

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

TYPE OR PRINT LEGIBLY

REPORTING AGENCY: _____ ACCIDENT NUMBER _____ ADMINISTRATIVE _____

MONTH _____ DAY _____ YEAR _____ 24 HOUR TIME _____ S M T W T F S COUNTY _____ COUNTY NUMBER _____

STREET, ROAD OR HIGHWAY _____ DISTANCE FROM _____ N S E W (NEAREST) INTERSECTING STREET, ROAD OR HIGHWAY _____

IN CITY _____ NEAR CITY _____ NAME OF NEAREST CITY OR TOWN _____ CITY NUMBER _____ DISTANCE FROM NEAREST CITY OR TOWN LIMITS N S E W _____

HIGHWAY CLASS _____ STATE HIGHWAY CODES _____ CONTROL NUMBER _____ INTERSECTION ID _____ LOCATION _____ COUNTY SECTION LINE GRIDS EAST _____ NORTH _____ RAILROAD CROSSING NUMBER _____

MOTOR VEHICLES INVOLVED _____ NUMBER KILLED _____ NUMBER INJURED _____ ADMINISTRATIVE _____

UNIT _____ OCCUPANTS _____ DRIVER _____ PEDESTRIAN _____ ANIMAL _____ TRAIN _____ OTHER _____ COMMERCIAL MOTOR VEHICLE HAZ. MAT. PLACARD

NAME LAST _____ FIRST _____ MIDDLE _____ STREET/RFD _____ CITY _____ STATE _____ ZIP _____

DOB MM/DD/YY _____ SEX _____ DRIVER LICENSE NUMBER _____ STATE _____ CLASS _____ ENDORSEMENT(S) _____ RESTRICTION(S) _____ PHONE _____

INJURY SEVERITY _____ TYPE OF INJURY _____ INJURED TAKEN BY _____ SAFETY EQUIPMENT IN USE _____ AIR BAG DEPLOYED? Y N

EJECTED? Y N PINNED? Y N CHEMICAL TEST _____ RESULTS _____ DRIVER/PEDESTRIAN CONDITION _____ TOWED VEHICLE (DESCRIBE) _____

VEH YEAR _____ COLOR _____ MAKE _____ MODEL _____ STYLE _____ SIZE _____ VIN _____ LICENSE PLATE NO _____ MO/YR _____ STATE _____ NUMBER _____

OWNER'S NAME LAST _____ FIRST _____ MIDDLE _____ STREET/RFD _____ CITY _____ STATE _____ ZIP _____

SECURITY VERIFICATION _____ INSURANCE COMPANY NAME _____ POLICY NO. _____

FROM MO DAY YR _____ TO MO DAY YR _____ AGENT NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

VEHICLE REMOVED BY _____ DRIVER _____ LEGAL SPEED _____ BEFORE CONTACT _____ CONTACT _____ ESTIMATED DAMAGES _____ BURNED? Y N

STATUTE/ORDINANCE NUMBER _____ CITATION NUMBER _____ STATUTE/ORDINANCE NUMBER _____ CITATION NUMBER _____ STATUTE/ORDINANCE NUMBER _____ CITATION NUMBER _____

UNIT _____ OCCUPANTS _____ DRIVER _____ PEDESTRIAN _____ ANIMAL _____ TRAIN _____ OTHER _____ COMMERCIAL MOTOR VEHICLE HAZ. MAT. PLACARD

NAME LAST _____ FIRST _____ MIDDLE _____ STREET/RFD _____ CITY _____ STATE _____ ZIP _____

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VEH YEAR _____ COLOR _____ MAKE _____ MODEL _____ STYLE _____ SIZE _____ VIN _____ LICENSE PLATE NO _____ MO/YR _____ STATE _____ NUMBER _____

OWNER'S NAME LAST _____ FIRST _____ MIDDLE _____ STREET/RFD _____ CITY _____ STATE _____ ZIP _____

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STATUTE/ORDINANCE NUMBER _____ CITATION NUMBER _____ STATUTE/ORDINANCE NUMBER _____ CITATION NUMBER _____ STATUTE/ORDINANCE NUMBER _____ CITATION NUMBER _____

