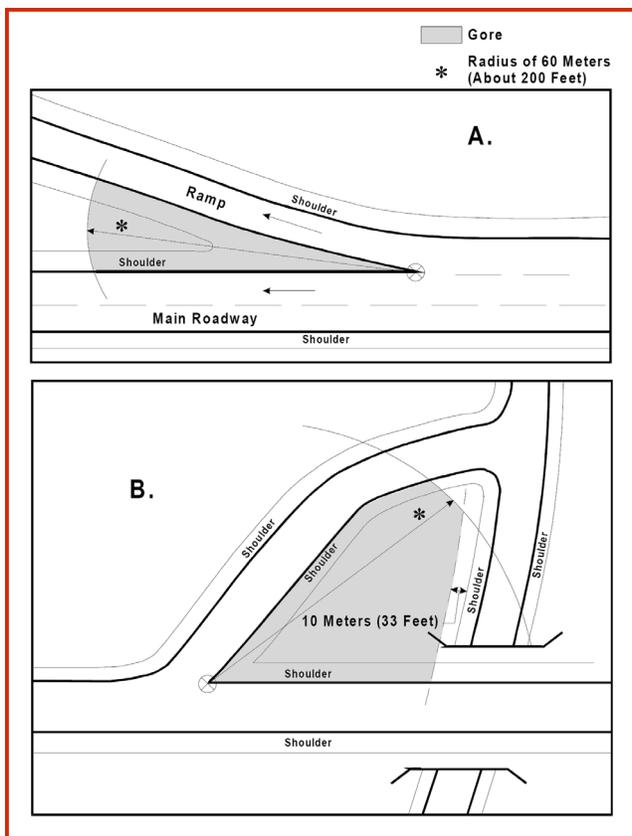
Incident Type	<input type="text"/>	<input type="text"/>
00 Not an Incident		
51 Private Property		
52 Deliberate Intent		
53 Medical Condition		
54 Legal Intervention		
55 Suicide		
57 Drowning		
58 Other		

- a) If “Incident Report” on page one (Section 2 – INCIDENT REPORT) is marked “Yes”, then enter the appropriate incident type.
- b) If “Incident Report” on page one (Section 2 – INCIDENT REPORT) is marked “No”, then enter “00”.
- c) An example of a “drowning” incident is: A unit drove into water and was swept off the roadway and the occupant(s) drowned.

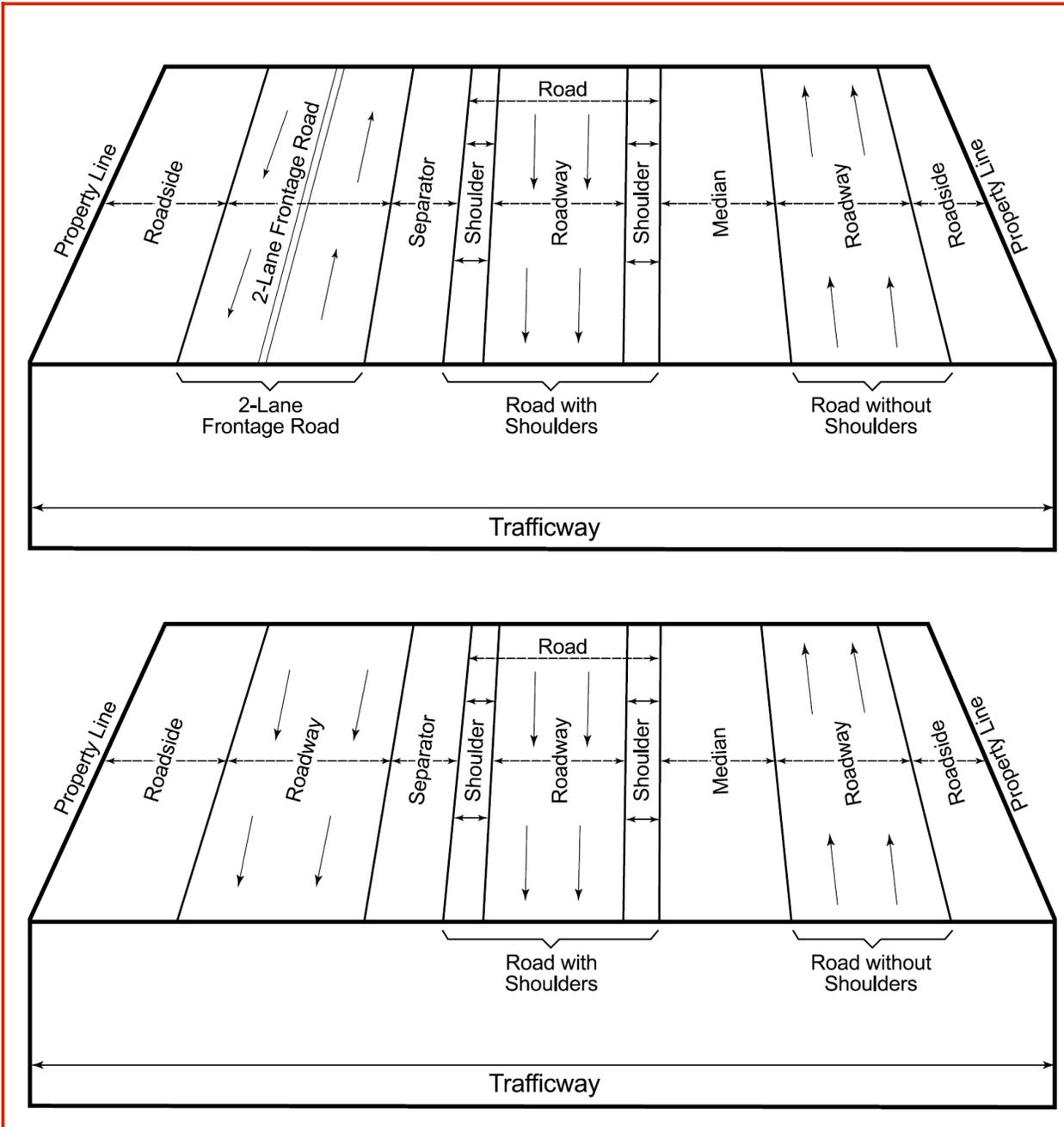
187) LOCATION OF FIRST HARMFUL EVENT:

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	

- a) Enter the physical location of the collision's first harmful event (first occurrence of injury or damage). An extended definition of the below items is in Appendix D.
- b) Enter "10" if this is an incident that occurs on private property.
- c) Gore - An area of land where two roadways diverge or converge. The area is bounded on two sides by the edges of the roadways, which join at the point of divergence or convergence. The direction of traffic must be the same on both sides of these roadways. The area includes shoulders or marked pavement, if any, between the roadways. The third side is 60 meters (approximately 200 feet) from the point of divergence or convergence or, if any other road is within 70 meters (230 feet) of that point, a line 10 meters (33 feet) from the nearest edge of such road.



- d) Median - An area of trafficway between parallel roads separating travel in opposite directions. A median should be four or more feet wide.
- e) Separator - A separator is the area of a trafficway between parallel roads separating travel in the same direction or separating a frontage road from other roads.
- f) See the following trafficway diagram for reference locations.



188) WHAT WAS VEHICLE GOING TO DO:

What Vehicle Was Going to Do	Unit 1		Unit 2	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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				

- a) For each vehicle involved in the collision, enter the number that best describes what each vehicle was going to do immediately prior to the collision.
- b) For any unit other than a vehicle or pedalcycle, enter "00" in this section.

189) WHAT VEHICLE DID:

What Vehicle Did	Unit 1		Unit 2	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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				

- a) For each vehicle involved in the collision, enter the number that best describes the actions of the vehicle at the time of the collision.
- b) For any unit other than a vehicle or pedalcycle, enter "00" in this section.

190) VISIBILITY OBSCURED BY:

Visibility Obscured by	Unit 1		Unit 2	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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				

a) Enter the appropriate item that best describes any obstruction before the collision.

191) DRIVER DISTRACTED BY:

Driver Distracted by	Unit 1	Unit 2
	<input type="text"/>	<input type="text"/>
0 Not Applicable/None		
1 Electronic Communication Devices		
2 Other Electronic Device		
3 Other Inside Vehicle		
4 Other Outside Vehicle		
9 Unknown		

a) Enter the applicable distraction (if any) that contributed to the collision.

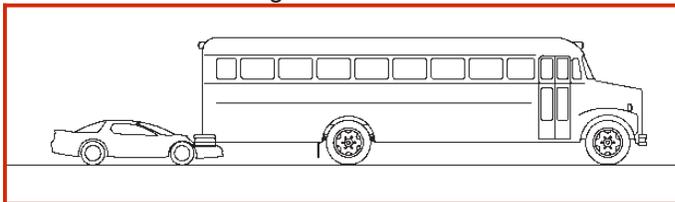
b) For any unit other than a vehicle or pedalcycle, enter "00" in this section.

192) UNDERRIDE/OVERRIDE:

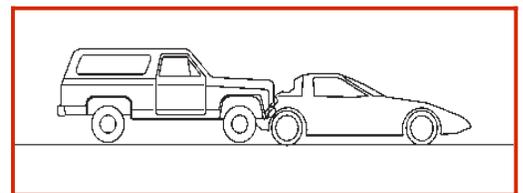
Underride/ Override	Unit 1	Unit 2
0 Not Applicable	<input type="text"/>	<input type="text"/>
1 No Underride or Override		
2 Underride, Compartment Intrusion		
3 Underride, No Compartment Intrusion		
4 Underride, Compartment Intrusion Unknown		
5 Override, Motor Vehicle in Transport		
6 Override, Other Motor Vehicle		
9 Unknown		

- a) For underrides and overrides, it is important to determine the vehicle performing the action. Two vehicles cannot be considered to underride and override simultaneously. In cases in which two vehicles collide "head-on" and one vehicle ends up under the other, you must determine whether an Underride or Override has occurred.
- b) Underride/override applies only to motor vehicles. For all other units enter "0".
- c) Enter the applicable underride/override conditions for each unit resulting from the collision.
- d) An underride refers to this motor vehicle sliding under another motor vehicle during a collision.
- e) An override refers to this motor vehicle riding up over another motor vehicle.
- f) Compartment intrusion - refers to occupant compartment.
- g) Extended definitions of Underride and Override are in Appendix D.

Underride – Car striking Bus



Override – SUV striking Car



193) TRAFFIC CONTROL:

Traffic Control	Unit 1		Unit 2	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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				

- a) Enter the most applicable traffic control for each unit. If this section is not applicable, enter "00".
- b) For non-motor vehicles, enter "00".
- c) Abnormal control - refers to a traffic control device that is present but not working properly (traffic light frozen in one position, stop sign knocked down or obscured by weeds).
- d) If a temporary traffic control has been established, then enter the temporary traffic control as the traffic control.

194) ROAD SURFACE CONDITIONS:

Road Surface Conditions	Unit 1		Unit 2	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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				

- a) Enter the most appropriate road surface condition for each unit at the time and location of the collision.
- b) For non-motor vehicles, enter "00".

195) ROAD CHARACTER:

Road Character		
Grade	Unit 1	Unit 2
1 Level	<input type="text"/>	<input type="text"/>
2 Hillcrest	<input type="text"/>	<input type="text"/>
3 Uphill	<input type="text"/>	<input type="text"/>
4 Downhill	<input type="text"/>	<input type="text"/>
5 Sag (bottom)	<input type="text"/>	<input type="text"/>

- Enter the geometric, layout, or inclination characteristics of the roadway in the direction of travel for each unit.
- A sag is the bottom of a hill.
- If road character does not apply, enter "0" for the appropriate unit. For non-motor vehicles, enter "0".
- If road character is unknown, enter "9" for the appropriate unit.

196) ROAD ALIGNMENT:

Road Alignment		
	Unit 1	Unit 2
1 Straight	<input type="text"/>	<input type="text"/>
2 Curve - Left	<input type="text"/>	<input type="text"/>
3 Curve - Right	<input type="text"/>	<input type="text"/>

- Enter the geometric, layout, or inclination characteristics of the roadway in the direction of travel for each unit.
- Road alignment identifies the horizontal trend of the roadway.
- If road alignment does not apply, enter "0" for the appropriate unit. For non-motor vehicles, enter "0".
- If road alignment is unknown, enter "9" for the appropriate unit.

197) ROAD SURFACE TYPE:

Road Surface Type		
	Unit 1	Unit 2
1 Concrete	<input type="text"/>	<input type="text"/>
2 Asphalt	<input type="text"/>	<input type="text"/>
3 Gravel	<input type="text"/>	<input type="text"/>
4 Dirt	<input type="text"/>	<input type="text"/>
5 Brick	<input type="text"/>	<input type="text"/>
6 Other	<input type="text"/>	<input type="text"/>
9 Unknown	<input type="text"/>	<input type="text"/>

- Enter the corresponding number to indicate the type of surface each unit was traveling upon before contact.
- For non-motor vehicles, enter "0".

198) TRAFFICWAY:

	Unit 1	Unit 2
Trafficway	<input type="text"/>	<input type="text"/>
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	

- a) Enter the corresponding number to indicate the trafficway each unit was traveling upon before contact.
- b) A trafficway is any land way open to the public as a matter of right or custom for moving persons or property from one place to another.
- c) A Two-Way, Not Divided includes roadways with a continuous left turn lane that facilitates left turns by traffic from both directions.
- d) A Two-Way, Divided is usually divided by a median that is painted, raised, suppressed, etc. with no vertical physical barrier.
- e) A Two-Way, Divided with a Positive Median Barrier is a roadway with a vertical barrier, either temporary or permanent, between opposing lanes of traffic.

199) VEHICLE REMOVAL:

	Unit 1	Unit 2
Vehicle Removal	<input type="text"/>	<input type="text"/>
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	

- a) Enter the corresponding number for each vehicle to indicate if/how the unit was removed from the scene of the collision.

200) VEHICLE CONDITION:

Vehicle Condition	Unit 1		Unit 2	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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				

- a) Enter the most applicable pre-existing defect or maintenance condition for each vehicle, if any that may have contributed to the collision.

201) SPECIAL FUNCTION OF VEHICLE:

Special Function of Vehicle	Unit 1		Unit 2	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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				

- a) Enter the type of special function being served by each vehicle regardless of whether the function is marked on the vehicle.
- b) Other Police includes county, municipal, tribal or campus law enforcement.
- c) Other Law enforcement includes other Federal and state law enforcement agencies.

202) EMERGENCY VEHICLE RESPONDING TO AN EMERGENCY:

Emergency Vehicle Responding to an Emergency	Unit 1	Unit 2
0 N/A	<input type="checkbox"/>	<input type="checkbox"/>
1 Yes	2 No	9 Unknown

- Enter "1" if official emergency vehicles are involved in a collision while on an emergency response.
- Emergency response refers to an official motor vehicle that is usually traveling with physical emergency signals in use, typically red light blinking, siren sounding, etc. Select "Yes" only if the motor vehicle was on an emergency response, regardless of whether the emergency equipment was actuated.
- If the vehicle is not an emergency vehicle enter "0".
- If the vehicle is an emergency vehicle, but is not responding to an emergency, enter "2".

203) UNSAFE / UNLAWFUL CONTRIBUTING FACTORS:

Unsafe / Unlawful Contributing Factors	Unit 1	Unit 2
FAILED TO YIELD	<input type="checkbox"/>	<input type="checkbox"/>
01 From Stop Sign	49 Tires	
02 From Yield Sign	50 Suspension	
03 Private Drive	51 Headlights	
04 County Road at Through Highway	52 Tail Lights	
05 From Signal Light	53 Stop Lights	
06 From Alley	54 Wheel	
07 To Pedestrian	55 Exhaust System	
08 To Vehicle on Right	56 Windshield Wipers	
09 To Vehicle in Intersection	57 Other Mechanical Defects	
10 To Emergency Vehicles	LEFT OF CENTER	
12 Other	58 In Meeting	
FOLLOWED TOO CLOSELY	59 No Passing Zone (Unmarked)	
13 Human Element	60 Marked Zone	
14 Traffic Condition	61 Other	
15 Weather Condition	IMPROPER OVERTAKING	
UNSAFE SPEED	62 In Marked Zone	
16 Driver's Ability (Aged)	63 On Hill/Curve	
17 Inexperienced Driver - Young	64 At Intersection	
18 Exceeding Legal Limit	65 Without Sufficient Clearance	
19 For Traffic Conditions	66 Other	
20 For Type of Roadway (Gravel, Dirt, etc.)	IMPROPER PARKING	
21 For Ice or Snow on Roadway	67 On Roadway	
22 Rain or Wet Roadway	68 Where Prohibited	
23 Wind	69 Other	
24 Other Weather Conditions	INATTENTION	
25 Vehicle Condition	70 Distracted by Passenger in Vehicle	
26 View Obstruction	71 Other Distraction Inside Vehicle	
27 On Curve/Turn	72 Distraction From Outside Vehicle	
28 Impeding Traffic	73 Other	
29 Other	WRONG WAY	
IMPROPER TURN	74 On One Way	
30 From Wrong Lane	75 On Exit Ramp	
31 From Direct Course	76 On Entrance Ramp	
32 Right	77 Other	
33 Left	IMPROPER START FROM	
34 Turn About/U-Turn	78 Parked Position	
35 To Enter Private Drive	79 Other	
36 In Front of Oncoming Traffic	80 ALCOHOL-DUI/DWI	
37 Other	81 DRUG-DUI	
CHANGED LANES UNSAFELY	OTHER IMPROPER ACT/ MOVEMENT	
38 STOPPED IN TRAFFIC LANE	82 Failed to Signal	
39 FAILED TO STOP	83 Disregarded Warning Signal	
40 For Stop Sign	84 Improper Use of Lane	
41 For Traffic Signal	85 Improper Backing	
42 For School Bus	86 Apparently Sleepy	
43 For Railroad Gates/Signal	87 Failed to Secure Load	
44 For Officer/Flagman	88 Other/Unknown	
45 At Sidewalk/Stopline	UNKN./NO IMPROPER ACT	
46 Other	89 Deer in Roadway	
UNSAFE VEHICLE	90 Animal in Roadway	
47 Brakes	91 Domestic Animal in Rdvly	
48 Steering	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	

- Enter the single action for each unit which the investigating officer determines was the main or primary cause which contributed to the collision.
- Factor #98 - "No improper action by driver" also applies to a pedestrian who has performed no improper action.

207) PG ___ OF ___:

Pg ___ of ___

- a) List each page in relation to the total number of pages of the complete report. Every collision report will be a minimum of four (4) pages. Each side of a single sheet counts as one page.

Latitude	Longitude	Railroad Crossing Number	Roadway Orientation
208 [] [] [] [] [] [] N	209 [] [] [] [] [] [] W	210 [] [] [] [] [] []	Unit Number 211 NE SW 212 Unit Number [] [] NE SW [] []

208) LATITUDE:

Latitude

[] [] [] [] [] [] [] [] [] [] [] [] N

- a) This Section is reserved for future use.

209) LONGITUDE:

Longitude

[] [] [] [] [] [] [] [] [] [] [] [] W

- a) This Section is reserved for future use.

210) RAILROAD CROSSING NUMBER:

Railroad Crossing Number

[] [] [] [] [] [] [] [] [] [] [] []



- a) In all grade crossing collisions involving a train, the investigating officer shall record the alphanumeric crossing identifier, beginning in the leftmost block. This identifier may be up to seven (7) characters.
- b) Railroad crossing numbers are found on the crossbuck or the pole mount. They may be printed on a permanent paper tag or metal plate.

211) ROADWAY ORIENTATION - UNIT:

Roadway Orientation			
Unit	<input type="text"/>	<input type="text"/>	NE <input type="text"/>
Number	<input type="text"/>	<input type="text"/>	SW <input type="text"/>

- a) Enter the unit number from page one of the vehicle being described.