INJURED _____ WITNESS _____ PASSENGER _____ NAME LAST _____ FIRST _____ MIDDLE/INITIAL _____ SEX _____ ADDRESS _____ PHONE _____ DOB MM/DD/YY _____

UNIT _____ INJURY SEVERITY _____ TYPE OF INJURY _____ SAFETY EQUIPMENT IN USE _____ AIR BAG DEPLOYED? Y N EJECTED? Y N PINNED? Y N INJURED TAKEN BY _____ POS IN VEH. _____

INJURED _____ WITNESS _____ PASSENGER _____ NAME LAST _____ FIRST _____ MIDDLE/INITIAL _____ SEX _____ ADDRESS _____ PHONE _____ DOB MM/DD/YY _____

UNIT _____ INJURY SEVERITY _____ TYPE OF INJURY _____ SAFETY EQUIPMENT IN USE _____ AIR BAG DEPLOYED? Y N EJECTED? Y N PINNED? Y N INJURED TAKEN BY _____ POS IN VEH. _____

INJURED _____ WITNESS _____ PASSENGER _____ NAME LAST _____ FIRST _____ MIDDLE/INITIAL _____ SEX _____ ADDRESS _____ PHONE _____ DOB MM/DD/YY _____

UNIT _____ INJURY SEVERITY _____ TYPE OF INJURY _____ SAFETY EQUIPMENT IN USE _____ AIR BAG DEPLOYED? Y N EJECTED? Y N PINNED? Y N INJURED TAKEN BY _____ POS IN VEH. _____

DAMAGE TO PROPERTY _____ OTHER THAN VEHICLES _____ \$ _____ OWNER _____ ADDRESS _____

SIGN (OFFICER'S RANK & NAME) _____ (BADGE NUMBER) _____ TROOP OR DIVISION _____ REVIEWED BY (INITIALS & BADGE) _____ DATE OF REPORT _____

HERE _____

DRIVER/PEDESTRIAN CONDITION 1. APPARENTLY NORMAL 2. DRINKING ABILITY IMPAIRED 3. ODOR OF ALCOHOLIC BEVERAGE 4. DRUG USE INDICATED 5. VERY TIRED 6. SLEEPY 7. SICK 8. CONDITION NOT KNOWN 9. BODY DEFECTS 10. OTHER	INJURY SEVERITY 1. NO INJURY 2. POSSIBLE INJURY 3. NON-INCAPACITATING 4. INCAPACITATING 5. FATAL INJURY	TYPE OF INJURY 1. HEAD 2. TRUNK EXTERNAL 3. TRUNK INTERNAL 4. ARM 5. LEG	SAFETY EQUIPMENT IN USE 1. NOT IN USE 2. SEAT BELT 3. SHOULDER BELT 4. COMBINATION OF 2 & 3 5. CHILD RESTRAINT 6. AIR BAG 7. SAFETY HELMET 8. UNKNOWN 9. OPERATOR 4. EXEMPT	SECURITY VERIFICATION 1. NO 2. OWNER 3. OPERATOR 4. EXEMPT	CHEMICAL TEST 1. REFUSED 2. BREATH 3. BLOOD 4. BREATH/BLOOD 5. OTHER	VEHICLE SIZE S SMALL M MEDIUM L LARGE	SUPPLEMENTAL REPORT REQUIRED *	POSITION IN VEHICLE FRONT <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>4</td> <td>5</td> <td>6</td> </tr> </table>	1	2	3	4	5	6
1	2	3												
4	5	6												

WARNING - STATE LAW - solicitation is unlawful

COLLISION DIAGRAM

INDICATE NORTH BY ARROW 

DIRECTION OF TRAVEL

UNIT UNIT

UNIT UNIT

ONE INCH = FEET

N	S	E	W
N	S	E	W

VISIBILITY OBSCURED BY _____

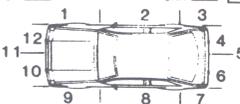
REMARKS

TELEPHONE INSTALLED?	UNIT 1	UNIT 2	IN USE?	UNIT 1	UNIT 2	INVESTIGATION MADE AT SCENE?	Y	N	HIT & RUN?	Y	N	PHOTOGRAPHS TAKEN?	Y	N	OVERSIZE VEHICLE	P	E
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WHAT VEHICLE(S) WERE GOING TO DO	WHAT VEHICLE(S) DID	TRAFFIC CONTROL
1. GO AHEAD 2. TURN LEFT 3. TURN RIGHT 4. MAKE "U" TURN 5. STOP 6. SLOW FOR CAUSE 7. START FROM PARK 8. CHANGE LANES 9. OVERTAKE 10. PASS 11. BACK 12. REMAIN STOPPED 13. REMAIN PARKED 14. OTHER _____ <small>EXPLAIN</small>	1. WENT AHEAD 2. TURNED LEFT 3. TURNED RIGHT 4. SWERVED LEFT 5. SWERVED RIGHT 6. ENTERED "U" TURN 7. STOPPED 8. STARTED FROM PARK 9. ENTERED OTHER LANE 10. OVERTAKING 11. PASSING 12. BACKED 13. REMAINED STOPPED 14. REMAINED PARKED 15. RAN OFF ROADWAY - RIGHT 16. RAN OFF ROADWAY - LEFT 17. OTHER _____ <small>EXPLAIN</small>	1. STOP SIGN 2. TRAFFIC SIGNAL 3. FLASHING SIGNAL 4. YIELD SIGN 5. WARNING SIGN (TYPE IN REMARKS) 6. RAILROAD ADVANCE WARNING SIGN 7. RAILROAD CROSSBUCKS 8. RAILROAD GATES 9. RAILROAD SIGNAL 10. NO PASSING ZONE 11. OFFICER 12. NO CONTROL 13. ABNORMAL CONTROL 14. OTHER _____ <small>EXPLAIN</small>

TYPE OF ROAD	ROAD CHARACTER	OBJECT STRUCK BY VEHICLE OR LOAD ON FIRST CONTACT
1. ONE-WAY ROAD 2. ALLEY 3. TWO LANES 4. THREE LANES 5. FOUR OR MORE (DIVIDED) 6. FOUR OR MORE (UNDIVIDED) 7. DRIVEWAY 8. TURN BAY 9. ON RAMP 10. OFF RAMP 11. CONSTRUCTION ZONE 12. OTHER _____ <small>EXPLAIN</small>	1. STRAIGHT - LEVEL 2. STRAIGHT - UPGRADE 3. STRAIGHT - DOWNGRADE 4. STRAIGHT - HILLCREST 5. CURVE - LEVEL 6. CURVE - UPGRADE 7. CURVE - DOWNGRADE 8. CURVE - HILLCREST 9. OTHER _____ <small>EXPLAIN</small>	1. FENCE POLE 2. UTILITY POLE 3. GUARD RAIL 4. GUARD RAIL END 5. GUARD POST 6. CULVERT 7. TRAFFIC SIGNAL 8. BARRIER 9. CURB 10. ISLAND 11. TRAFFIC CONTROL SIGN 12. SAND BARRELS 13. ATTENUATORS 14. PAVEMENT DROP OFF 15. DITCH 16. EMBANKMENT 17. TREE 18. DIVIDING STRIP 19. RETAINING WALL 20. FENCE 21. BRIDGE ABUTMENT 22. BRIDGE PIER 23. BRIDGE RAIL 24. BRIDGE POST 25. BRIDGE CURBS 26. BRIDGE SUPERSTRUCTURE (BEAMS) 27. OTHER HIGHWAY STRUCTURE (EXPLAIN IN REMARKS) 28. OTHER _____ <small>EXPLAIN</small>