212) ROADWAY ORIENTATION - NESW:

Roadway Orientation			
Unit	<input type="text"/>	<input type="text"/>	NE <input type="text"/>
Number	<input type="text"/>	<input type="text"/>	SW <input type="text"/>

- a) Enter the roadway orientation. This can be different from the trend direction of the collision. For example, I-35 highway orients North-South, but an collision could happen on a section that is trending East-West.

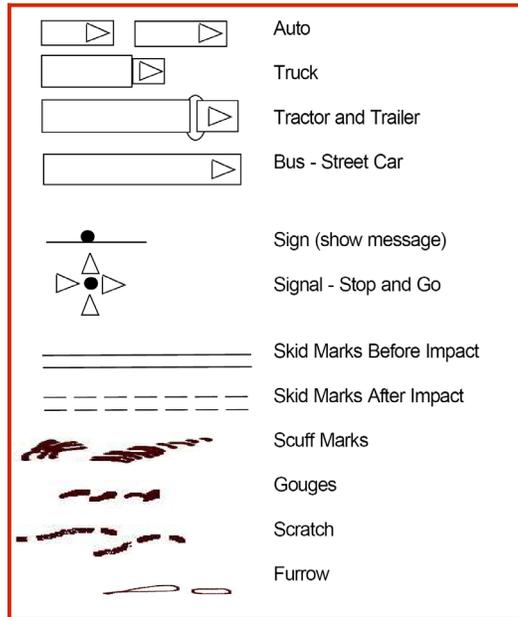
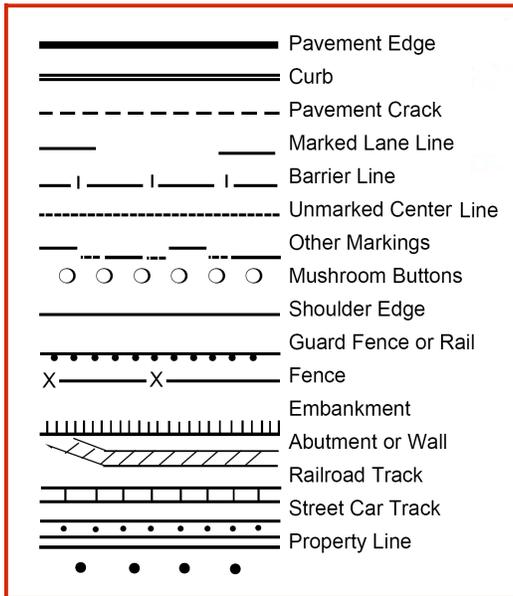
213) COLLISION DIAGRAM:

- a) The diagram section is intended to show a visual representation of the collision. Diagrams should be completed for all collision or incident investigations. A properly completed diagram should always mirror the events revealed in the officer's remarks. i.e. the facts of the collision should be clearly understood by looking at the diagram or reading the officers remarks independently.
- b) When vehicles are moved prior to the officer's arrival, an investigation is still required. In many cases, the vehicles have been moved from the roadway prior to the arrival of the investigator. This makes it difficult to link physical evidence to the vehicles. You are encouraged to draw a diagram based on the investigation. This diagram should include the physical layout of the roadway and any physical evidence still at the scene. Include the probable position of the vehicles before, at and after impact as well as the probable path based on available evidence or statement(s). When a diagram is completed in this fashion, write in the remarks "Vehicles not observed in position after impact" or "Vehicles moved prior to arrival, diagram is estimated". If unknown, due to lack of physical evidence, write in the remarks "Vehicles moved prior to arrival, unable to determine point/area of rest".
- c) A diagram (hand drawn or computer generated) printed or copied onto the *Official Oklahoma Traffic Collision Report* (Page 4 or the supplemental diagram form) is acceptable.

Collision Diagram:

Various types and characteristics of roads can be drawn by making use of the grid.

- d) Draw the position of the vehicle(s) before impact, at impact, and final rest. If the vehicle does not travel more than twenty (20) feet after first impact to final rest, a final rest drawing is not required.
- e) A traffic type template or computer diagramming programs are highly recommended for all diagrams.
- f) Free-hand drawings are **NOT** acceptable. Scale diagrams are not necessary unless required by the reporting agency.
- g) Number each unit with the same number assigned on page one of the report, i.e., Unit 1 or Unit 2.
- h) Vehicles that CONTRIBUTED to the collision but did not make contact should be labeled A, B, C, etc. (Any vehicle that did not contribute to the collision but is needed only for diagramming purposes should be labeled as "W". If a unit "W" is included in the diagram, explain in the "Remarks" section why it is included. Unit "W" information is not needed unless it is pertinent to give certain descriptions.)
- i) NOTE: If the collision diagram on the Supplemental sheet is used instead of the diagram on page four, indicate in the diagram section "Supplemental Diagram Utilized" or words to that effect.
- j) Indicate the direction and path of travel before contact with a solid line with arrowhead behind each vehicle. Use a dashed line with arrowhead to show the course of travel after contact, continuing to the final position. If a roll-over occurred before impact, draw a solid loop where roll-over occurred. Use a dash line loop if roll-over occurred after first impact. Describe roll-over or partial roll-over in the "Remarks" section.
- k) Label the width of the roadway and the width of the shoulder. The shoulder should be described. Example: 10' Improved shoulder, 8 foot gravel shoulder, 12 ft dirt shoulder, or no shoulder, etc.
- l) Draw and label traffic control devices, such as stop signs and yield signs in the diagram.
- m) Tire marks (including skid, yaw and scuffmarks) should be shown before impact and after impact, continuing until tire marks disappear or to final rest. Length of tire marks may be shown in diagram, but to keep from "cluttering" the diagram, they may be described in the "Remarks" section. If tire marks are shown in the diagram, they should be labeled or described in the remarks.
- n) Non-vehicle type objects (pedestrians, cows, boards in road, etc.) should be shown as a circle with an X in the middle. If you draw a circle with an X --- ALWAYS LABEL THE CIRCLE.
- o) Labeling lines/lanes of the roadway:
 - (1) Label the geometrical center of the road that does not have visible marking as C/R.
 - (2) Label the center line of the road that separates traffic traveling in opposite directions as C/L. (it need not be at the geometrical center of the road).
 - (3) Label the lane lines that separate lanes of traffic traveling in the same direction as L/L.
 - (4) If shown, center median should be labeled and the approximate width should be shown.
- p) On the following page are the recommended report symbols to be used. Note: fences, bridges, culverts, etc. must also be labeled in the diagram if they were pertinent to the collision.



- q) The collision diagram should reflect an accurately illustrated collision, even without a description in the "Remarks" section. The "Remarks" section and diagram should each depict the collision without the necessity of referring to both.
- r) Direction of Travel:
- i) Draw an arrow within the circle to indicate the direction "North" in relation to the collision diagram. It is preferred that the top or right of the page be "North".
- s) Visibility Obscured By:
- i) If there was a view obstruction for any driver involved in the collision, draw and label this in the diagram. An obstruction could be trees, embankment, building, sign, parked cars, etc.

Page #4, Collision Events Section

COLLISION EVENTS										
Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision				
214	215	216	217	218	219	220	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
00	Not Applicable						46	Traffic Sign Support	65	Bridge Post
10	Overturn/Rollover						47	Utility Pole/Light Support	66	Bridge Curb
11	Fire/Explosion						48	Other Post/Pole/Support	67	Bridge Super Structure (Beams)
12	Immersion						49	Guardrail/Guardrail Face	68	Bridge Overhead Structure
13	Jackknife						50	Guardrail End	69	Delineator
14	Cargo/Equipment Loss or Shift						51	Culvert	70	Mailbox
15	Equipment Failure (Blown Tire, Brake Failure, etc.)						52	Curb	71	Other Fixed Object
16	Separation of Units						53	Island	72	Other Highway Structure
17	Departed Road Right						54	Sand Barrels	73	Ground
18	Departed Road Left						55	Impact Attenuator/ Crash Cushion	99	Unknown
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		

214) UNIT:

Unit	

- a) Enter the unit number from page one of the vehicle being described.

215) FIRST EVENT:

First Event	

- a) The first event in sequence related to this motor vehicle, including both non-collision and collision events.
- b) If not applicable, enter "00". Do not leave blank.
- c) Extended definitions of EVENTS and MOST HARMFUL EVENTS are in Appendix L. Pictures of common FIXED OBJECTS are provided in Appendix G.

216) SECOND EVENT:

Second Event	

- a) The second event in sequence related to this motor vehicle, including both non-collision and collision events.
- b) If not applicable, enter "00". Do not leave blank.
- c) Extended definitions of EVENTS and MOST HARMFUL EVENTS are in Appendix L. Pictures of common FIXED OBJECTS are provided in Appendix G.

217) THIRD EVENT:

Third Event	

- a) The third event in sequence related to this motor vehicle, including both non-collision and collision events.
- b) If not applicable, enter "00". Do not leave blank.
- c) Extended definitions of EVENTS and MOST HARMFUL EVENTS are in Appendix L. Pictures of common FIXED OBJECTS are provided in Appendix G.

STATEMENT OF WITNESS FORM, Line 1

Month 224	Day 225	Year 226	County 227	Administrative 228
--------------	------------	-------------	---------------	-----------------------

224) MONTH:

Month
<input type="text"/>

- a) Enter the month the collision occurred. Enter two digits, using 01 -09 for the 1st through the 9th months. Do not include spaces. Examples: 04, 10.

225) DAY:

Day
<input type="text"/>

- a) Enter the day the collision occurred. Enter two digits, using 01 -09 for the 1st through the 9th days of the month. Do not include spaces. Examples: 01, 08, 30.

226) YEAR:

Year
<input type="text"/>

- a) Enter the year the collision occurred. Enter four digits. Do not include spaces. Example: 2006.

227) COUNTY:

County
<input type="text"/>

- a) Enter the COMPLETE name of the county relevant to the witness report. NO ABBREVIATIONS.

228) ADMINISTRATIVE:

Administrative
<input type="text"/>

- a) This space is reserved for Department of Transportation, Traffic Engineering Division.

STATEMENT OF WITNESS FORM, Line 2

To Be Completed By Witness	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)
	229	230	231	232
				233

229) LAST NAME:

Last Name	First	Middle Initial

- a) Enter the last name of the witness. Hyphenated names are allowed. Use name as it appears on the driver license or other form of legal identification.

230) SUFFIX:

- a) Enter the suffix (Jr., Sr., III, etc.) of the witness. If applicable, place the suffix after the middle initial or leave blank if there is no suffix.

231) FIRST NAME:

Last Name	First	Middle Initial

- a) Enter the first name of the witness. Hyphenated names are allowed.

232) MIDDLE:

Last Name	First	Middle Initial

- a) Enter the middle initial of the witness. Leave blank if there is no middle initial.

233) DATE OF BIRTH: MM/DD/YYYY:

Date of Birth (mm/dd/yyyy)

- a) The month, day and year of birth of the witness. Enter in a two digit month (01-12), two digit date (01-31) and a **four digit year**.
- b) Enter "9" in the leftmost block for an unknown date of birth.

STATEMENT OF WITNESS FORM, Line 3

Address	City	State	Zip	Telephone (Use Area Code)
234	235	236	237	238

234) ADDRESS:

Address	City
<input type="text"/>	

- a) Enter the correct and current address of the witness. If unavailable, enter "UNKNOWN".

235) CITY:

Address	City
<input type="text"/>	

- a) Enter the city name. Abbreviations are not allowed.

236) STATE:

State
<input type="text"/>

- a) Enter two-digit abbreviation for the state. See Appendix B for two letter abbreviations for U.S. states, Canada and Mexico.
- b) Foreign countries other than Canada or Mexico enter "99" and explain in the remarks.

237) ZIP CODE:

Zip
<input type="text"/>

- a) Enter the five (5) digit ZIP code for a U.S. address. Leave blank if the address is not in the U.S.
- b) A list of Oklahoma ZIP codes is provided in Appendix J.

238) TELEPHONE NUMBER:

Telephone (Use Area Code)
<input type="text"/>

- a) List the witness's telephone number including the area code. In the U.S., the number should be 10 digits. If the person does not have a telephone number, enter a "0" in the leftmost block, or a "9" if unknown. Do not use dashes or spaces.
- b) A list of Area code prefixes for Oklahoma cities is provided in Appendix K.

STATEMENT OF WITNESS FORM, Witness Declaration

Legal Signature					do hereby make the following statement of my own				
I	239								
free will and accord concerning	240								
which occurred (Location)	241								
on	Month	Day	Year	Time	This statement was written on	Month	Day	Year	Time
	242					243			

239) LEGAL SIGNATURE:

Legal Signature					do hereby make the following statement of my own
I					

a) Have the witness enter their legal signature in this data section.

240) STATEMENT DESCRIPTION:

free will and accord concerning				
---------------------------------	--	--	--	--

a) Have the witness enter in this data section a brief description of what they saw.

241) LOCATION:

which occurred (Location)				
---------------------------	--	--	--	--

a) Have the witness enter in this data section where the incident occurred.

242) WHEN INCIDENT OCCURRED:

on	Month	Day	Year	Time

on	Month

a) Have the witness enter the month the collision occurred. Enter two digits, using 01 -09 for the 1st through the 9th months. Do not include spaces. Examples: 04, 10.

Day

a) Have the witness enter the day the collision occurred. Enter two digits, using 01 -09 for the 1st through the 9th days of the month. Do not include spaces. Examples: 01, 08, 30.

Year

--	--	--	--

- a) Have the witness enter the year the collision occurred. Enter four digits. Do not include spaces. Example: 2006.

Time

--	--	--	--

- a) Have the witness enter the time collision occurred. Enter the hour of the day the collision occurred using 24 hour military time. Example: 0720, 1930. (See time scale below.) If the time is unknown, enter 9999.

MILITARY TIME (Midnight to noon)	12 HOUR TIME (Midnight to noon)	MILITARY TIME (Noon to midnight)	12 HOUR TIME (Noon to midnight)
0000	MIDNIGHT	1200	NOON
0001	One minute after midnight	1201	One minute after noon
0015	Fifteen minutes past midnight	1215	Fifteen minutes past noon
0045	45 minutes past midnight	After noon, add the hour and minute to 1200	
0100	One o'clock in the morning	1300 (Add 100 to 1200)	1 p.m.
0130	One thirty in the morning	1345 (Add 145 to 1200)	1:45 p.m.
0200	2 a.m.	1400 (Add 200 to 1200)	2 p.m.
0300	3 a.m.	1500 (Add 300 to 1200)	3 p.m.
0400	4 a.m.	1600 (Add 400 to 1200)	4 p.m.
0500	5 a.m.	1700 (Add 500 to 1200)	5 p.m.
0600	6 a.m.	1800 (Add 600 to 1200)	6 p.m.
0700	7 a.m.	1900 (Add 700 to 1200)	7 p.m.
0800	8 a.m.	2000 (Add 800 to 1200)	8 p.m.
0900	9 a.m.	2100 (Add 900 to 1200)	9 p.m.
1000	10 a.m.	2200 (Add 1000 to 1200)	10 p.m.
1100	11 a.m.	2300 (Add 1100 to 1200)	11 p.m.

243) THIS STATEMENT WAS WRITTEN ON:

This statement was written on

Month	Day	Year	Time

This statement was written on

Month

- a) Enter the month the statement was taken. Enter two digits, using 01 -09 for the 1st through the 9th months. Do not include spaces. Examples: 04, 10.

Day

--	--

- a) Enter the day the statement was taken. Enter two digits, using 01 -09 for the 1st through the 9th days of the month. Do not include spaces. Examples: 01, 08, 30.

Year

--	--	--	--

- a) Enter the year the statement was taken. Enter four digits. Do not include spaces. Example: 2006.

245) TROOP OR DIVISION:

Troop or division
<input type="text"/>

- a) Highway Patrol troopers must enter the following information in this Data Section:
 - i) The leftmost end of the block is to be used to denote the patrol troop of the officer completing the report.
 - ii) The rightmost end of the block is to be used to denote the troop location in which the collision occurred. If the officer's troop and the troop location are the same, leave the rightmost end of the block blank.
- b) Other law enforcement agencies should use the space according to their individual department requirements or leave blank. Enter the letters starting in the leftmost end of the block.

Appendix A: County and City Numbers

County Number	City	County Number	City	County Number	City
01	ADAIR	08	CADDO	14	CLEVELAND
05	Stilwell	05	Anadarko	03	Hall Park
10	Watts	10	Apache	05	Lexington
15	Westville	15	Binger	10	Moore
20	Baron	20	Bridgeport	15	Noble
		25	Carnegie	20	Norman
02	ALFALFA	30	Cement	25	Ranchwood
05	Aline	35	Cyril	30	Slaughterville
10	Amorita	40	Eakley	35	Etowah
15	Burlington	45	Fort Cobb	70	Oklahoma City
20	Byron	50	Gracemont		
25	Carmen	55	Hinton	15	COAL
30	Cherokee	60	Hydro	02	Bromide
35	Goltry	65	Lookeba	05	Centrahoma
40	Helena	70	Alfalfa	10	Coalgate
45	Ingersoll			15	Lehigh
50	Jet	09	CANADIAN	20	Phillips
55	Lambert	05	Calumet	25	Tupelo
		07	Canadian Club City	30	Cottonwood
03	ATOKA	10	El Reno		
05	Atoka	15	Mustang	16	COMANACHE
10	Caney	20	Piedmont	05	Cache
15	Stringtown	25	Union City	10	Chattanooga
20	Lane	30	Yukon	15	Elgin
25	Tushka	35	Okarche	20	Faxon
30	Farris	40	Geary	25	Fletcher
		70	Oklahoma City	30	Geronimo
04	BEAVER			35	Indiahoma
05	Beaver	10	CARTER	40	Lawton
10	Forgan	05	Ardmore	45	Sterling
15	Gate	10	Gene Autry	50	Medicine Park
20	Knowles	15	Healdton		
25	Turpin	20	Springer	17	COTTON
		25	Wilson	05	Devol
05	BECKHAM	30	Lone Grove	10	Randlett
05	Carter	35	Pruitt City	15	Temple
10	Elk City	40	Tatums	20	Walters
15	Erick	45	Dickson		
20	Sayre	50	Fox	18	CRAIG
25	Texola	55	Graham	05	Big Cabin
		60	Ratliff City	10	Blue Jacket
06	BLAINE			15	Ketchum
05	Canton	11	CHEROKEE	20	Vinita
15	Greenfield	15	Tahlequah	25	Welch
20	Hitchcock	20	Peggs		
25	Longdale	25	Hulbert	19	CREEK
30	Okeene			05	Bristow
35	Watonga	12	CHOCTAW	10	Depew
40	Geary	05	Boswell	15	Drumright
45	Southard	10	Fort Towson	20	Kellyville
60	Hydro	15	Hugo	25	Kiefer
		20	Soper	30	New Mannford
07	BRYAN	25	Swink	35	Mounds
05	Achille	30	Sawyer	40	Oilton
10	Bennington	35	Unger	45	Sapulpa
15	Bokchito	40	Grant	50	Shamrock
20	Caddo			55	Slick
25	Calera	13	CIMARRON	60	Tulsa
30	Colbert	05	Boise City	65	Lawrence Creek
35	Durant	10	Keyes		
38	Hendrix	15	Felt	20	CUSTER
40	Kemp			05	Arapaho
45	Kenefic			10	Butler
50	Mead			15	Clinton
52	Sand Point			20	Custer City
53	Silo			25	Thomas
55	Cartwright			30	Weatherford
60	Armstrong			35	Hammon
65	Albany				
70	Cobb				

County Number	City
21	DELAWARE
05	Bernice
10	Colcord
15	Grove
20	Jay
25	Oaks
30	W. Siloam Springs
35	Kansas
40	Leach
45	Twin Oaks
50	Cleora

22	DEWEY
05	Camargo
10	Leedey
15	Oakwood
20	Putnam
25	Seiling
30	Taloga
35	Vici

23	ELLIS
05	Arnett
10	Fargo
15	Gage
20	Shattuck
25	Harmon

24	GARFIELD
05	Breckenridge
10	Covington
15	Douglas
20	Drummond
25	Enid
30	Fairmont
35	Garber
40	Hilldale
45	Hunter
50	Kremlin
55	Lahoma
60	North Enid
65	Waukomis
70	Carrier

25	GARVIN
05	Elmore City
10	Lindsey
15	Maysville
20	Paoli
25	Pauls Valley
30	Stratford
35	Wynnewood
40	Hennepin
45	Pernell

26	GRADY
05	Alex
10	Bradley
15	Chickasha
20	Minco
25	Rush Spring
30	Tuttle
35	Verden
40	Norge
45	Amber
50	Ninnekah
55	Blanchard

County Number	City
27	GRANT
05	Deer Creek
10	Jefferson
15	Lamont
20	Manchester
25	Medford
30	Nash
35	Pond Creek
40	Renfrow
45	Wakita
50	Salt Fork

28	GREER
05	Brinkman
10	Granite
15	Mangum
20	Willow

29	HARMON
05	Gould
10	Hollis

30	HARPER
05	Buffalo
10	Laverne
15	May
20	Rosston

31	HASKELL
05	Keota
10	Kinta
15	McCurtain
20	Stigler
25	Tamaha
30	Whitefield
35	Enterprise
40	Hoyt

32	HUGHES
05	Calvin
10	Dustin
15	Gerty
20	Holdenville
22	Hornstown
25	Spaulding
25	Lamar
30	Stuart
35	Wetumka
40	Allen
45	Atwood
50	Yeager

33	JACKSON
05	Altus
10	Blair
15	Duke
20	Eldorado
25	Elmer
30	Headrick
35	Martha
40	Olustee

34	JEFFERSON
05	Addington
10	Hastings
15	Ringling
20	Ryan
25	Sugden
30	Terral
35	Waurika
40	Cornish

County Number	City
35	JOHNSTON
05	Bromide
10	Mannsville
15	Milburn
20	Mill Creek
25	Ravia
30	Tishomingo
35	Wapanucka
40	Coleman
45	Pontotoc
50	Emet
55	Nida
60	Connerville

36	KAY
05	Blackwell
10	Braman
12	Hardy
15	Kaw City
20	Kildare
25	Nardin
30	Newkirk
35	Ponca City
40	Tonkawa

37	KINGFISHER
05	Cashion
10	Hennessey
15	Kingfisher
20	Loyal
35	Okarche
40	Dover
45	Piedmont

38	KIOWA
05	Cooperton
10	Gotebo
15	Hobart
20	Lone Wolf
25	Mountain Park
30	Mountain View
35	Roosevelt
40	Snyder

39	LATIMER
05	Red Oak
10	Wilburton
50	Talihina

40	LEFLORE
05	Arkoma
10	Bokoshe
15	Cameron
20	Cowlington
23	Fanshawe
25	Heavener
30	Howe
32	LeFlore
35	Panama
38	Pocola
40	Poteau
45	Spiro
50	Talihina
55	Wister
60	Shady Point
65	Whitesboro
70	Muse
75	Tucker
80	Hodgens

County Number	City
41 LINCOLN	
05	Agra
10	Carney
15	Chandler
20	Davenport
25	Fallis
30	Kendrick
35	Meeker
40	Prague
45	Sparks
50	Stroud
55	Tryon
58	Warwick
60	Wellston
42 LOGAN	
03	Cashion
05	Coyle
07	Cedar Valley
10	Crescent
15	Guthrie
20	Langston
25	Lovell
30	Marshall
35	Meridan
40	Mulhall
45	Orlando
50	Cimarron
70	Oklahoma City
43 LOVE	
05	Leon
10	Marietta
15	Thackerville
44 McCLAIN	
05	Blanchard
10	Byars
11	Cole
12	Dibble
15	Purcell
20	Rosedale
25	Washington
30	Wayne
35	Newcastle
40	Goldsby
70	Oklahoma City
45 McCURTAIN	
05	Broken Bow
10	Garvin
15	Haworth
20	Idabel
25	Valliant
30	Tom
35	Moon
40	Millerton
45	Watson
50	Wright City
55	Smithville
60	Harris
65	Eagletown
46 McINTOSH	
05	Checotah
10	Eufaula
15	Hanna
20	Hitchita
25	Rentiesville
30	Stidham
35	Vivian
40	Texanna

County Number	City
47 MAJOR	
05	Ames
10	Cleo Springs
15	Fairview
20	Meno
25	Ringwood
30	Orianta
48 MARSHALL	
05	Kingston
08	McBride
10	Madill
15	Oakland
20	Woodville
25	Little City
30	Lebanon
35	Soldier Creek
49 MAYES	
05	Adair
10	Chouteau
15	Disney
16	Grnd Lake Twn
18	Hoot Owl
20	Langley
25	Locust Grove
30	Pensacola
35	Pryor
40	Salina
45	Spavinaw
47	Sportsmn Acres
50	Strang
55	Mazie
60	Rose
50 MURRAY	
05	Davis
10	Dougherty
12	Hickory
14	Scullin
15	Sulphur
51 MUSKOGEE	
05	Boynton
10	Braggs
15	Council Hill
20	Fort Gibson
25	Haskell
30	Muskogee
35	Oktaha
40	Porum
45	Taft
50	Wainwright
55	Warner
60	Webbers Falls
65	Keefeton
70	Briartown
75	Summit
52 NOBLE	
05	Billings
10	Marland
15	Morrison
20	Perry
25	Red Rock
30	Summer
35	Lela

County Number	City
53 NOWATA	
05	Delaware
10	Lenapah
13	New Alluwe
15	Nowata
20	S. Coffeyville
25	Wann
54 OKFUSKEE	
03	Bearden
05	Boley
10	Castle
12	Clearview
15	Okemah
20	Paden
25	Weleetka
55 OKLAHOMA	
05	Bethany
10	Choctaw
15	Del City
20	Edmond
25	Forest Park
30	Harrah
35	Jones
38	Lake Aluma
40	Luther
45	Arcadia
55	Midwest City
60	Nichols Hills
65	Nicoma Park
70	Oklahoma City
75	Smith Village
80	Spencer
82	Springlake Park
85	Valley Brook
90	Village
95	Warr Acres
98	Woodlawn Park
56 OKMULGEE	
05	Beggs
10	Bryant
15	Dewar
20	Grayson
25	Henryetta
30	Hoffman
32	Kusa
35	Morris
40	Okmulgee
45	Winchester
57 OSAGE	
05	Avant
10	Barnsdall
15	Burbank
20	Fairfax
25	Foraker
30	Grainola
35	Hominy
40	Osage
43	Pershing
45	Pawhuska
47	Prue
49	Sand Springs
50	Shidler
55	Webber City
60	Wynona
70	Skiatook
75	Bartlesville
80	Tulsa

County Number	City
58	OTTAWA
05	Afton
07	Cardin
10	Commerce
15	Fairland
20	Miami
25	North Miami
30	Peoria
35	Picher
40	Quapaw
45	Wyandotte

59	PAWNEE
05	Blackburn
10	Cleveland
15	Hallett
20	Jennings
27	Leander
30	Maramec
35	Pawnee
40	Ralston
42	Rigsby
44	Shady Grove
45	Skedee
50	Terlton
55	Quay
60	Lela
65	Westport

60	PAYNE
05	Cushing
10	Glencoe
14	Drumright
15	Perkins
20	Ripley
25	Stillwater
30	Yale
55	Quay

61	PITTSBURG
05	Alderson
10	Ashland
15	Canadian
20	Crowder
25	Haileyville
30	Hartshorne
35	Indianola
40	Kiowa
45	Krebs
50	McAlester
55	Pittsburg
60	Quinton
65	Savanna
70	Haywood
75	Arpelar
80	Bache
85	Dow

62	PONTOTOC
05	Ada
13	Fitzhugh
15	Francis
20	Roff
25	Stonewall
30	Byng
35	Fittstown
40	Allen

County Number	City
63	POTTAWATOMIE
05	Asher
07	Bethel Acres
08	Brooksville
10	Earlsboro
13	Johnson
15	McCloud
20	Macomb
30	St. Louis
35	Shawnee
40	Tecumseh
45	Wanette
50	Pearson
52	Tribbey
55	Maud
60	Dale
65	Pink
70	Oklahoma City
80	Remus

64	PUSHMATAHA
05	Albion
10	Antlers
15	Clayton
20	Rattan
25	Snow
30	Oleta

65	ROGER MILLS
05	Cheyenne
10	Hammon
15	Reydon
20	Strong City
25	Roll

66	ROGERS
05	Catoosa
06	Fair Oaks
10	Chelsea
15	Claremore
17	Foyil
20	Inola
22	Jamestown
25	Oologah
30	Talala
32	Owasso
35	Valley Park
40	Collinsville
50	Tulsa

67	SEMINOLE
05	Cromwell
10	Konawa
12	Lima
15	Sasakwa
20	Seminole
25	Wewoka
30	Bowlegs
35	Wolf
55	Maud

68	SEQUOYAH
05	Gans
10	Gore
15	Marble
20	Moffet
25	Muldrow
30	Roland
35	Sallisaw
40	Vian
28	Paradise Hills
45	Aqua Park

County Number	City
69	STEPHENS
03	Bray
04	Center High
05	Comanche
10	Duncan
12	Empire City
15	Loco
20	Marlow
25	Velma
30	County Line

70	TEXAS
05	Goodwell
10	Guymon
15	Hardesty
20	Hooker
25	Optima
30	Texhoma
35	Tyrone

71	TILLMAN
03	Chattanooga
05	Davidson
10	Frederick
15	Grandfield
20	Hollister
25	Loveland
30	Manitou
35	Tipton

72	TULSA
05	Bixby
15	Collinsville
20	Glenpool
25	Jenks
26	Liberty
27	Lotsee
30	Owasso
35	Sand Springs
45	Sperry
46	Sapulpa
50	Tulsa
55	Leonard
60	Broken Arrow
70	Skiatook

73	WAGONER
03	Bixby
05	Coweta
07	Fair Oaks
09	New Tulsa
10	Okay
15	Porter
20	Redbird
25	Tulahassee
30	Wagoner
35	Stone Bluff
40	Catoosa
50	Tulsa
60	Broken Arrow

74	WASHINGTON
05	Bartlesville
10	Copan
15	Dewey
20	Ochelata
25	Ramona
30	Vera
35	Wann

County
Number _____ City

75 **WASHITA**
 05 Bessie
 10 Burns Flat
 15 Canute
 16 Clinton
 20 Cordell
 25 Corn
 30 Dill City
 35 Foss
 40 Rocky
 45 Sentinel
 50 Colony

76 **WOODS**
 05 Alva
 10 Avard
 15 Capron
 20 Dacoma
 25 Freedom
 30 Waynoka
 35 Hopeton

77 **WOODWARD**
 0 Mooreland
 10 Mutual
 15 Quinlan
 20 Sharon
 25 Fort Supply
 30 Woodward

Appendix B: Two Letter State and Foreign Country Abbreviations

Listed below are the accepted State and country abbreviations to be used.
To be uniform in reporting, no other abbreviations are permitted.

AL	Alabama	NM	New Mexico
AK	Alaska	NY	New York
AZ	Arizona	NC	North Carolina
AR	Arkansas	ND	North Dakota
CA	California	OH	Ohio
CO	Colorado	OK	Oklahoma
CT	Connecticut	OR	Oregon
DE	Delaware	PA	Pennsylvania
DC	District of Columbia	RI	Rhode Island
FL	Florida	SC	South Carolina
GA	Georgia	SD	South Dakota
HI	Hawaii	TN	Tennessee
ID	Idaho	TX	Texas
IL	Illinois	UT	Utah
IN	Indiana	VT	Vermont
IA	Iowa	VA	Virginia
KS	Kansas	WA	Washington
KY	Kentucky	WV	West Virginia
LA	Louisiana	WI	Wisconsin
ME	Maine	WY	Wyoming
MD	Maryland		
MA	Massachusetts	AS	American Samoa
MI	Michigan	PR	Puerto Rico
MN	Minnesota	US	United States Government
MS	Mississippi	VI	U.S. Virgin Islands
MO	Missouri		
MT	Montana	CN	Canada
NE	Nebraska	MX	Mexico
NV	Nevada		
NH	New Hampshire	99	All others not listed
NJ	New Jersey		

Appendix C: Vehicle Make Abbreviations

ACURA	ACUR
ALFA ROMEO	ALFA
AM GENERAL CORP	AMGC
AMERICAN EAGLE	AEAG
AMERICAN MOTORS	AMER
AMF	AMF
AMPHICAT	AMPT
ARTIC CAT	ARCA
ASPES	APES
ASSEMBLED VEHICLES	ASVE
ASTON-MARTIN	ASTO
ASUNA	ASUN
AUDI	AUDI
AUSTIN	AUST
AUSTIN-HEALY	AUHE
AUTOCAR	AUTO
AVANTI	AVTI
BANTAM	BANM
BENELLI	BENE
BENTLEY	BENT
BIG BEAR	FLEO
BMW	BMW
BOMBADIER	BOMB
BORELLA	BRLL
BRIGGS & STRATTON	BRST
BSA	BSA
BUELL MOTOR	BUEL
BUICK	BUIC
CADILLAC	CADI
CAPRI	CAP
CERTIFICATE OF ORIGIN	CERF
CHAPARRAL	CHAP
CHAPPY	YAMA
CHECKER	CHEC
CHEVROLET	CHEV
CHRYSLER	CHRY
CIAO	VESP
CITROEN	CITR
CLASSIC	MOTN
COLT	SUZI
CONSTRUCTION EQUIPMENT	CE
COOPER	COOP
CUSHMAN	CUSH
DAEWOO	DAEW
DAIHATSU	DAIH
DATSUN	DATS
DELOREAN	DELO
DESOTO	DESO
DETOMASO	DETO
DKW	DKW
DODGE	DODG
DUCATI	DUCA

DYNACYCLE	DYCY
EAGLE	EGLE
ECSTASY TRIKES OF ALLENTOWN	ECTA
EDSEL	EDSE
ENCORE	ENCR
ENGINE (WHEN MAKE NOT LISTED)	ENGN
E-Z Rider	ALEX
FERRARI	FERR
FIAT	FIAT
Five-Star	JUIL
FORD	FORD
FOXI	FOXI
FREIGHTLINER	FRHT
FWD	FWD
GARELLI	GARE
GEO	GEO
GM	GM
GMC	GMC
GO KART	GOKT
GOLFMOBILE	GOGO
GRANDE	VESP
HARLEY DAVIDSON	HD
HILLMAN	HILL
HINO	HINO
HODAKA	HODA
HOMEMADE MOTORCYCLES	HOMD
HONDA	HOND
HUFFY CORP.	HUFY
HUMMER	HUMM
HUSKY	HUSK
HUSQVARNA	HUSQ
HYUNDAI	HYUN
INDIAN	IND
INFINITI	INFI
INTERNATIONAL	INTL
ISUZU	ISU
IVECO	IVEC
JAGUAR	JAGU
JEEP	JEEP
JENSEN	JENS
KAISER	KAIS
KAWASAKI	KAWK
KENWORTH	KW
KIA	KIA
KTM	KTM
LADA	LADA
LAMBORGHINI	LAMO
LANCIA	LNCI
LAND ROVER	LNDR
LEXUS	LEXS
LINCOLN	LINC
LOTUS	LOTU

MACK	MACK
MARMON	MARM
MASERATI	MASE
MAZDA	MAZD
MERCEDES BENZ	MERZ
MERCURY	MERC
MERKUR	MERK
MG	MG
MINI	MNNI
MINISCOOTER	MINI
MITSUBISHI	MIT
MOJAVE	MOJA
MORRIS	MORR
MOTO GUZZI	MOGU
MOTORCYCLE (NO MAKE LISTED)	CYCL
NASH	NASH
NISSAN	NISS
NORTON	NORT
ODYSSEY	ODSS
OLDSMOBILE	OLDS
OPEL	OPEL
OSHKOSH	OSHK
PACKARD	PACK
PASSPORT	PASS
PETERBILT	PTRB
PEUGEOT	PEUG
PINIFARINA	PINI
PLYMOUTH	PLYM
PONTIAC	PONT
PORSCHE	PORS
PURE STEEL CUSTOM CYCLES	PSCC
RAMBLER	RAMB
RECONSTRUCTED MOTORCYCLE	RECO
RENAULT	RENA
REO	REO
ROADMASTER	AMF
ROLLS-ROYCE	ROL
ROVER	ROV

SAAB	SAA
SATURN	STRN
SCAMP	SCAM
SCION	SCIO
SHELBY AMERICAN	SHEB
SIMCA	SIM
SNOW TRI SCAT	SNOC
SPECIAL (GO-CART, GOLF CART)	SPEC
SPORTSMAN	SPOR
SSI	SSI
STERLING	STRG
STUDEBAKER	STU
SUBARU	SUBA
SUNBEAM	SUNB
SUPER GLIDE (MFD. H-DAVIDSON)	HD
SUPER-TRYKE (MFD. HEALD)	HEAL
SUZUKI	SUZI
TECUMSEH	TECU
TITAN CUSTOM MOTORCYCLE	TITN
TOYOTA	TOYT
TRAIL BLAZER	TRBZ
TRAIL BOSS	TRBO
TRAIL BREAKER	TRBR
TRANSMISSION (NO MAKE LISTED)	TRMN
TRIUMPH	TRIU
UNLISTED MOTORCYCLE MAKE	CYCL
VESPA	VESP
VICTORY MOTORCYCLES	VCTY
VOLKSWAGEN	VOLK
VOLVO	VOLV
WESTERN FLYER	COLB
WHITE	WHIT
WHITEGMC	WHGM
WINNEBAGO	WINN
YAMAHA	YAMA
YARD-MAN	COLB
YUGO	YUGO

Appendix D: Extended Definitions

Collision:

A collision is an unstabilized situation which includes at least one harmful event.

Contact vehicle:

A contact vehicle is any road vehicle which comes in contact with one or more road vehicles, non-motorists, or property in a collision. A contact vehicle is directly involved in a collision.

Deliberate intent:

Deliberate intent is the classification given to the cause of an event which occurs when a person acts deliberately to cause the event or deliberately refrains from prudent acts which would prevent occurrence of the event.