WEATHER	LIGHT	LOCALITY	ROAD SURFACE	ROAD CONDITION
1. CLEAR 2. FOG 3. CLOUDS PRESENT 4. RAINING 5. SNOWING 6. OTHER _____ <small>EXPLAIN</small>	1. DAYLIGHT 2. DARKNESS 3. LIGHTED 4. DAWN 5. DUSK 6. OTHER _____ <small>EXPLAIN</small>	1. RESIDENTAL 2. BUSINESS 3. INDUSTRIAL 4. SCHOOL 5. NOT BUILT UP 6. OTHER _____ <small>EXPLAIN</small>	1. CONCRETE 2. ASPHALT 3. GRAVEL 4. DIRT 5. OTHER _____ <small>EXPLAIN</small>	1. DRY 2. WET 3. ICE 4. SNOW 5. MUDDY 6. OTHER _____ <small>EXPLAIN</small>

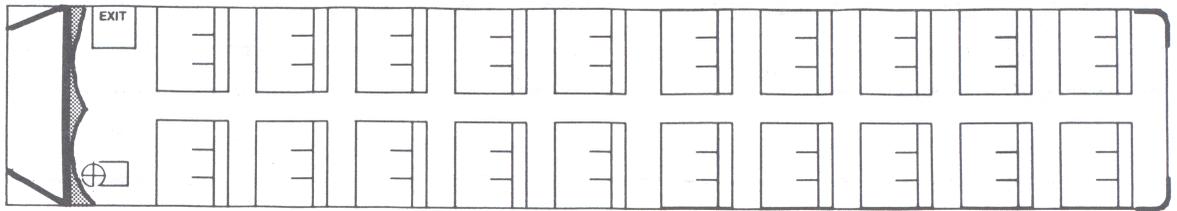
POINT OF FIRST CONTACT ON VEHICLE	VEHICLE CONDITION	PEDESTRIAN ACTION
TOP _____ BOTTOM _____ UNIT <input type="checkbox"/> UNIT <input type="checkbox"/> 	1. APPARENTLY NORMAL 2. BRAKES 3. HEADLIGHTS 4. STEERING 5. TAIL LIGHTS 6. BRAKE LIGHTS 7. TIRES/WHEELS 8. SUSPENSION 9. OTHER _____ <small>EXPLAIN</small>	1. CROSSING AT INTERSECTION 2. CROSSING/NOT AT INTERSECTION 3. CROSSING/AT OTHER CROSSWALK 4. GETTING ON VEHICLE 5. GETTING OFF VEHICLE 6. WALKING WITH TRAFFIC 7. WALKING AGAINST TRAFFIC 8. PUSH ON VEHICLE 9. WORK ON VEHICLE 10. PLAYING 11. OTHER WORK 12. OTHER _____ <small>EXPLAIN</small>

UNSAFE, UNLAWFUL, OR OTHER ACTION (THIS SECTION PRIMARILY FOR GENERAL STATISTICAL AND ADMINISTRATIVE PURPOSES)				BLOCKS 1 THRU 10 MUST BE DESCRIBED WHEN CHECKED			
UNIT 1	UNIT 2	UNIT 1	UNIT 2	UNIT 1	UNIT 2	UNIT 1	UNIT 2
1	2	1	2	BLK	REMARKS	BLK	REMARKS
	1. FAILED TO YIELD/STOP		6. UNSAFE VEHICLE				
	2. FOLLOWED TOO CLOSELY		7. LEFT OF CENTER/PASSING				
	3. UNSAFE SPEED		8. NOT KNOWN/NO IMPROPER ACTION				
	4. MADE IMPROPER TURN		9. PEDESTRIAN/BICYCLE ACTION				
	5. CHANGE LANES UNSAFELY		10. OTHER (DESCRIBE)				

THIS REPORT IS BASED ON THE OFFICER'S INVESTIGATION OF THIS ACCIDENT. IT MAY CONTAIN THE OPINION OF THE OFFICER.