Inclusions:

- ▶ Suicide
- ▶ Self-inflicted injury
- ▶ Homicide
- ▶ Injury or damage purposely inflicted
- ▶ And others

Exclusions:

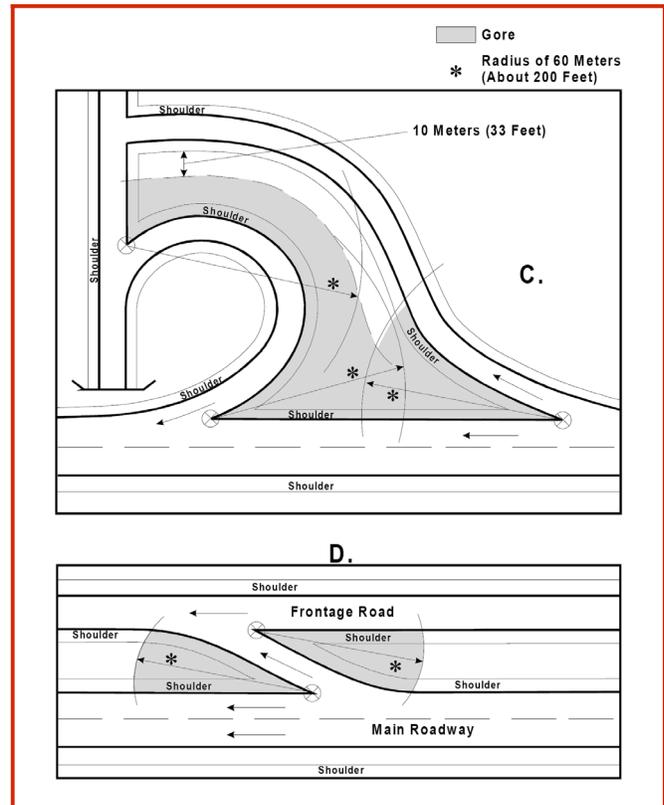
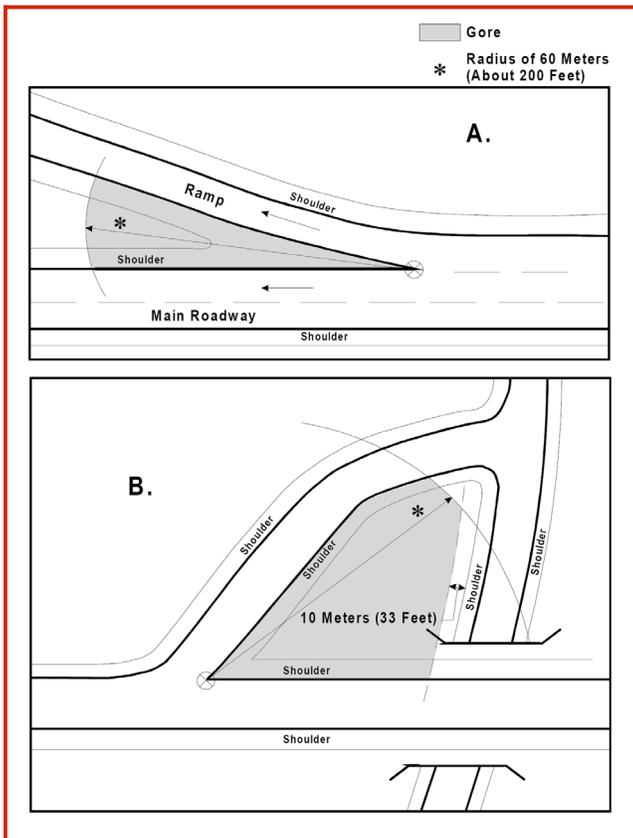
- ▶ Injury or damage beyond that which was intended
- ▶ And others

Examples:

- 1) When a driver intentionally kills or injures himself with a motor vehicle, by driving it against a fixed object or into a body of water, for example, the driver's death or injury is a result of deliberate intent.
- 2) When a driver intentionally kills or injures another person with a motor vehicle, by running into a pedestrian, for example, the death or injury is a result of deliberate intent.
- 3) When a driver intentionally causes damage with a motor vehicle, by ramming another vehicle, for example, the damage is a result of deliberate intent.

Gore

A gore is an area of land where two roadways diverge or converge. The area is bounded on two sides by the edges of the roadways, which join at the point of divergence or convergence. The direction of traffic must be the same on both sides of these roadways. The area includes shoulders or marked pavement, if any, between the roadways. The third side is 60 meters (approximately 200 feet) from the point of divergence or convergence or, if any other road is within 70 meters (230 feet) of that point, a line 10 meters (33 feet) from the nearest edge of such road.



Harmful event:

A harmful event is an occurrence of injury or damage.

Inclusions:

An incident can be an injury or damage resulting when a driver dies, loses consciousness or control of the vehicle because of a medical condition such as a stroke, heart attack, diabetic coma, epileptic seizure, etc. In such case the immediate effect of the disease, such as the driver's death, loss of consciousness or control is not itself considered to be a harmful event.

Interstate Commerce:

Trade, traffic or transportation in the United States

Between a place in a State and a place outside of such State (including a place outside of the U.S.)

Between two places in a State through another State or a place outside of the U.S.

Between two places in a State as part of trade, traffic or transportation originating or terminating outside the State or the U.S.

Required to have a USDOT number.

Intrastate Commerce:

Used for a carrier that operates entirely within the state

Not required to have USDOT number

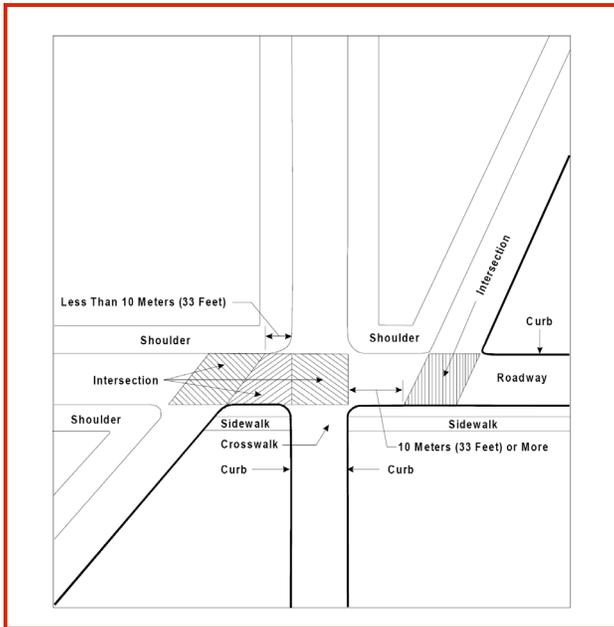
USDOT numbers in the process of being assigned to Intrastate motor carriers in a number of states

Should include state two-character abbreviation on the end (Example: USDOT 123456XX)

Intersection

An intersection is an area which (1) contains a crossing or connection of two or more roadways not classified as driveway access and (2) is embraced within the prolongation of the lateral curb lines or, if none, the lateral boundary lines of the roadways.

Where the distance along multiple roadways between two areas meeting these criteria are less than 10 meters (33 feet), the two areas and the roadways connecting them are considered to be parts of a single intersection.



Legal intervention:

Legal intervention is a category of deliberate intent in which the person who acts or refrains from acting is a law-enforcing agent or other official.

Examples:

- 1) If a lawbreaker crashes either intentionally or unintentionally into a road block set up by police to stop him, the crash is considered a result of legal intervention. If a driver other than the lawbreaker crashes into the road block, the crash is not considered to be a result of legal intervention.
- 2) If a police car is intentionally driven into another vehicle with the intent of ending the pursuit, the result is considered to be a legal intervention. If a lawbreaker being pursued by the police loses control of his vehicle and crashes, the result is not considered to result be a legal intervention.
- 3) If during the course of the pursuit, the police vehicle strikes a road vehicle other than the subject of the pursuit, a non-motorist, or property, then that harmful event is not a legal intervention.

Median

A median is an area of a trafficway between parallel roads separating travel in opposite directions (see Figure 1). A median should be four or more feet wide.

Inclusions:

- ▶ Physical barriers separating roads with travel in opposite directions.
- ▶ Depressed, raised or flush areas between roads with travel in opposite directions.
- ▶ Painted medians of four or more feet between roads with travel in opposite directions, including continuous left-turn lanes.

Exclusions:

- ▶ Shoulders, separators

Not In Commerce - Government

Any government vehicle whether operated by local, state or federal government. In most circumstances, will not have a USDOT number.

Not in Commerce - Other Trucks

Used for personal rental vehicles (U-Haul, Penske, etc.) over 10,000 pounds GVWR/GCWR operated by a private individual.

Override:

An Override refers to a vehicle riding up over another (including a parked vehicle). A vehicle straddling a guardrail, for examples, is not coded as an override.

Positive Median Barrier:

A positive median barrier is a temporary or permanent vertical structure designed to prevent vehicles from entering the opposing traffic stream, either accidentally or intentionally. Positive median barriers may also be used to reduce the glare produced by oncoming vehicle headlights.

Railway Collision:

A railway collision is a transport collision that (1) involves a railway train in transport and (2) is not an aircraft collision, watercraft collision, or motor vehicle collision.

Roundabout:

A roundabout is a circular traffic pattern in which yield control is used on all entries, circulating vehicles have the right-of-way, pedestrian access is allowed only across the legs of the roundabout behind the yield line and circulation is counter-clockwise and passes to the right of the central island.



Traffic Circle:

A traffic circle is an intersection of roads where motor vehicles must travel around a circle to continue on the same road or leave on any intersecting road.



Underride:

An Underride refers to a vehicle sliding under another vehicle during a collision. The classic example is an automobile striking the rear end or the side of a tractor-trailer and coming to a stop under the trailer. In this example, the automobile is the underriding vehicle. We distinguish between those underriding vehicles with compartment intrusion versus those with no compartment intrusion.

Compartment intrusion means that the truck's rear end or side has entered the passenger compartment of the underriding vehicle (typically, the windshield or glass area). No compartment intrusion means typically that the front hood is under the truck, but the truck has not directly entered the passenger compartment.

It is possible for an auto to completely underride the trailer without stopping. Underride is not applicable to motorcyclists or snowmobiles.

Work Zone:

A Work Zone is a segment of road that is currently being worked on for repairs or improvements. A “workspace” – a portion of the road (lanes, shoulder, etc.) is closed with repair workers and/or equipment present. Here are the relevant sections of a work zone:

Before the first Work Zone Warning Sign

This is the section of highway where road users have not yet entered the upcoming work zone or incident area. A collision that occurs before or after the Work Zone warning area or after the Termination Area may be counted as a Work Zone collision if traffic is congested before or after these areas.

Advance Warning Area

The advance warning area is the section of highway where road users are informed about the upcoming work zone or incident area. The advance warning area may vary from a single sign or high-intensity rotating, flashing, oscillating, or strobe lights on a vehicle to a series of signs in advance of the temporary traffic control (TTC) zone activity area.

Transition Area

The transition area is that section of highway where road users are redirected out of their normal path.

Activity Area

The activity area is the section of the highway where the work activity takes place. It is comprised of the workspace, the traffic space, and the buffer space. The workspace is that portion of the highway closed to road users and set aside for workers, equipment, and material, and a shadow vehicle if one is used upstream.

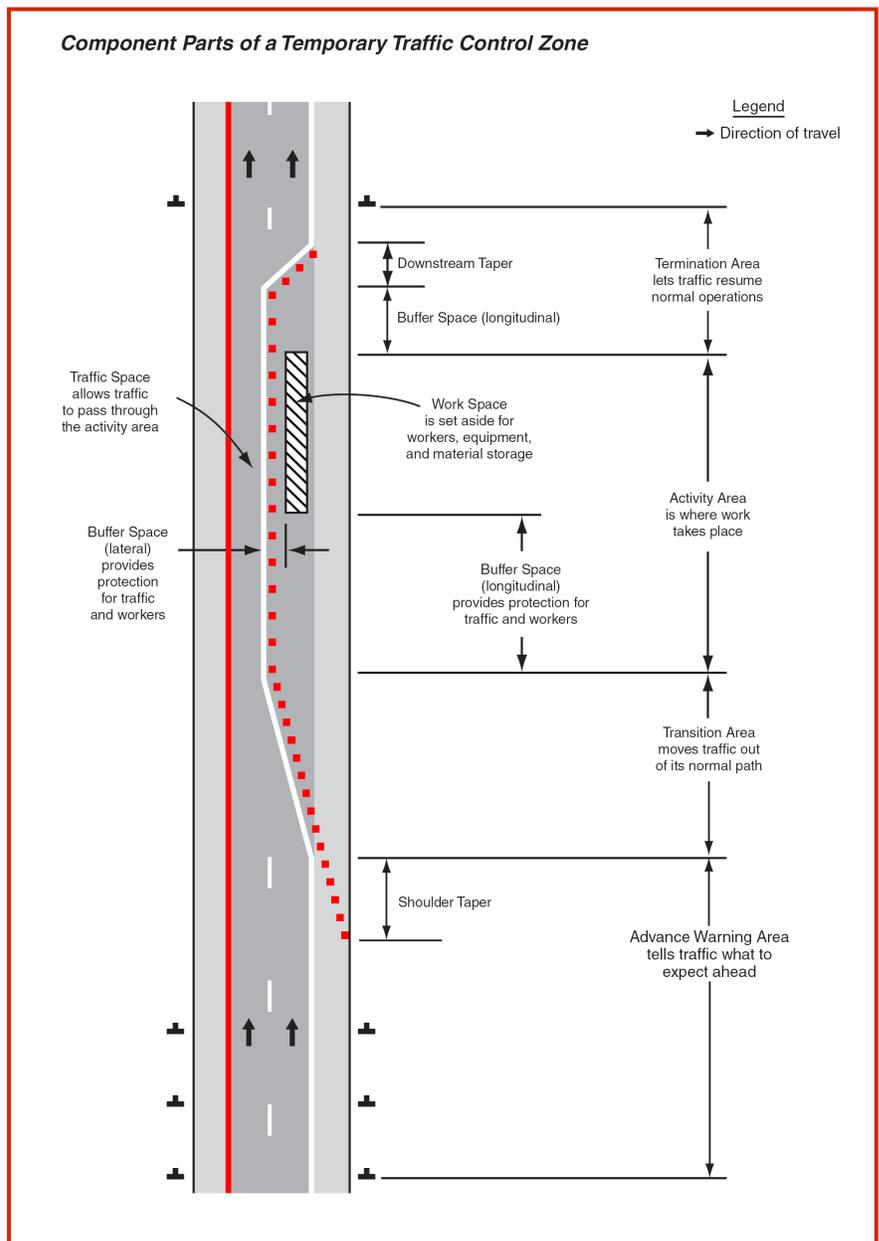
Workspaces are usually delineated for road users by channelizing devices or, to exclude vehicles and pedestrians, by temporary barriers. The workspace may be stationary or may move as work progresses.

The traffic space is the portion of the highway in which road users are routed through the activity area.

The buffer space is a lateral and/or longitudinal area that separates road user flow from the workspace or an unsafe area, and might provide some recovery space for an errant vehicle.

Termination Area

The termination area shall be used to return road users to their normal path. The termination area shall extend from the downstream end of the work area to the last TTC device such as END ROAD WORK signs, if posted. An END ROAD WORK sign, a Speed Limit sign, or other signs may be used to inform road users that they can resume normal operations. A longitudinal buffer space may be used between the workspace and the beginning of the downstream taper.



Appendix E: Unit Definitions

ANSI D16.1 – 1996

2.2.4 Railway vehicle:

A railway vehicle is any land vehicle that is (1) designed primarily for, or in use for, moving persons or property from one place to another on rails and (2) not in use on a land way other than a railway.

Inclusions:

- Street car on private way
- And others

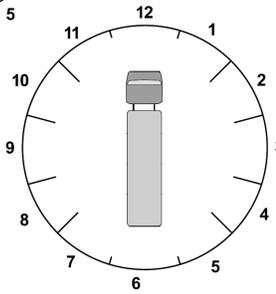
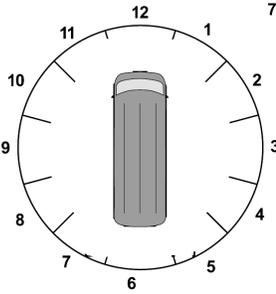
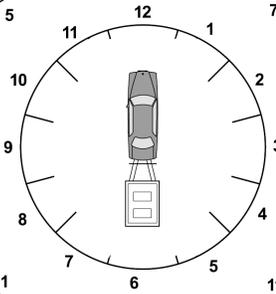
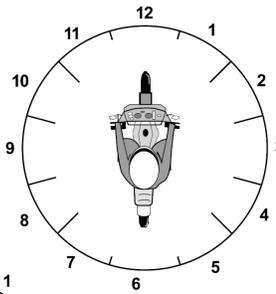
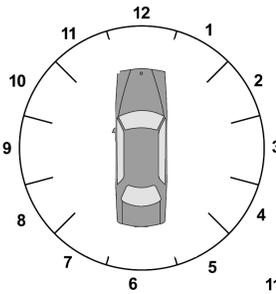
Exclusions:

- Street car operating on trafficway (See 2.2.8.)
- And others

2.2.5 Railway train:

A railway train is any motorized railway vehicle.

Appendix F: Additional Clock Contact Diagrams



Appendix G: Sequence of events - Fixed object examples

40 – Barrier (Cable)



46 –Traffic Sign Support



41 – Barrier (Concrete)



46 –Traffic Sign Support



45 – Traffic Signal Support



51 – Culvert



53 – Island



60 – Dividing Strip



54 – Sand Barrel



62 – Bridge Abutment



55 – Impact Attenuator / Crash Cushion



63 – Bridge Pier and Support



67 – Bridge Superstructure and Beams



69 – Delineator



Appendix H: Report Examples

Descriptive remark text of a collision between two units:

Remarks
UNIT ONE (1) WAS WESTBOUND ON A COUNTY ROAD. UNIT TWO (2) WAS NORTHBOUND ON U.S. 270. UNIT #1 STOPPED AT STOP SIGN, FAILED TO YIELD TO ON-COMING TRAFFIC AND TRAVELED INTO THE PATH OF UNIT #2. AREA OF IMPACT WAS 5 FT. W. OF E. EDGE OF U.S. 270 AND 8 FT S. OF N. EDGE OF THE COUNTY ROAD. UNIT #1 TRAVELED 36 FT NORTH AFTER IMPACT AND RESTED IN THE SOUTHBOUND LANE. UNIT #2 TRAVELED 32 FT. NORTH AFTER IMPACT AND CAME TO REST 12 FT EAST OF U.S. 270.



DPS: FR0900-44 REV 0106-04

Example collision report involving a car and a pedestrian:

DO NOT WRITE IN THIS SPACE

Incident Report

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

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

(1) Reporting Agency OKLAHOMA HIGHWAY PATROL		Case Number (Agency Use) 06543		Motor Vehicles Involved 01	Number Injured 01	Number Killed 00	
(2) Date of Collision (mm/dd/yyyy) 05182006		Time 2230	County Number and Name 16 COMANCHE		Nearest City or Town Number and Name LAWTON		
(3) Distance from Nearest City or Town Limits 25 Mi. E		Control # 18	Int ID 5	Location 46	East Grid 061	North Grid 026	
(4) Street, Road or Highway SH-7		(Nearest) Intersecting Street, Road or Highway COUNTY ROAD - SE 90th					
(5) Unit 01	Occupants 01	Type D	Hit & Run <input type="checkbox"/>	Last Name SMITH, MICHAEL	First W	Middle 	
(6) Address 123 NW 143 RD		City LAWTON	State OK	Zip 73505	Telephone (Use Area Code) 5803551234		
(7) Driver License Number 123456789		State OK	Class Endorsement(s) D	Restriction(s) 	Inj. Sev. 1	Type of Injury 01	
(8) Air Bag 1	Ejected 1	Extricated 1	Test 50	(% BAC) 0	Transported by 	To Medical Facility 	
(9) VIN 2FAF71W02X1093445		Vehicle Year 2005	Color BLU	2nd Color 0	Make FORD	Model CROW	
(10) Insurance Company Name FARMERS		Policy Number 56789	Insurance Telephone (Use Area Code) 5803539876		Extent of Damage 3		
(11) Vehicle Removed by <input checked="" type="checkbox"/>		Owner's Last Name SMITH	First W	Middle Initial 			
(12) Owner's Address 		City 	State 	Zip 	Towed Veh. Type Oversized Load 0 Rollover 0 Burned 0 Phone present <input checked="" type="checkbox"/> Phone in use <input type="checkbox"/>		
(13) Citation Number 		Statute/Ordinance Number 	Citation Number 	Statute/Ordinance Number 			
(14) Unit 02	Occupants 00	Type P	Hit & Run <input type="checkbox"/>	Last Name JONES, WAYNE	First M	Middle 	
(15) Address 789 NE 78th		City LAWTON	State OK	Zip 73507	Telephone (Use Area Code) 5802484567		
(16) Driver License Number 		State 	Class Endorsement(s) 	Restriction(s) 	Inj. Sev. 4	Type of Injury 12345	
(17) Air Bag 0	Ejected 0	Extricated 0	Test 50	(% BAC) 0	Transported by CCMHA	To Medical Facility CCMH	
(18) VIN 0		Vehicle Year 0	Color 0	2nd Color 0	Make 0	Model 0	
(19) Insurance Company Name 		Policy Number 	Insurance Telephone (Use Area Code) 		Extent of Damage 0		
(20) Vehicle Removed by <input type="checkbox"/>		Owner's Last Name 	First 	Middle Initial 			
(21) Owner's Address 		City 	State 	Zip 	Towed Veh. Type Oversized Load Rollover Burned Phone present <input type="checkbox"/> Phone in use <input type="checkbox"/>		
(22) Citation Number C123456		Statute/Ordinance Number 11-506.b	Citation Number 	Statute/Ordinance Number 			
(23) Investigating Officer TRP. John Doe		Badge Number 777	Troop/Div. G	Reviewed by (init.) AM	Reviewer Badge Number 128	Date of Report (mm/dd/yyyy) 05182006	
Unit Type D Driver P Pedestrian X Pedestrian Conveyance B Bicyclist		Injury Severity N/A 1 No Injury 2 Possible Non-incapacitating 3 Ejected 4 Fatal 5 Unknown		Type of Injury 0 N/A 1 Head 2 Trunk - External 3 Trunk - Internal 4 Arms 5 Legs 9 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 Medications 06 Very Tired 07 Sleepy 08 Ill (Sick) 09 Dizzy/Faint 10 Emotional 11 Other 99 Unknown	
Air Bag Deployed 0 Not Deployed 1 Deployed - Front 2 Deployed - Side 3 Deployed - Other (knee, air belt, etc.)		Ejected 0 Not Applicable 1 Not Ejected 2 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 Disabling 9 Unknown		Insurance Verification 0 N/A 1 No 2 Operator Permitted 3 Exempt		Oversized Load 0 N/A N Not Permitted P Permitted		Towed Vehicle Type 00 N/A 01 Boat Trailer 02 House Trailer 03 Farm Trailer 04 Horse Trailer 05 Another Vehicle 06 Restraint Used - Type Unknown 07 Homemade Trailer 08 Box Trailer 09 Cattle Trailer 10 Camping Trailer 11 Combination 12 Other 99 Unknown	

WARNING - STATE LAW Use of contents for commercial solicitation is unlawful

Unit	Total Lanes in Roadway	Legal Speed	Pedestrian / Pedalcyclist Only			
01	02	70	Actions Prior to Collision	Location at Time of Collision	Safety Equip.	Unit Number of Vehicle Striking
02	02	00	06	02	0	01

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

Light 2

- Daylight
- Dark-Not Lighted
- Dark-Lighted
- Dawn
- Dusk
- Dark-Unknown
- Lighting
- Other
- Unknown

What Vehicle Was Going to Do

Unit 1	Unit 2
01	00

Override/Override

Unit 1	Unit 2
0	0

Type of Work Zone

- Lane Closure
- Lane Shift/Crossover
- Work on Shoulder or Median
- Intermittent or Moving Work
- Unknown

Location of the Work Zone Collision

- Before the First Work Zone Warning Sign
- Advance Warning Area
- Transition Area
- Activity Area
- Termination Area
- Unknown

Weather 01

- Clear
- Fog/Smog/Smoke
- Cloudy
- Rain
- Snow
- Sleet/Hail (Freezing Rain/Drizzle)
- Severe Crosswind
- Blowing Snow
- Blowing Sand, Soil, Dirt
- Other
- Unknown

What Vehicle Did

Unit 1	Unit 2
01	00

Traffic Control

Unit 1	Unit 2
00	00

Workers Present Yes No Unknown

Locality 5

- Residential
- Business
- Industrial
- School
- Not Built-up
- Mixed Use
- Other
- Unknown

What Vehicle Did

Unit 1	Unit 2
01	00

Road Surface Conditions

Unit 1	Unit 2
01	00

Trafficway

Unit 1	Unit 2
4	0

Unsafe / Unlawful Contributing Factors

Unit 1	Unit 2
98	99

Type of Intersection 4

- Not an Intersection
- Y-Intersection
- T-Intersection
- Four-Way Intersection
- Five-Point or More Intersection as Part of Interchange
- Traffic Circle
- Roundabout
- Unknown

Visibility Obscured by

Unit 1	Unit 2
00	00

Road Surface Conditions

Unit 1	Unit 2
01	00

Vehicle Removal

Unit 1	Unit 2
4	0

Failed to Yield

- From Stop Sign
- From Yield Sign
- Private Drive
- County Road at Through Highway
- From Signal Light
- From Alley
- To Pedestrian
- To Vehicle on Right
- To Vehicle in Intersection
- To Emergency Vehicles
- Other

Incident Type 00

- Not an Incident
- Private Property
- Deliberate Intent
- Medical Condition
- Legal Intervention
- Suicide
- Drowning
- Other

Visibility Obscured by

Unit 1	Unit 2
00	00

Road Surface Conditions

Unit 1	Unit 2
01	00

Vehicle Condition

Unit 1	Unit 2
01	00

Improper Overtaking

- In Marked Zone
- On Hill/Curve
- At Intersection
- Without Sufficient Clearance
- Other

Location of First Harmful Event 01

- On Roadway
- Shoulder
- Median
- Roadside
- Gore
- Separator
- Parking Lane/Zone
- Off Roadway, Location Unknown
- Outside Right-of-Way
- Other
- Unknown

Visibility Obscured by

Unit 1	Unit 2
00	00

Road Character

Grade

Unit 1	Unit 2
1	0

Road Alignment

Unit 1	Unit 2
1	0

Vehicle Condition

Unit 1	Unit 2
01	00

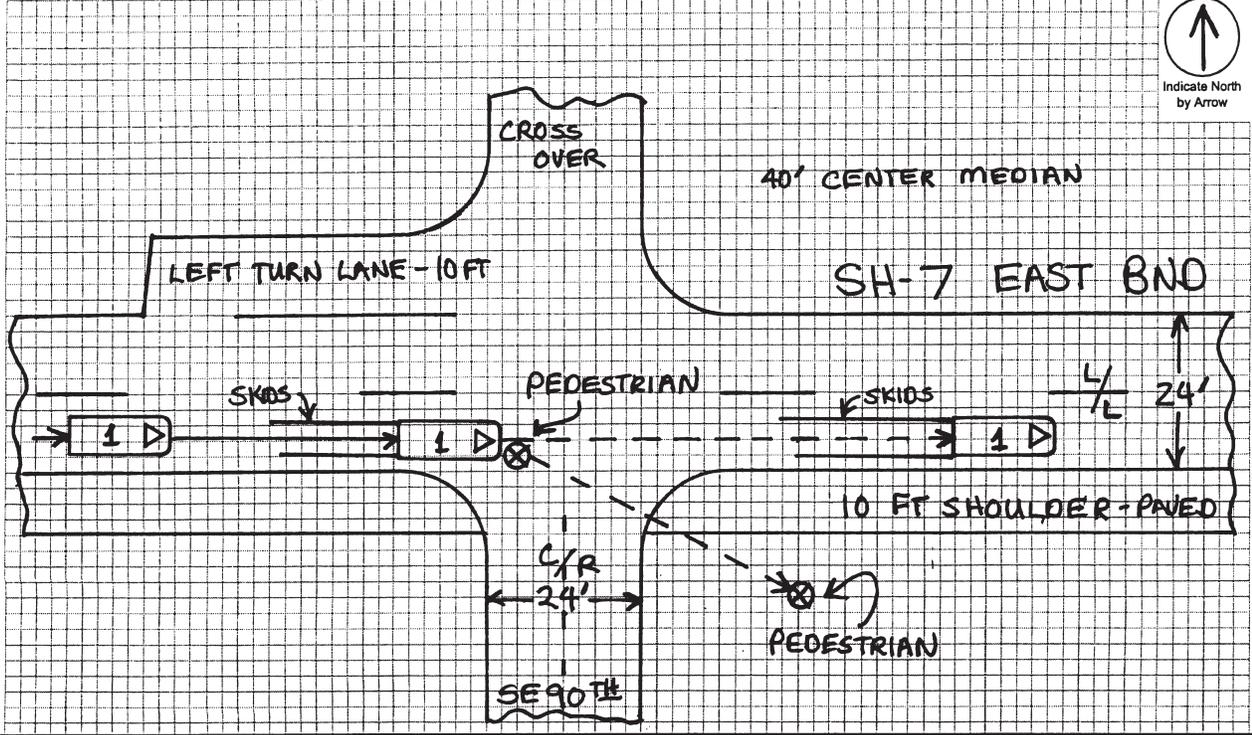
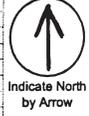
Improper Start From

- Parked Position
- Other



Case Number 06543

Latitude N Longitude W Railroad Crossing Number Roadway Orientation Unit Number 01 NE E SW Unit Number 02 NE E SW



COLLISION EVENTS						First Harmful Event for the Entire Collision	37 Work Zone/Maintenance Equipment	56 Pavement Drop-Off			
Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event						
01	30	00	00	00	30	30	38 Other Non-Fixed Object	57 Ditch			
02	00	00	00	00	00		39 Fixed Object:	58 Embankment			
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		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		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

DRIVER OF UNIT 1 DID NOT SEE PEDESTRIAN WALKING IN ROADWAY. UNIT 1 STRUCK THE PEDESTRIAN. POI WAS 10 FT S. OF L/L OF SH-7 EAST BOUND AND 10 FT W. OF C/R OF SE 90th. POR FOR UNIT 1 WAS 82 FT E. OF POI. POR FOR UNIT 2 (PEDESTRIAN) WAS 34 FT E. AND 28 FT. S. OF POI. UNIT 1 LEFT 44 FT OF SKID MARKS BEFORE IMPACT AND 82 FT OF SKID MARKS AFTER IMPACT.

Example collision report involving a car and an animal (Cow):

Y N Pg 1 of 4

DO NOT WRITE IN THIS SPACE

Incident Report Revised
 Investigation Completed Fatality
 Investigation Made at Scene Hit and Run
 Photographs

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

(1) Reporting Agency OKLAHOMA HIGHWAY PATROL		Case Number (Agency Use) E101064-07		Motor Vehicles Involved 01	Number Injured 00	Number Killed 00	
(2) Date of Collision (mm/dd/yyyy) 10272007		Time 0732		County Number and Name 45 MURKIN		Nearest City or Town Number and Name WRIGHT CITY	
(3) Distance from Nearest City or Town Limits 0001 Mi. <input checked="" type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> W		Control # 32	Int ID 04	Location 96	East Grid 015	North Grid 0058	
(4) Street, Road or Highway STATE HIGHWAY 98		Distance from 0621 Mi. <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		(Nearest) Intersecting Street, Road or Highway COUNTY ROAD			
(5) Unit 01	Occupants Type A	Hi & Run <input type="checkbox"/>	Last Name 1 - COW	First 	Middle 	Date of Birth (mm/dd/yyyy) 	
(6) Address BLACK - 500 LBS		City 		State 	Zip 	Telephone (Use Area Code) 	
(7) Driver License Number 		State 	Class Endorsement(s) 	Restriction(s) 	Inj. Sev. 	Type of Injury 	
(8) Ejected <input type="checkbox"/>	Extricated <input type="checkbox"/>	Test <input type="checkbox"/>	(% BAC) 0.	Transported by 	To Medical Facility 	License Plate Number 	
(9) VIN 0		Vehicle Year 	Color 	2nd Color 	Make 	Model 	
(10) Insurance Company Name 		Policy Number 		Insurance Telephone (Use Area Code) 			
(11) Vehicle Removed by 		Owner's Last Name SMITH JOHN		Middle Initial A			
(12) Owner's Address 999 ANYSTREET, ANYTOWN		City ANYTOWN		State OK	Zip 12345	Towed Veh. Type 	
(13) Citation Number 		Statute/Ordinance Number 	Citation Number 	Statute/Ordinance Number 			
(14) Unit 02	Occupants Type 01 D	Hi & Run <input type="checkbox"/>	Last Name DOE	First JOHN	Middle B	Date of Birth (mm/dd/yyyy) 07141964	
(15) Address P.O. Box 99		City ANYTOWN		State OK	Zip 12345	Telephone (Use Area Code) 4057654321	
(16) Driver License Number 987654321		State OK	Class Endorsement(s) D	Restriction(s) 	Inj. Sev. 1	Type of Injury 0	
(17) Ejected <input checked="" type="checkbox"/>	Extricated <input type="checkbox"/>	Test <input type="checkbox"/>	(% BAC) 50.	Transported by 	To Medical Facility 	License Plate Number ABC123	
(18) VIN 1GCEC36F25B987654		Vehicle Year 1999	Color RED	2nd Color 0	Make PONT	Model GP	
(19) Insurance Company Name 2 McCLELLAND INSURANCE CO.		Policy Number AG451758141		Insurance Telephone (Use Area Code) 4051234567			
(20) Vehicle Removed by GUEST WRECKER CO.		Owner's Last Name 		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 TRP. JACK DOE		Badge Number 999	Troop/Div. E	Reviewed by (Init.) JHB	Reviewer Badge Number 81	Date of Report (mm/dd/yyyy) 10272007	
Unit Type D Driver, P Pedestrian, K Pedestrian, L Conveyance, B Bicyclist		Injury Severity 0 N/A, 1 No Injury, 2 Possible, 3 Non-incapacitating, 4 Incapacitating, 5 Fatal, 9 Unknown		Type of Injury 0 N/A, 1 Head, 2 Trunk, 3 External, 4 Arms, 5 Legs, 9 Unknown		Driver/Pedestrian Condition 00 Not Applicable, 01 Apparently Normal, 02 Drinking - Ability Impaired, 03 Order of Alcohol Beverage, 04 Illegal Drugs, 05 Under the Influence of 09 Dizzy/Faint, 10 Emotional, 06 Very Tired, 07 Sleepy, 08 Ill/ Sick, 09 Medications, 11 Other, 99 Unknown	
Air Bag Deployed 0 Not Applicable, 1 Not Deployed, 2 Deployed - Front, 3 Deployed - Side, 4 Deployed - Other (knee, air belt, etc.), 5 Deployed - Combination, 9 Unknown		Ejected 0 Not Applicable, 1 Not Ejected, 2 Ejected Partially, 3 Ejected Totally, 9 Unknown		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, 9 Other	
Occupant Protection (OP) In Use 00 N/A, 01 Boal Trailer, 02 House Trailer, 03 Farm Trailer, 04 Horse Trailer, 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		Extent of Damage 0 N/A, 1 None, 2 Minor, 3 Functional, 4 Dangling, 9 Unknown		Insurance Verification 0 N/A, 1 No, 2 Permitted, 3 Operator, 4 Exempt, 9 Permitted		Oversized Load 0 N/A, 1 Not Permitted, 2 Permitted	
Towed Vehicle Type 00 N/A, 01 Boal Trailer, 02 House Trailer, 03 Farm Trailer, 04 Horse Trailer, 05 Another Vehicle, 06 Utility Vehicle, 07 Monorail, 08 Box Trailer, 09 Cattle Trailer, 10 Camping Trailer, 11 Combination, 12 Other, 99 Unknown		WARNING - STATE LAW Use of contents for commercial solicitation is unlawful					



(24) Unit	Injured <input type="checkbox"/> Witness <input type="checkbox"/>	Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)	Sex
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 <input type="checkbox"/> Witness <input type="checkbox"/>	Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)	Sex
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 <input type="checkbox"/> Witness <input type="checkbox"/>	Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)	Sex
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"/> Witness <input type="checkbox"/>	Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)	Sex
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 _____ NASI Report Number <u>OK</u> Placard Number _____ Haz. Mat. Class _____ Haz. Mat. Involved _____ Haz. Mat. Release _____		
(39) Unit _____ Carrier Name _____ Address _____		
(40) City _____ State _____ Zip _____		
(41) U.S. DOT Number _____ NASI Report Number <u>OK</u> Placard Number _____ Haz. Mat. Class _____ Haz. Mat. Involved _____ Haz. Mat. Release _____		

<p>Position in Vehicle</p> <p>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</p> <p>See manual for additional seating examples</p>	<p>Vehicle Configuration</p> <p>00. N/A</p> <p>01. Passenger Veh.-2 Dr</p> <p>02. Passenger Veh.-4 Dr</p> <p>03. Passenger Veh. Conv.</p> <p>04. Pickup</p> <p>05. Single Unit Truck, 2 axles</p> <p>06. Single Unit Truck, 3+ axles</p> <p>07. School Bus</p> <p>08. Truck/Trailer</p> <p>09. Truck-Tractor (Bobtail)</p> <p>10. Truck-Tractor/Semi-Trailer</p> <p>11. Truck-Tractor/Double</p> <p>12. Truck-Tractor/Triple</p> <p>13. Bus/Large Van 9-15 occupants including driver</p> <p>14. Bus 16+ occupants including driver</p> <p>15. Motorcycle</p> <p>16. Motor Scooter/Moped</p> <p>17. Motor Home</p> <p>18. Farm Machinery</p> <p>19. ATV</p> <p>20. SUV</p> <p>21. Passenger Van</p> <p>22. Truck more than 10,000 lbs. Cannot Classify</p> <p>23. Van 10,000 lbs or Less</p> <p>24. Other</p> <p>99. Unknown</p>	<p>Cargo Body Type</p> <p>00. N/A</p> <p>01. Bus 9-15 seats</p> <p>02. Bus 16+ seats</p> <p>03. Van / Enclosed Box / Stock Trailer</p> <p>04. Cargo Tank</p> <p>05. Flatbed</p> <p>06. Intermodal</p> <p>07. Dump Truck/Trailer</p> <p>08. Concrete Mixer</p> <p>09. Auto Transporter</p> <p>10. Garbage/Refuse</p> <p>11. Hopper (grain/chips/gravel)</p> <p>12. Pole Trailer</p> <p>13. Log Trailer</p> <p>14. Vehicle Towing Vehicle</p> <p>15. Other</p> <p>99. Unknown</p>
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Case Number E/01064-07

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT Pg 3 of 4

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"	<u>01</u>	<u>02</u>	<u>00</u>			
This unit will correspond to "Unit 2"	<u>02</u>	<u>02</u>	<u>55</u>			

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

Type of Work Zone		Location of the Work Zone Collision	
1 Lane Closure	<input type="checkbox"/>	1 Before the First Work Zone Warning Sign	<input type="checkbox"/>
2 Lane Shift/Crossover	<input type="checkbox"/>	2 Advance Warning Area	<input type="checkbox"/>
3 Work on Shoulder or Median	<input type="checkbox"/>	3 Transition Area	<input type="checkbox"/>
4 Intermittent or Moving Work	<input type="checkbox"/>	4 Activity Area	<input type="checkbox"/>
9 Unknown	<input type="checkbox"/>	5 Termination Area	<input type="checkbox"/>
Workers Present Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>			

Light	Unit 1	Unit 2	Underride/Override	Unit 1	Unit 2
1 Daylight	<u>1</u>		<u>0</u>	<u>0</u>	
2 Dark-Not Lighted					
3 Dark-Lighted					
4 Dawn					
5 Dusk					
6 Dark-Unknown Lighting					
7 Other					
9 Unknown					

What Vehicle Was Going to Do	Unit 1	Unit 2	Traffic Control	Unit 1	Unit 2
<u>00</u>	<u>00</u>	<u>01</u>	<u>00</u>	<u>00</u>	<u>00</u>
00 Not Applicable			00 No Control		
01 Go Ahead			01 Stop Sign		
02 Turn Left			02 Traffic Signal		
03 Turn Right			03 Flashing Traffic Signal		
04 Make "U" Turn			04 School Zone Signs		
05 Stop			05 Yield Sign		
06 Slow for Cause			06 Warning Sign		
07 Start from Park/Stop			07 Railroad Advance Warning Sign		
08 Change Lanes			08 Railroad Cross Bumps		
09 Overtake			09 Railroad Gates		
10 Pass			10 Railroad Signal		
11 Back			11 No Passing Zone		
12 Remain Stopped			12 Person (including flagger, law enforcement, crossing guard, etc.)		
13 Remain Parked			13 Abnormal Control		
14 Enter/Merge in Traffic			14 Posted Speed		
15 Negotiate a Curve			15 Other		
16 Park			99 Unknown		
17 Other					
99 Unknown					

Trafficway	Unit 1	Unit 2	Unsafe / Unlawful Contributing Factors	Unit 1	Unit 2
<u>2</u>	<u>2</u>		<u>91</u>	<u>98</u>	
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		
			10 To Emergency Vehicles		
			12 Other		
			FOLLOWED TOO CLOSELY		
			13 Human Element		
			14 Traffic Condition		
			15 Weather Condition		
			UNSAFE SPEED		
			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		
			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		
			38 CHANGED LANES UNSAFELY		
			39 STOPPED IN TRAFFIC LANE		
			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		

Weather	Unit 1	Unit 2	What Vehicle Did	Unit 1	Unit 2
<u>01</u>			<u>00</u>	<u>01</u>	
01 Clear			00 Not Applicable		
02 Fog/Smog/Smoke			01 Went Ahead		
03 Cloudy			02 Turned Left		
04 Rain			03 Turned Right		
05 Snow			04 Entered "U" Turn		
06 Sleet/Hail (Freezing Rain/Drizzle)			05 Stopped		
07 Severe Crosswind			06 Slowed		
08 Blowing Snow			07 Started From Park/Stop		
09 Blowing Sand, Soil, Dirt			08 Entered Other Lane		
10 Other			09 Overtaking		
99 Unknown			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		

Vehicle Removal	Unit 1	Unit 2	Vehicle Condition	Unit 1	Unit 2
<u>0</u>	<u>1</u>		<u>00</u>	<u>01</u>	
0 Not Applicable			00 Not Applicable		
1 Towed Due to Vehicle Damage			01 Apparently Normal		
2 Towed For Reasons Other Than Damage			02 Brakes		
3 Remained at Scene			03 Headlights		
4 Driven from Scene			04 Steering		
9 Unknown			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		

Locality	Unit 1	Unit 2	Road Surface Conditions	Unit 1	Unit 2
<u>5</u>			<u>01</u>	<u>01</u>	
1 Residential			01 Dry		
2 Business			02 Wet		
3 Industrial			03 Ice/Frost		
4 School			04 Snow		
5 Not Built-up			05 Mud, Dirt, Gravel		
6 Mixed Use			06 Slush		
7 Other			07 Water (standing, moving)		
9 Unknown			08 Sand		
			09 Oil		
			10 Other		
			99 Unknown		

Special Function of Vehicle	Unit 1	Unit 2	Road Character	Unit 1	Unit 2
<u>00</u>	<u>00</u>	<u>00</u>	Grade	Unit 1	Unit 2
00 Not Applicable			1 Level	<u>1</u>	<u>1</u>
01 School Bus			2 Hillcrest		
02 Transit Bus			3 Uphill		
03 Intercity Bus			4 Downhill		
04 Charter Bus			5 Sag (bottom)		
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					

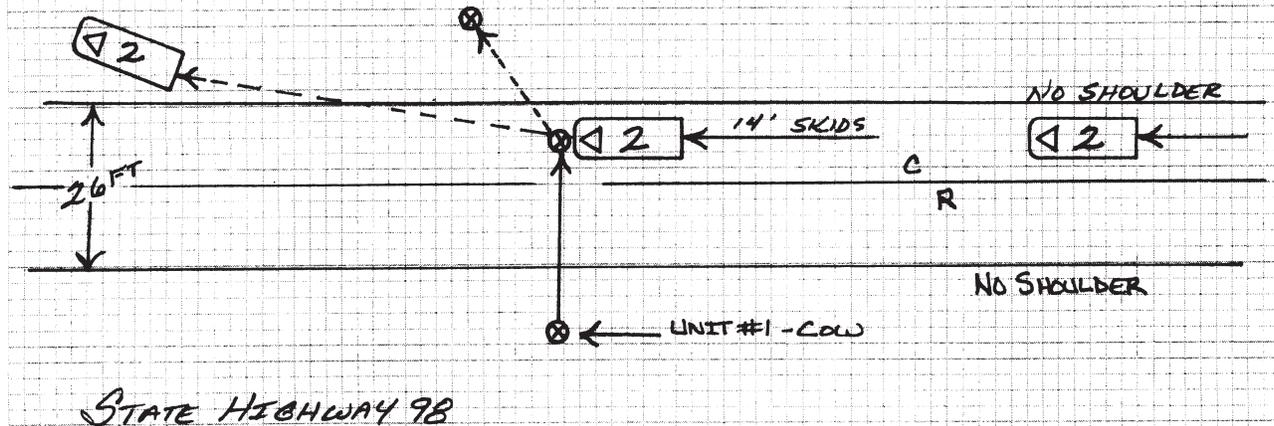
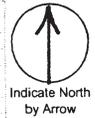
Visibility Obscured by	Unit 1	Unit 2	Road Alignment	Unit 1	Unit 2
<u>00</u>	<u>00</u>	<u>00</u>	<u>1</u>	<u>1</u>	
00 Not Applicable			1 Straight		
01 Trees			2 Curve - Left		
02 Embankment			3 Curve - Right		
03 Building					
04 Signs					
05 Parked Vehicles					
06 High Weeds					
07 Fences					
08 Shrubby					
09 Ice, Snow or Frost on Windows					
10 Smoke					
11 Fog					
12 Dust					
13 Rain					
14 Sun					
15 Other					
99 Unknown					

Point of First Contact on Vehicle	Unit 1	Unit 2	Most Damaged Area	Unit 1	Unit 2
<u>00</u>	<u>12</u>		<u>00</u>	<u>12</u>	
00 Not Applicable			00 Not Applicable		
13 Top			14 Undercarriage		
			99 Unknown		



Case Number E/101064-07

Latitude N Longitude W Railroad Crossing Number Roadway Orientation Unit Number 01 NE SW W Unit Number 02 NE SW W



COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
01	00				00	
02	33				33	33

- 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

UNIT ONE (#1) (COW) WAS NORTHBOUND CROSSING SH-98. UNIT TWO (#2) WAS WESTBOUND. UNIT #1 TRAVELED INTO THE PATH OF UNIT #2. UNIT #2 SKID 14 FT. PRIOR TO IMPACT. P.O.I. WAS 621 FT. EAST OF COUNTY ROAD "F", AND 6 FT SOUTH OF THE NORTH EDGE OF S.H-98. FOLLOWING IMPACT UNIT #1 TRAVELED 16 FT NORTH AND 8 FT. WEST AND WAS FOUND DECEASED IN THE RIGHT OF WAY. UNIT #2 TRAVELED 36 FT FURTHER WEST AND RESTED ON THE RIGHT OF WAY. UNIT #1 WAS RELEASED TO THE OWNER.

Example collision report involving a car and a train:

Pg 1 of 4

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Incident Report Y N Investigation Completed Y N Revised Y N
 Investigation Made at Scene Y N Fatality Y N
 Photographs Y N Hit and Run Y N

(1) Reporting Agency OKLAHOMA HIGHWAY PATROL		Case Number (Agency Use) E01322-07		Motor Vehicles Involved 01	Number Injured 01	Number Killed 00
(2) Date of Collision (mm/dd/yyyy) 06252007		Time 143045		County Number and Name 45 McCURTAIN		Nearest City or Town Number and Name WRIGHT CITY
(3) Distance from Nearest City or Town Limits 0001 Mi. <input checked="" type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> W		Control # 32	Int ID 04	Location 96	East Grid 0150	North Grid 0058
(4) Street, Road or Highway STATE HIGHWAY 9B		Distance from 0162 Mi. <input checked="" type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> W		(Nearest) Intersecting Street, Road or Highway COUNTY ROAD		
(5) Unit 0101D	Occupants Type DOE	Hit & Run <input type="checkbox"/>	CMV <input type="checkbox"/>	Last Name JANE	First M	Middle
(6) Address 11212 1ST STREET		City VALLIANT		State OK	Zip 74764	Telephone (Use Area Code) 5809876543
(7) Driver License Number 987123654		State OK	Class D	Endorsement(s) 	Restriction(s) 1	Inj. Sev. 4
(8) Ejected 2	Extricated 1	Test 2	(% BAC) 50	Transported by VALLIANT EMS - BROKEN BOW	To Medical Facility ABC123	License Plate Number OK092007
(9) VIN 1FTCF73H87B456789		Vehicle Year 1999	Color GRN	2nd Color WHI	Make FORD	Model F150
(10) Insurance Company Name ROE INSURANCE CO.		Policy Number 170147244		Insurance Telephone (Use Area Code) 5809875432		
(11) Vehicle Removed by MCCELAND TOWING		Owner's Last Name 		First 	Middle Initial 	
(12) Owner's Address 		City 		State 	Zip 	Towed Veh. Type <input type="checkbox"/> Oversized Load <input type="checkbox"/> Rollover <input type="checkbox"/> Burned <input checked="" type="checkbox"/> Phone present <input checked="" type="checkbox"/> Phone in use <input type="checkbox"/>
(13) Citation Number F923871		Statute/Ordinance Number 747-11-701-A		Citation Number 		
(14) Unit 0201T	Occupants Type SMITH	Hit & Run <input type="checkbox"/>	CMV <input type="checkbox"/>	Last Name ROBERT	First L	Middle
(15) Address 1234 RAIL WORLD DRIVE		City MUSKOGEE		State OK	Zip 74403	Telephone (Use Area Code)
(16) Driver License Number 0		State 	Class 	Endorsement(s) 	Restriction(s) 	Inj. Sev.
(17) Ejected 	Extricated 	Test 	(% BAC) 0	Transported by 	To Medical Facility 	License Plate Number B3474
(18) VIN BMSF9B37		Vehicle Year 	Color 	2nd Color 	Make FRGT	Model 36
(19) Insurance Company Name EXEMPT		Policy Number 		Insurance Telephone (Use Area Code) 		
(20) Vehicle Removed by BURLINGTON NORTHERN RAILWAY		Owner's Last Name 		First 	Middle Initial 	
(21) Owner's Address 999 ANY STREET		City ANYTOWN		State OK	Zip 12345	Towed Veh. Type <input type="checkbox"/> Oversized Load <input type="checkbox"/> Rollover <input type="checkbox"/> Burned <input type="checkbox"/> Phone present <input type="checkbox"/> Phone in use <input type="checkbox"/>
(22) Citation Number 		Statute/Ordinance Number 		Citation Number 		
(23) Investigating Officer TRP JACK HITCH		Badge Number 123	Troop/Div. E	Reviewed by (Init.) PBG	Reviewer Badge Number 82	Date of Report (mm/dd/yyyy) 06252007

D Driver		2 Other Cyclist		N/A		4 Incapacitating		0 N/A		3 Trunk - Internal		00 Not Applicable		05 Under the Influence		08 Ill (Sick)		00 Not Applicable		05 Child Restraint Type Unknown		10 Booster Seat	
P Pedestrian		C Parked Car		1 No Injury		5 Fatal		1 Head		01 Apparently Normal		09 Dizziness/Faint		01 None Used		02 Lap Belt Only		03 Shoulder Belt Only		07 Helmet		11 Other	
X Pedestrian		A Animal		2 Possible		9 Unknown		2 Trunk - External		02 Drinking - Ability Impaired		10 Emotional		02 Lap Belt Only		03 Shoulder Belt Only		08 Child Restraint - Forward Facing		09 Child Restraint - Rear Facing		99 Unknown	
Conveyance		T Train		3 Non-incapacitating				9 Unknown		03 Odor of Alcohol/Beverage		06 Very Tired		11 Other		04 Shoulder and Lap Belt							
B Bicyclist										04 Illegal Drugs		07 Sleepy		99 Unknown									
Air Bag Deployed		Ejected		Extricated		Chemical Test		Extent of Damage		Insurance Verification		Oversized Load											
0 Not Applicable		4 Deployed - Other (knee, air bell, etc.)		0 Not Applicable		3 Ejected, Totally		0 N/A		0 N/A		3 Functional		0 N/A		3 Operator		0 N/A		00 N/A		05 Another Vehicle	
1 Not Deployed		2 Deployed - Front		1 Not Ejected		9 Unknown		1 No		0 None		4 Disabling		1 No		4 Exempt		N Not Permitted		01 Boat Trailer		06 Utility Vehicle	
2 Deployed - Side		5 Deployed - Combination		2 Ejected, Partially		2 Yes		1 Blood		4 Test Refused		2 Minor		2 Owner		P Permitted		02 House Trailer		07 Homemade Trailer		10 Camping Trailer	
3 Deployed - Unknown								2 Breath		6 Other								03 Farm Trailer		08 Box Trailer		11 Combination	
								3 Blood/Breath										04 Horse Trailer		12 Other		99 Unknown	

WARNING - STATE LAW Use of contents for commercial solicitation is unlawful

DPS: 0192-01 REV 0107

(24)	Unit	Injured <input type="checkbox"/> Witness <input type="checkbox"/>	Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)	Sex
City _____ State _____ Zip _____ Telephone (Use Area Code) _____									
Same as Driver <input type="checkbox"/>									
(26) Injury Severity / Type _____ OP Use <input type="checkbox"/> Air Bag Ejected <input type="checkbox"/> Extricated <input type="checkbox"/> Transported by _____ To Medical Facility _____ Property Type _____									
(27) Unit _____ Injured <input type="checkbox"/> Witness <input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/> 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 <input type="checkbox"/> Air Bag Ejected <input type="checkbox"/> Extricated <input type="checkbox"/> Transported by _____ To Medical Facility _____ Property Type _____									
(30) Unit _____ Injured <input type="checkbox"/> Witness <input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/> 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 <input type="checkbox"/> Air Bag Ejected <input type="checkbox"/> Extricated <input type="checkbox"/> Transported by _____ To Medical Facility _____ Property Type _____									
(33) Unit _____ Injured <input type="checkbox"/> Witness <input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/> 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 <input type="checkbox"/> Air Bag Ejected <input type="checkbox"/> Extricated <input type="checkbox"/> 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. _____ Cargo Body _____ Vehicle Use _____
		(38) U.S. DOT Number _____ NASI Report Number <u>OK</u> Placard Number _____ Haz. Mat. Class _____ Haz. Mat. Involved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Haz. Mat. Release <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Interstate Commerce <input type="checkbox"/> Intrastate Commerce <input type="checkbox"/> Other Non-Commercial <input type="checkbox"/> Government <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. _____ Cargo Body _____ Vehicle Use _____
		(41) U.S. DOT Number _____ NASI Report Number <u>OK</u> Placard Number _____ Haz. Mat. Class _____ Haz. Mat. Involved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Haz. Mat. Release <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Interstate Commerce <input type="checkbox"/> Intrastate Commerce <input type="checkbox"/> Other Non-Commercial <input type="checkbox"/> Government <input type="checkbox"/>

<h3 style="text-align: center;">Position in Vehicle</h3> <p>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</p> <p style="font-size: small;">See manual for additional seating examples</p>	<h3 style="text-align: center;">Vehicle Configuration</h3> <p>00. N/A</p> <p>01. Passenger Veh.-2 Dr</p> <p>02. Passenger Veh.-4 Dr</p> <p>03. Passenger Veh. Conv.</p> <p>04. Pickup</p> <p>05. Single Unit Truck, 2 axles</p> <p>06. Single Unit Truck, 3+ axles</p> <p>07. School Bus</p> <p>08. Truck/Trailer</p> <p>09. Truck-Tractor (Bobtail)</p> <p>10. Truck-Tractor/Semi-Trailer</p> <p>11. Truck-Tractor/Double</p> <p>12. Truck-Tractor/Triple</p> <p>13. Bus/Large Van 9-15 occupants including driver</p> <p>14. Bus 16+ occupants including driver</p> <p>15. Motorcycle</p> <p>16. Motor Scooter/Moped</p> <p>17. Motor Home</p> <p>18. Farm Machinery</p> <p>19. ATV</p> <p>20. SUV</p> <p>21. Passenger Van</p> <p>22. Truck more than 10,000 lbs., Cannot Classify</p> <p>23. Van 10,000 lbs. or Less</p> <p>24. Other</p> <p>99. Unknown</p>	<h3 style="text-align: center;">Cargo Body Type</h3> <p>00. N/A</p> <p>01. Bus 9-15 seats</p> <p>02. Bus 16+ seats</p> <p>03. Van / Enclosed Box / Stock Trailer</p> <p>04. Cargo Tank</p> <p>05. Flatbed</p> <p>06. Intermodal</p> <p>07. Dump Truck/Trailer</p> <p>08. Concrete Mixer</p> <p>09. Auto Transporter</p> <p>10. Garbage/Refuse</p> <p>11. Hopper (grain/chips/gravel)</p> <p>12. Pole Trailer</p> <p>13. Log Trailer</p> <p>14. Vehicle Towing Vehicle</p> <p>15. Other</p> <p>99. Unknown</p>
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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'	01	02	65			
This unit will correspond to 'Unit 2'	02		15			

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

Type of Work Zone	Location of the Work Zone Collision
1 Lane Closure <input type="checkbox"/>	1 Before the First Work Zone Warning Sign <input type="checkbox"/>
2 Lane Shift/Crossover <input type="checkbox"/>	2 Advance Warning Area <input type="checkbox"/>
3 Work on Shoulder or Median <input type="checkbox"/>	3 Transition Area <input type="checkbox"/>
4 Intermittent or Moving Work <input type="checkbox"/>	4 Activity Area <input type="checkbox"/>
9 Unknown <input type="checkbox"/>	5 Termination Area <input type="checkbox"/>
	9 Unknown <input type="checkbox"/>

Workers Present Yes No Unknown

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

What Vehicle Was Going to Do	Unit 1	Unit 2	Unit 1	Unit 2
00 Not Applicable	01	01		
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				

Weather	Unit 1	Unit 2	Unit 1	Unit 2
01 Clear	03			
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	Unit 1	Unit 2	Unit 1	Unit 2
1 Residential	5			
2 Business				
3 Industrial				
4 School				
5 Not Built-up				
6 Mixed Use				
7 Other				
9 Unknown				

Type of Intersection	Unit 1	Unit 2	Unit 1	Unit 2
0 Not an Intersection	0			
1 Y-Intersection				
2 T-Intersection				
3 Four-Way Intersection				
4 Five-Point or More Intersection as Part of Interchange				
7 Traffic Circle				
8 Roundabout				
9 Unknown				

Visibility Obscured by	Unit 1	Unit 2	Unit 1	Unit 2
00 Not Applicable	00	00		
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				

Incident Type	Unit 1	Unit 2	Unit 1	Unit 2
00 Not an Incident	00			
51 Private Property				
52 Deliberate Intent				
53 Medical Condition				
54 Legal Intervention				
55 Suicide				
57 Drowning				
58 Other				

Location of First Harmful Event	Unit 1	Unit 2	Unit 1	Unit 2
01 On Roadway	01			
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				

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

Underdrive/Override	Unit 1	Unit 2	Unit 1	Unit 2
0 Not Applicable	1	1		
1 No Underdrive 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	Unit 1	Unit 2	Unit 1	Unit 2
00 No Control	08	99		
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	Unit 1	Unit 2	Unit 1	Unit 2
01 Dry	01	01		
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	Unit 1	Unit 2	Unit 1	Unit 2
Grade				
1 Level	1	1		
2 Hillcrest				
3 Uphill				
4 Downhill				
5 Sag (bottom)				
Road Alignment				
1 Straight	1	1		
2 Curve - Left				
3 Curve - Right				

Road Surface Type	Unit 1	Unit 2	Unit 1	Unit 2
1 Concrete	2	6		
2 Asphalt				
3 Gravel				
4 Dirt				
5 Brick				
6 Other				
9 Unknown				

Trafficway	Unit 1	Unit 2	Unit 1	Unit 2
0 Not Applicable	2	0		
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				

Vehicle Removal	Unit 1	Unit 2	Unit 1	Unit 2
0 Not Applicable	1	0		
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	Unit 1	Unit 2	Unit 1	Unit 2
00 Not Applicable	01	99		
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				

Special Function of Vehicle	Unit 1	Unit 2	Unit 1	Unit 2
00 Not Applicable	00	00		
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				

Unsafe / Unlawful Contributing Factors	Unit 1	Unit 2	Unit 1	Unit 2
FAILED TO YIELD	43	88		
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	Unit 1	Unit 2	Unit 1	Unit 2
13 Human Element				
14 Traffic Condition				
15 Weather Condition				
UNSAFE SPEED				
16 Driver's Ability (Aged)				
17 Inexperienced Driver - Young				
18 Exceeding Legal Limit				
19 For Traffic Conditions (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				

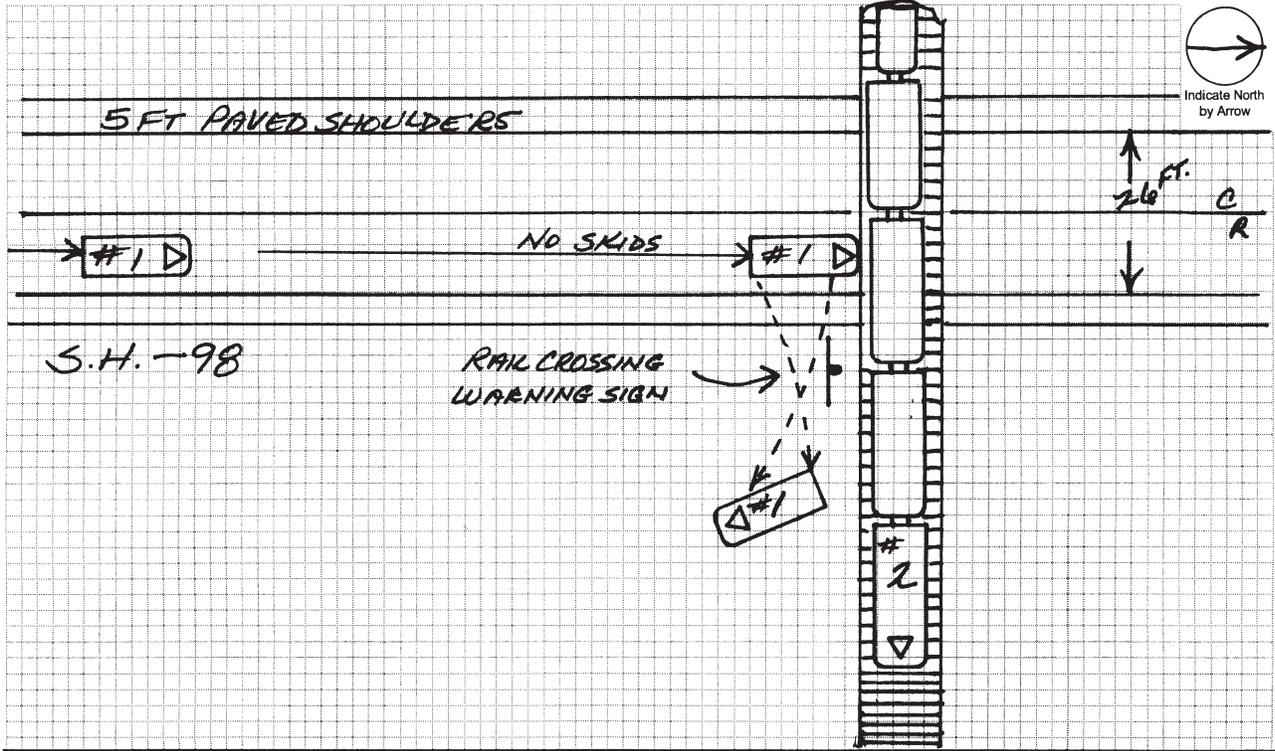
IMPROPER TURN	Unit 1	Unit 2	Unit 1	Unit 2
30 From Wrong Lane				
31 From Direct Course				
32 Right				
33 Left				
34 Turn About/U-Turn				
35 To Enter Private Drive				
36 In Front of Oncoming Traffic				
IMPROPER START FROM STOP				
37 Other				
38 CHANGED LANES UNSAFELY				
39 STOPPED IN TRAFFIC LANE				
40 For Stop Sign				
41 For Traffic Signal				
42 For School Bus				
43 For Railroad Gates/Signal				
44 For Officer/Flagman				
45 At Sidewalk/Stoplone				
46 Other				

UNSAFE VEHICLE	Unit 1	Unit 2	Unit 1	Unit 2
47 Brakes				
48 Steering				
PEDESTRIAN ACTION				
49 Tires				

Case Number E01322-07

Pg 4 of 4

Latitude N Longitude W Railroad Crossing Number B73325S Roadway Orientation Unit Number 01 NE N SW Unit Number 02 NE E SW



COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
01	32				32	32
02	00				00	32

<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 Delneator 70 Mailbox 71 Other Fixed Object 72 Other Highway Structure 73 Ground 99 Unknown
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Remarks

UNIT #1 WAS NORTHBOUND ON SH-98, UNIT #2, A RAILROAD TRAIN, WAS EASTBOUND. UNIT #1 FAILED TO STOP FOR RAIL CROSSING SIGN (CROSSBUCKS) AND STRUCK UNIT #2. P.O.I. WAS 162 FT. N. OF COUNTY ROAD "NS 15" AND 6 FT WEST OF EAST EDGE OF SH-98. FOLLOWING IMPACT UNIT #1 ROTATED CLOCKWISE AND RESTED 29 FT EAST OF P.O.I., UNIT #2 CONTINUED EAST 0.2 MILES AND CAME TO AN EMERGENCY STOP.

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

Appendix I: Grade Crossing (Train) Collision checklist and U.S. DOT inventory number identification

GRADE CROSSING COLLISION INVESTIGATION CHECKLIST

Engineer Information:

- Name
 - Address
 - DOB
 - Phone
 - Time of Collision
 - Train Speed Estimate at Collision
- (Operators license number not required on accident report)*

Conductor Information:

- Name
 - Address
 - DOB
 - Phone
- (Operators license number not required on accident report)*

Train Information:

- Lead engine number
- Train ID number (from Conductor)
- Number of cars in train
- Railroad Co. name/address (owns tracks)
- Name of Railroad Co. operating train
- Additional crew members

Engine Information:

- Headlight working?
- Horn working?
- Bell working?

Miscellaneous Information:

- RR Car number on crossing?
- Distance to last RR car from POI?
- Witnesses

**AT THIS POINT, IF NO FURTHER INFORMATION
IS REQUIRED, CONSIDER RELEASING THE TRAIN**

Crossing Signals:

- Light/gate bell combination?
- Light/bell combination?
- Passive warning (crossbucks)?
- Wig-wag type?
- Lights flashing/bells ringing your arrival?
- Crossing Gates Down?

(If devices not working your arrival, explain)

Other Crossing Characteristics:

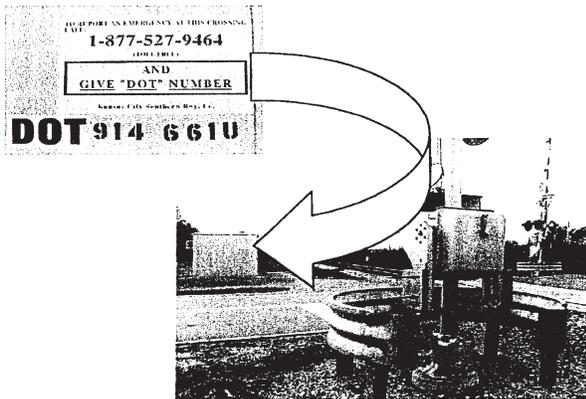
- Advance warning signs in place?*
- *Distance from this sign to nearest rail?*
- Crossing surface (rubber, asphalt, etc)
- Pavement markings?
- DOT/AAR crossing ID number?
- Width of right-of-way (ft)?
- Visual obstructions on driver approach?
- Citation given if warranted (FTY, FTS, etc.)?

Railroad Crossing Number:

1. In all Highway-Grade Crossing Collisions involving a train, the investigating officer shall record the 7 digit number (6 numerals and one letter) assigned to the crossing

Railroad crossing numbers are usually attached to the crossbuck, signal mast or the signal box. They may be printed on a permanent paper tag or metal plate.

U. S. DOT crossing inventory number affixed to active warning device crossing.



U. S. DOT crossing inventory number affixed to passive warning device crossing.



Appendix J – Oklahoma ZIP Codes

Achille	74720	Boise City	73933	Clearview	74880
Ada	74820	Bokchito	74726	Cleo Springs	73729
Ada	74821	Bokoshe	74930	Cleora	74331
Adair	74330	Boley	74829	Cleveland	74020
Adams	73901	Bond	74426	Clinton	73601
Addington	73520	Boss	74745	Coalgate	74538
Afton	74331	Boswell	74727	Coalton	74437
Agra	74824	Bowlegs	74830	Colbert	74733
Albany	74721	Boynton	74422	Colcord	74338
Albert	73001	Bradley	73011	Coleman	73432
Albion	74521	Braggs	74423	Collinsville	74021
Alderson	74522	Braman	74632	Colony	73021
Alex	73002	Bristow	74010	Comanche	73529
Aline	73716	Broken Arrow	74011	Commerce	74339
Allen	74825	Broken Arrow	74012	Concho	73022
Altus	73521	Broken Arrow	74013	Connerville	74836
Altus	73522	Broken Arrow	74014	Coodys Bluff	74048
Altus	73523	Broken Bow	74728	Cookson	74427
Altus Air Force Base	73523	Bromide	74530	Copan	74022
Alva	73717	Buffalo	73834	Cordell	73632
Amber	73004	Bunch	74931	Corn	73024
Ames	73718	Burbank	74633	Cottonwood	74538
Amorita	73719	Burlington	73722	Council Hill	74428
Anadarko	73005	Burneyville	73430	Countyline	73425
Antlers	74523	Burns Flat	73624	Covington	73730
Apache	73006	Bushyhead	74016	Coweta	74429
Arapaho	73620	Butler	73625	Coyle	73027
Arcadia	73007	Byars	74831	Crawford	73638
Ardmore	73401	Byron	73722	Crescent	73028
Ardmore	73402	Cache	73527	Cromwell	74837
Ardmore	73403	Caddo	74729	Crowder	74430
Arkoma	74901	Calera	74730	Cushing	74023
Arnett	73832	Calumet	73014	Custer	73639
Asher	74826	Calvin	74531	Custer City	73639
Atoka	74525	Camargo	73835	Cyril	73029
Atoka	74542	Cameron	74932	Dacoma	73731
Atwood	74827	Canadian	74425	Daisy	74540
Avant	74001	Caney	74533	Dale	74851
Avery	74023	Canton	73724	Davenport	74026
Bache	74501	Canute	73626	Davidson	73530
Bacone	74401	Capron	73717	Davis	73030
Baker	73950	Cardin	74335	Deer Creek	74636
Balko	73931	Carmen	73726	Del City	73115
Barnsdall	74002	Carnegie	73015	Del City	73135
Bartlesville	74003	Carney	74832	Del City	73165
Bartlesville	74004	Carrier	73727	Delaware	74027
Bartlesville	74005	Carter	73627	Depew	74028
Bartlesville	74006	Cartwright	74731	Devol	73531
Battiest	74722	Cashion	73016	Dewar	74431
Baugh	74020	Castle	74833	Dewey	74006
Bearden	74859	Catoosa	74015	Dewey	74029
Beaver	73932	Cement	73017	Dibble	73031
Beggs	74421	Centrahoma	74534	Dill City	73641
Beland	74401	Centralia	74301	Disney	74340
Bennington	74723	Chandler	74834	Dougherty	73032
Bernice	74331	Chattanooga	73528	Douglas	73733
Bessie	73622	Checotah	74426	Dover	73734
Bethany	73008	Chelsea	74016	Drummond	73735
Bethel	74724	Cherokee	73728	Drumright	74030
Big Cabin	74332	Chester	73838	Duke	73532
Billings	74630	Cheyenne	73628	Duncan	73533
Binger	73009	Chickasha	73018	Duncan	73534
Bird Island	74331	Chickasha	73023	Duncan	73536
Bison	73720	Choctaw	73020	Durant	74701
Bixby	74008	Choska	74429	Durant	74702
Blackwell	74631	Chouteau	74337	Durham	73642
Blair	73526	Claremore	74017	Dustin	74839
Blanchard	73010	Claremore	74018	Eagle City	73658
Blanco	74528	Claremore	74019	Eagletown	74734
Blocker	74529	Clarita	74535	Eakly	73033
Bluejacket	74333	Clayton	74536	Earlsboro	74840

East Side	74006	Grandfield	73553	Ketchum	74349
Edmond	73003	Granite	73547	Keyes	73947
Edmond	73013	Grant	74738	Kiefer	74041
Edmond	73034	Grayson	74437	Kingfisher	73750
Edmond	73083	Greenfield	73043	Kingston	73439
Edna	74010	Grove	74344	Kinta	74552
El Reno	73036	Grove	74345	Kiowa	74553
Eldorado	73537	Guthrie	73044	Konawa	74849
Elgin	73538	Guymon	73942	Krebs	74554
Elk City	73644	Hailey	74034	Kremlin	73753
Elk City	73648	Haileyville	74546	Kulli	74745
Elmer	73539	Hallett	74034	Lahoma	73754
Elmore City	73433	Hallis	74034	Lamar	74850
Elmwood	73932	Hammon	73650	Lamont	74643
Enid	73701	Hanna	74845	Lane	74555
Enid	73702	Harden City	74871	Langley	74350
Enid	73703	Hardesty	73944	Langston	73050
Enid	73705	Harmon	73832	Laverne	73848
Enid	73706	Harrah	73045	Lawton	73501
Enterprise	74462	Hartshorne	74547	Lawton	73502
Erick	73645	Haskell	74436	Lawton	73503
Eucha	74342	Hastings	73548	Lawton	73505
Eufaula	74432	Haworth	74740	Lawton	73506
Eufaula	74461	Haywood	74501	Lawton	73507
Fairfax	74637	Headrick	73549	Lawton	73558
Fairland	74343	Healdton	73438	Lebanon	73440
Fairmont	73736	Heavener	74937	Leedey	73654
Fairview	73737	Helena	73741	Leflore	74942
Fanshawe	74935	Hendrix	74741	Lehigh	74556
Fargo	73840	Hennepin	73444	Lenapah	74042
Farris	74542	Hennessey	73742	Leon	73441
Faxon	73540	Henryetta	74437	Leonard	74043
Fay	73646	Herd	74056	Lequire	74943
Felt	73937	Higgins	74578	Lexington	73051
Finley	74543	Hillsdale	73743	Lindsay	73052
Fittstown	74842	Hinton	73047	Loco	73442
Fitzhugh	74843	Hitchcock	73744	Locust Grove	74352
Fletcher	73541	Hitchita	74438	Logan	73848
Foraker	74652	Hobart	73651	Lone Grove	73443
Forgan	73938	Hodgen	74939	Lone Wolf	73655
Fort Cobb	73038	Hoffman	74437	Longdale	73755
Fort Sill	73503	Hog Shooter	74003	Lookeba	73053
Fort Supply	73841	Holdenville	74848	Lotsee	74063
Fort Gibson	74434	Hollis	73550	Loveland	73546
Fort Towson	74735	Hollister	73551	Loveland	73553
Foss	73647	Hominy	74035	Loyal	73756
Foster	73434	Honobia	74536	Lucien	73757
Fox	73435	Honobia	74549	Luther	73054
Foyil	74031	Hooker	73945	Macomb	74852
Francis	74844	Hopeton	73746	Madill	73446
Frederick	73542	Howe	74940	Manchester	73758
Freedom	73842	Hoyt	74440	Mangum	73554
Gage	73843	Hugo	74743	Manitou	73555
Gans	74936	Hulbert	74441	Mannford	74044
Garber	73738	Hunter	74640	Mannsville	73447
Garvin	74736	Hydro	73048	Maramec	74045
Gate	73844	Idabel	74745	Marble City	74945
Gay	74743	Indianoma	73552	Marietta	73448
Geary	73040	Indianola	74442	Marland	74644
Gene Autry	73436	Inola	74036	Marlow	73055
Geronimo	73543	Isabella	73747	Marshall	73056
Glencoe	74032	Jay	74346	Martha	73556
Glenoak	74003	Jenks	74037	Martin	74401
Glenpool	74033	Jennings	74038	Mason	74859
Golden	74737	Jet	73749	Maud	74854
Goldsby	73093	Jones	73049	May	73851
Goltry	73739	Kansas	74347	Mayfield	73666
Goodwell	73939	Kaw	74641	Maysville	73057
Gore	74435	Kaw City	74641	Mazie	74337
Gotebo	73041	Keefeton	74401	Mc Millan	73446
Gould	73544	Kellyville	74039	McAlester	74501
Gowen	74545	Kemp	74747	McAlester	74502
Gracemont	73042	Kendrick	74079	McCurtain	74944
Grady	73569	Kenefic	74748	McLain	74401
Graham	73437	Kenton	73946	McLoud	74851
Grandfield	73546	Keota	74941	Mead	73449

Medford	73759	Okay	74446	Oklahoma City	73194
Medicine Park	73557	Okemah	74859	Oklahoma City	73195
Meeker	74855	Okesa	74003	Oklahoma City	73196
Meers	73558	Oklahoma City	73101	Oklahoma City	73197
Meno	73760	Oklahoma City	73102	Oklahoma City	73198
Meridian	73058	Oklahoma City	73103	Oklahoma City	73199
Messer	74743	Oklahoma City	73104	Okmulgee	74447
Miami	74354	Oklahoma City	73105	Oktaha	74450
Miami	74355	Oklahoma City	73106	Olney	74538
Midwest City	73110	Oklahoma City	73107	Olustee	73560
Midwest City	73130	Oklahoma City	73108	Omega	73764
Midwest City	73140	Oklahoma City	73109	Oologah	74053
Midwest City	73145	Oklahoma City	73110	Optima	73945
Milburn	73450	Oklahoma City	73111	Orienta	73737
Milfay	74046	Oklahoma City	73112	Orlando	73073
Mill Creek	74856	Oklahoma City	73113	Osage	74054
Millerton	74750	Oklahoma City	73114	Oscar	73561
Milo	73401	Oklahoma City	73115	Overbrook	73453
Minco	73059	Oklahoma City	73116	Owasso	74055
Moffett	74946	Oklahoma City	73117	Owasso	74073
Monkey Island	74331	Oklahoma City	73118	Paden	74860
Monroe	74947	Oklahoma City	73119	Panama	74951
Moodys	74444	Oklahoma City	73120	Panola	74559
Moore	73153	Oklahoma City	73121	Paoli	73074
Moore	73160	Oklahoma City	73122	Park Hill	74451
Moore	73170	Oklahoma City	73123	Pauls Valley	73075
Mooreland	73852	Oklahoma City	73124	Pawhuska	74056
Morris	74445	Oklahoma City	73125	Pawnee	74058
Morrison	73061	Oklahoma City	73126	Pearsonia	74056
Mounds	74047	Oklahoma City	73127	Peckham	74647
Mountain View	73062	Oklahoma City	73128	Peggs	74452
Mountain Park	73559	Oklahoma City	73129	Pensacola	74301
Moyers	74557	Oklahoma City	73130	Peoria	74363
Muldrow	74948	Oklahoma City	73131	Perkins	74059
Mulhall	73063	Oklahoma City	73132	Perry	73077
Muse	74949	Oklahoma City	73134	Pershing	74002
Muskogee	74401	Oklahoma City	73135	Pettit	74451
Muskogee	74402	Oklahoma City	73136	Pharoah	74880
Muskogee	74403	Oklahoma City	73137	Phillips	74538
Mustang	73064	Oklahoma City	73139	Picher	74360
Mutual	73853	Oklahoma City	73140	Pickens	74752
Nardin	74646	Oklahoma City	73141	Piedmont	73078
Nash	73761	Oklahoma City	73142	Pierce	74426
Nashoba	74558	Oklahoma City	73143	Pink	74873
Nelagony	74056	Oklahoma City	73144	Pittsburg	74560
New Tulsa	74429	Oklahoma City	73145	Platter	74753
New Lima	74884	Oklahoma City	73146	Pocasset	73079
Newalla	74857	Oklahoma City	73147	Pocola	74902
Newby	74010	Oklahoma City	73148	Ponca City	74601
Newcastle	73065	Oklahoma City	73149	Ponca City	74602
Newkirk	74647	Oklahoma City	73150	Ponca City	74604
Nichols Hills	73116	Oklahoma City	73151	Pond Creek	73766
Nichols Hills	73120	Oklahoma City	73152	Pontotoc	74820
Nicoma Park	73066	Oklahoma City	73153	Pooleville	73401
Ninnekah	73067	Oklahoma City	73154	Porter	74454
Noble	73068	Oklahoma City	73155	Porum	74455
Norfolk	74023	Oklahoma City	73156	Poteau	74953
Norman	73019	Oklahoma City	73157	Prague	74864
Norman	73026	Oklahoma City	73159	Preston	74456
Norman	73069	Oklahoma City	73160	Proctor	74457
Norman	73070	Oklahoma City	73162	Prue	74060
Norman	73071	Oklahoma City	73163	Pryor	74361
Norman	73072	Oklahoma City	73164	Pryor	74362
North Miami	74358	Oklahoma City	73165	Purcell	73080
Nowata	74048	Oklahoma City	73167	Putnam	73659
Noxie	74083	Oklahoma City	73169	Qualls	74451
Nuyaka	74447	Oklahoma City	73170	Quapaw	74363
O'Keene	73763	Oklahoma City	73172	Quinton	74561
Oakhurst	74050	Oklahoma City	73173	Ralston	74650
Oakland	73446	Oklahoma City	73178	Ramona	74061
Oaks	74359	Oklahoma City	73179	Randlett	73562
Oakwood	73658	Oklahoma City	73184	Ratliff City	73481
Ochelata	74051	Oklahoma City	73185	Rattan	74562
Octavia	74957	Oklahoma City	73189	Ravia	73455
Oilton	74052	Oklahoma City	73190	Red Oak	74563
Okarche	73762	Oklahoma City	73193	Red Rock	74651

Redbird	74458	Stratford	74872	Tulsa	74153
Reed	73554	Stringtown	74569	Tulsa	74155
Rentiesville	74459	Strong City	73628	Tulsa	74156
Reydon	73660	Stroud	74079	Tulsa	74157
Richville	74501	Stuart	74570	Tulsa	74158
Ringling	73456	Sulphur	73086	Tulsa	74159
Ringold	74754	Summerfield	74966	Tulsa	74169
Ringwood	73768	Summitt	74401	Tulsa	74170
Ripley	74062	Sweetwater	73666	Tulsa	74171
Rocky	73661	Swink	74761	Tulsa	74172
Roff	74865	T Air Force Base	73145	Tulsa	74182
Roland	74954	TAFB	73145	Tulsa	74183
Roosevelt	73564	Taft	74463	Tulsa	74184
Rose	74364	Tahlequah	74464	Tulsa	74186
Rosston	73855	Tahlequah	74465	Tulsa	74187
Rubottom	73463	Talala	74080	Tulsa	74189
Rufe	74755	Talihina	74571	Tulsa	74192
Rush Springs	73082	Tallant	74002	Tulsa	74193
Ryan	73565	Taloga	73667	Tulsa	74194
Saint Louis	74866	Tamaha	74462	Tupelo	74572
Salem	74437	Tatums	73487	Turley	74126
Salina	74365	Tecumseh	74873	Turpin	73950
Sallisaw	74955	Temple	73568	Tuskahoma	74574
Sand Springs	74063	Terlton	74081	Tuskegee	74010
Sapulpa	74066	Terral	73561	Tussy	73488
Sapulpa	74067	Terral	73569	Tuttle	73089
Sasakwa	74867	Texanna	74426	Twin Oaks	74368
Savanna	74565	Texhoma	73949	Twin Hills	74447
Sawyer	74756	Texola	73668	Tyrone	73951
Sayre	73662	Thackerville	73459	Union City	73090
Schlegal	74023	Thomas	73669	Valliant	74764
Schulter	74460	Tiawah	74017	Velma	73491
Scipio	74501	Tinker Air Force Base	73145	Vera	74082
Seiling	73663	Tipton	73570	Verden	73092
Selman	73834	Tishomingo	73460	Verdigris	74017
Seminole	74818	Tom	74740	Vernon	74845
Seminole	74868	Tonkawa	74653	Vian	74962
Sentinel	73664	Tryon	74875	Vici	73859
Shady Point	74956	Tullahassee	74454	Village	73120
Shamrock	74068	Tulsa	74101	Vinita	74301
Sharon	73857	Tulsa	74102	Vinson	73571
Shattuck	73858	Tulsa	74103	Wade	74723
Shawnee	74801	Tulsa	74104	Wagoner	74467
Shawnee	74802	Tulsa	74105	Wagoner	74477
Shawnee	74804	Tulsa	74106	Wainwright	74468
Shidler	74652	Tulsa	74107	Wakita	73771
Shults	74745	Tulsa	74108	Walters	73572
Silver City	74038	Tulsa	74110	Wanette	74878
Skiatook	74070	Tulsa	74112	Wann	74083
Slick	74071	Tulsa	74114	Wapanucka	73461
Smithville	74957	Tulsa	74115	Wardville	74576
Snow	74567	Tulsa	74116	Warner	74469
Snyder	73566	Tulsa	74117	Warr Acres	73122
Soper	74759	Tulsa	74119	Warr Acres	73123
South Coffeyville	74072	Tulsa	74120	Warr Acres	73132
Southard	73770	Tulsa	74121	Washington	73093
Sparks	74869	Tulsa	74122	Washita	73094
Spavinaw	74366	Tulsa	74127	Watonga	73772
Spelter City	74437	Tulsa	74128	Watova	74048
Spencer	73084	Tulsa	74129	Watson	74963
Spencerville	74760	Tulsa	74130	Watts	74964
Sperry	74073	Tulsa	74131	Waukomis	73773
Spiro	74959	Tulsa	74132	Waurika	73573
Springer	73458	Tulsa	74133	Wayne	73095
Sterling	73567	Tulsa	74134	Waynoka	73860
Stidham	74432	Tulsa	74135	Weatherford	73096
Stidham	74461	Tulsa	74136	Webbers Falls	74470
Stigler	74462	Tulsa	74137	Welch	74369
Stillwater	74074	Tulsa	74141	Weleetka	74880
Stillwater	74075	Tulsa	74145	Welling	74471
Stillwater	74076	Tulsa	74146	Wellston	74881
Stillwater	74077	Tulsa	74147	Welty	74833
Stillwater	74078	Tulsa	74148	Westport	74020
Stilwell	74960	Tulsa	74149	Westville	74965
Stonewall	74871	Tulsa	74150	Wetumka	74883
Strang	74367	Tulsa	74152	Wewoka	74884

Wheatland	73097
White Oak	74301
Whitefield	74472
Whitesboro	74577
Wilburton	74578
Williams Center	74172
Willow	73673
Wilson	73463
Winganon	74016
Wister	74966
Wolco	74002
Woodward	73801
Woodward	73802
Wright City	74766
Wyandotte	74370
Wybark	74401
Wynnewood	73098
Wynona	74084
Yale	74085
Yarnaby	74741
Yukon	73085
Yukon	73099

Appendix K – Oklahoma Area Codes by City

Achille	580
Ada	580
Adair	918
Adams	580
Addington	580
Afton	918
Agra	918
Albany	580
Albert	405
Albion	918
Alderson	918
Alex	405
Aline	580
Allen	580
Altus	580
Altus Air Force Base	580
Alva	580
Amber	405
Ames	580
Amorita	580
Anadarko	405
Antlers	580
Apache	405
Arapaho	580
Arcadia	405
Ardmore	580
Arkoma	918
Arnett	580
Asher	405
Atoka	580
Atwood	405
Avant	918
Avery	918
Bache	918
Bacone	918
Baker	580
Balko	580
Barnsdall	918
Bartlesville	918
Battiest	580
Baugh	918
Bearden	918
Beaver	580
Beggs	918
Beland	918
Bennington	580
Bernice	918
Bessie	580
Bethany	405
Bethel	580
Big Cabin	918
Billings	580
Binger	405
Bird Island	918
Bison	580
Bixby	918
Blackwell	580
Blair	580
Blanchard	405
Blanco	918
Blocker	918
Bluejacket	918
Boise City	580

Bokchito	580
Bokoshe	918
Boley	918
Bond	918
Boss	580
Boswell	580
Bowlegs	405
Boynton	918
Bradley	405
Braggs	918
Braman	580
Bristow	918
Broken Arrow	918
Bromide	580
Buffalo	580
Bunch	918
Burbank	918
Burlington	580
Burneyville	580
Burns Flat	580
Bushyhead	918
Butler	580
Byars	405
Byron	580
Cache	580
Caddo	580
Calera	580
Calumet	405
Calvin	405
Camargo	580
Cameron	918
Canadian	918
Caney	580
Canton	580
Canute	580
Capron	580
Cardin	918
Carmen	580
Carnegie	580
Carney	405
Carrier	580
Carter	580
Cartwright	580
Cashion	405
Castle	918
Catoosa	918
Cement	405
Centrahoma	580
Centralia	918
Chandler	405
Chattanooga	580
Checotah	918
Chelsea	918
Cherokee	580
Chester	580
Cheyenne	580
Chickasha	405
Choctaw	405
Choska	918
Chouteau	918
Claremore	918
Clarita	580
Clayton	918

Clearview	405
Cleo Springs	580
Cleora	918
Cleveland	918
Clinton	580
Coalgate	580
Coalton	918
Colbert	580
Colcord	918
Coleman	580
Collinsville	918
Colony	405
Comanche	580
Commerce	918
Concho	405
Connerville	580
Coodys Bluff	918
Cookson	918
Copan	918
Cordell	580
Corn	580
Cottonwood	580
Council Hill	918
Countyline	580
Covington	580
Coweta	918
Coyle	405
Crawford	580
Crescent	405
Cromwell	405
Crowder	918
Cushing	918
Custer	580
Custer City	580
Cyril	580
Dacoma	580
Daisy	580
Dale	405
Davenport	918
Davidson	580
Davis	580
Deer Creek	580
Del City	405
Delaware	918
Depew	918
Devol	580
Dewar	918
Dewey	918
Dibble	405
Dill City	580
Disney	918
Dougherty	580
Douglas	580
Dover	405
Drummond	580
Drumright	918
Duke	580
Duncan	580
Durant	580
Durham	580
Dustin	918
Eagle City	580
Eagletown	580

Eakly	405
Earlsboro	405
East Side	918
Edmond	405
Edna	918
El Reno	405
Eldorado	580
Elgin	580
Elk City	580
Elmer	580
Elmore City	580
Elmwood	580
Enid	580
Enterprise	918
Erick	580
Eucha	918
Eufaula	918
Fairfax	918
Fairland	918
Fairmont	580
Fairview	580
Fanshawe	918
Fargo	580
Farris	580
Faxon	580
Fay	580
Felt	580
Finley	580
Fittstown	580
Fitzhugh	580
Fletcher	580
Foraker	918
Forgan	580
Fort Cobb	405
Fort Gibson	918
Fort Sill	580
Fort Supply	580
Fort Towson	580
Foss	580
Foster	580
Fox	580
Foyil	918
Francis	580
Frederick	580
Freedom	580
Gage	580
Gans	918
Garber	580
Garvin	580
Gate	580
Gay	580
Geary	405
Gene Autry	580
Geronimo	580
Glencoe	580
Glenoak	918
Glenpool	918
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Goldsby	405
Goltry	580
Goodwell	580
Gore	918
Gotebo	580
Gould	580
Gowen	918
Gracemont	405
Grady	580
Graham	580
Grandfield	580

Granite	580
Grant	580
Grayson	918
Greenfield	405
Grove	918
Guthrie	405
Guymon	580
Hailey	918
Haileyville	918
Hallett	918
Hallis	918
Hammon	580
Hanna	918
Harden City	580
Hardesty	580
Harmon	580
Harrah	405
Hartshorne	918
Haskell	918
Hastings	580
Haworth	580
Haywood	918
Headrick	580
Healdton	580
Heavener	918
Helena	580
Hendrix	580
Hennepin	580
Hennessey	405
Henryetta	918
Herd	918
Higgins	918
Hillsdale	580
Hinton	405
Hitchcock	580
Hitchita	918
Hobart	580
Hodgen	918
Hoffman	918
Hog Shooter	918
Holdenville	405
Hollis	580
Hollister	580
Hominy	918
Honobia	580
Honobia	918
Hooker	580
Hopeton	580
Howe	918
Hoyt	918
Hugo	580
Hulbert	918
Hunter	580
Hydro	405
Idabel	580
Indianoma	580
Indianola	918
Inola	918
Isabella	580
Jay	918
Jenks	918
Jennings	918
Jet	580
Jones	405
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Kaw City	580
Keefeton	918
Kellyville	918

Kemp	580
Kendrick	918
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Kenton	580
Keota	918
Ketchum	918
Keyes	580
Kiefer	918
Kingfisher	405
Kingston	580
Kinta	918
Kiowa	918
Konawa	580
Krebs	918
Kremlin	580
Kulli	580
Lahoma	580
Lamar	405
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Langley	918
Langston	405
Laverne	580
Lawton	580
Lebanon	580
Leedey	580
Leflore	918
Lehigh	580
Lenapah	918
Leon	580
Leonard	918
Lequire	918
Lexington	405
Lindsay	405
Loco	580
Locust Grove	918
Logan	580
Lone Grove	580
Lone Wolf	580
Longdale	580
Lookaba	405
Lotsee	918
Loveland	580
Loyal	405
Lucien	580
Luther	405
Macomb	405
Madill	580
Manchester	580
Mangum	580
Manitou	580
Mannford	918
Mannsville	580
Maramec	918
Marble City	918
Marietta	580
Marland	580
Marlow	405
Marshall	580
Martha	580
Martin	918
Mason	918
Maud	405
May	580
Mayfield	580
Maysville	405
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Mc Millan	580
McAlester	918

McCurtain	918
McLain	918
McLoud	405
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Medford	580
Medicine Park	580
Meeker	405
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Mill Creek	580
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Milo	580
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Monkey Island	918
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Mountain View	580
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Muldrow	918
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Nashoba	918
Nelagony	918
New Lima	405
New Tulsa	918
Newalla	405
Newby	918
Newcastle	405
Newkirk	580
Nichols Hills	405
Nicoma Park	405
Ninnekah	405
Noble	405
Norfolk	918
Norman	405
North Miami	918
Nowata	918
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Octavia	580
Oilton	918
Okarche	405
Okay	918
O'Keene	580
Okemah	918
Okesa	918

Oklahoma City	405
Okmulgee	918
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Olustee	580
Omega	405
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Optima	580
Orienta	580
Orlando	580
Osage	918
Oscar	580
Overbrook	580
Owasso	918
Paden	405
Panama	918
Panola	918
Paoli	405
Park Hill	918
Pauls Valley	405
Pawhuska	918
Pawnee	918
Pearsonia	918
Peckham	580
Peggs	918
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Perkins	405
Perry	580
Pershing	918
Pettit	918
Pharoah	405
Phillips	580
Picher	918
Pickens	580
Piedmont	405
Pierce	918
Pink	405
Pittsburg	918
Platter	580
Pocasset	405
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Pontotoc	580
Pooleville	580
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Poteau	918
Prague	405
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Proctor	918
Prue	918
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Purcell	405
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Quapaw	918
Quinton	918
Ralston	918
Ramona	918
Randlett	580
Ratliff City	580
Rattan	580
Ravia	580
Red Oak	918
Red Rock	580
Redbird	918
Reed	580

Rentiesville	918
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Richville	918
Ringling	580
Ringold	580
Ringwood	580
Ripley	918
Rocky	580
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Roland	918
Roosevelt	580
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Rubottom	580
Rufe	580
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Seiling	580
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Sentinel	580
Shady Point	918
Shamrock	918
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Shawnee	405
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Silver City	918
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South Coffeyville	918
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Spavinaw	918
Spelter City	918
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Springer	580
Sterling	580
Stidham	918
Stigler	918
Stillwater	405
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Stonewall	580
Strang	918
Stratford	580
Stringtown	580
Strong City	580
Stroud	918

Stuart	918
Sulphur	580
Summerfield	918
Summitt	918
Sweetwater	580
Swink	580
T Air Force Base	405
TAFB	405
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Tahlequah	918
Talala	918
Talihina	918
Tallant	918
Taloga	580
Tamaha	918
Tatums	580
Tecumseh	405
Temple	580
Terlton	918
Terral	580
Texanna	918
Texhoma	580
Texola	580
Thackerville	580
Thomas	580
Tiawah	918
Tinker Air Force Base	405
Tipton	580
Tishomingo	580
Tom	580
Tonkawa	580
Tryon	918
Tullahassee	918
Tulsa	918
Tupelo	580
Turley	918
Turpin	580

Tuskahoma	918
Tuskegee	918
Tussy	580
Tuttle	580
Twin Hills	918
Twin Oaks	918
Tyrone	580
Union City	405
Valliant	580
Velma	580
Vera	918
Verden	405
Verdigris	918
Vernon	918
Vian	918
Vici	580
Village	405
Vinita	918
Vinson	580
Wade	580
Wagoner	918
Wainwright	918
Wakita	580
Walters	580
Wanette	405
Wann	918
Wapanucka	580
Wardville	918
Warner	918
Warr Acres	405
Washington	405
Washita	405
Watonga	580
Watova	918
Watson	580
Watts	918
Waukomis	580

Waurika	580
Wayne	405
Waynoka	580
Weatherford	580
Webbers Falls	918
Welch	918
Weleetka	405
Welling	918
Wellston	405
Welty	918
Westport	918
Westville	918
Wetumka	405
Wewoka	405
Wheatland	405
White Oak	918
Whitefield	918
Whitesboro	918
Wilburton	918
Williams Center	918
Willow	580
Wilson	580
Winganon	918
Wister	918
Wolco	918
Woodward	580
Wright City	580
Wyandotte	918
Wybark	918
Wynnewood	405
Wynona	918
Yale	918
Yarnaby	580
Yukon	405

Appendix L - Harmful Events and Most Harmful Event

Harmful Events

The term HARMFUL EVENT is used to describe any action that results in damage to an object or injury to a person. In a collision, there can be several harmful events and these can be ordered into the sequence of events. For collision reporting purposes, the **first four** harmful events are listed into the COLLISION EVENTS SECTION. Additionally, the MOST HARMFUL EVENT is captured.

Note: While most of the events being listed in the COLLISION EVENTS SECTION data section are classified as harmful events according to the above definition, investigators should note that the other choices such as “Departed road (right or left)” may not have caused damage or injury and therefore are not considered to be harmful events. It is important however, that these non-harmful events be captured in the COLLISION EVENTS SECTION if they are relevant to the particular collision under investigation.

The FIRST EVENT is the first collision or non-collision event is used to define collision type and location. For example, if vehicle one sideswipes vehicle two which causes a loss of control and vehicle one subsequently strikes a tree resulting in the death of an occupant, the collision would be classified as a vehicle striking vehicle, not vehicle striking a fixed object, since the FIRST EVENT involved the collision of two motor vehicles.

The MOST HARMFUL EVENT can be defined as the event which results in the most severe injury or, if not injury, the greatest property damage involving this vehicle. It is up to the investigator to determine what the most significant or the most severe injury is, if there were multiple harmful events. In the collision described above, the vehicle striking the tree would be the MOST HARMFUL EVENT since that event resulted in a fatality.

The FIRST EVENT of the first unit would be coded as “34 – Motor vehicle in transport”, the SECOND EVENT would be coded as “17 or 18 – Departed Road (right or Left)”, and the THIRD EVENT would be coded “59 – Tree (Standing)”. The MOST HARMFUL EVENT would also be coded as “59 – Tree (Standing)”.

In the great majority of collisions, the FIRST EVENT and the MOST HARMFUL EVENT are the same since most often there is only one harmful event.