VEHICLE NUMBER		OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT — SUPPLEMENT					SHEET OF SHEETS	
MONTH	DAY	YEAR	24 HOUR TIME	COUNTY	ACCIDENT NUMBER	ADMINISTRATIVE		

You Must Number Injured/Witness Block(s) to Coincide with Number You Assign to Position(s) in Vehicle



INJURED/WITNESS CONTINUATION

INJURED	WITNESS	PASSENGER	NAME LAST	FIRST	MIDDLE INITIAL	SEX	ADDRESS	PHONE	DOB MO/DAY/YR		
UNIT	INJURY SEVERITY	TYPE OF INJURY	SAFETY EQUIPMENT IN USE	AIR BAG DEPLOYED?	Y N	EJECTED?	Y N	PINNED?	Y N	INJURED TAKEN BY	POS IN VEH

PLEASE TYPE OR PRINT LEGIBLY

SIGN (OFFICER'S RANK & NAME)		(BADGE NUMBER)		TROOP OR DIVISION	REVIEWED BY (INITIALS & BADGE)	DATE OF REPORT
HERE						
INJURY SEVERITY			TYPE OF INJURY			SAFETY EQUIPMENT IN USE
1 NO INJURY	4 INCAPACITATING	1 HEAD	4 ARM	1 NOT IN USE	4 COMBINATION OF 2 & 3	7 SAFETY HELMETS
2 POSSIBLE INJURY	5 FATAL INJURY	2 TRUNK—EXTERNAL	5 LEG	2 SEAT BELT	5 CHILD RESTRAINT	
3 NON—INCAPACITATING		3 TRUNK—INTERNAL		3 SHOULDER BELT	6 AIR BAG	

OFFICIAL OKLAHOMA TRUCK AND BUS COLLISION REPORT -- SUPPLEMENT

WHEN TO USE THIS FORM: Did the collision involve....

PART 1 A truck with at least two axles and six tires? Any vehicle with a hazardous materials placard? A bus designed to carry 15 or more persons, including the driver?

Y N
Y N
Y N

STOP! If any response to Part 1 is "YES" continue to Part 2. If all responses to PART 1 are "NO" do not complete this form.

PART 2 Any person who was fatally injured? Any injured person requiring transport for immediate medical treatment? One or more vehicles that had to be towed from the scene as a result of the collision? One or more vehicles that required repair or were provided assistance before proceeding from the scene under own power?

Y N
Y N
Y N
Y N

STOP! If any response to Part 2 is "YES" complete this form. If all responses to PART 2 are "NO" do not complete this form.

TRUCK/BUS/HAZ MAT VEH CONTINUATION REPORTING AGENCY: ACCIDENT NO. ADMINISTRATIVE
MONTH DAY YEAR 24 HOUR TIME COUNTY COUNTY NUMBER

UNIT NUMBER US DOT CENSUS NUMBER ICC NUMBER
CARRIER NAME SAME AS DRIVER SAME AS OWNER SOURCE OF CARRIER NAME

CARRIER ADDRESS STREET/RFD CITY STATE ZIP

GVWR/GCWR TOTAL NO. AXLES HAZ MAT PLACARD Y N MATERIAL IDENTIFICATION NUMBER HAZARD CLASS HAZARDOUS MATERIAL SPILL Y N TOWED Y N

EVENT 1 EVENT 2 EVENT 3 EVENT 4 ACCESS CONTROL TRAFFICWAY VEHICLE CONFIGURATION CARGO BODY TYPE

SEQUENCE OF EVENTS (UP TO FOUR EVENTS) COLLISION INVOLVING ACCESS CONTROL TRAFFICWAY
1. RAN OFF ROAD 2. JACKKNIFE 3. OVERTURN (ROLLOVER) 4. DOWNHILL RUNAWAY 5. CARGO LOSS OR SHIFT 6. EXPLOSION 7. SEPARATION OF UNITS

VEHICLE CONFIGURATION CARGO BODY TYPE
1. Bus 2. Single unit truck, 2 axles, 6 tires 3. Single unit truck, 3 axles 4. Truck Trailer 5. Tractor/Trailer 6. Tractor/SemiTrailer 7. Tractor/Triples 8. Tractor/Doubles 9. Unknown Heavy Truck

INJURED/WITNESS CONTINUATION

4 INJURED WITNESS PASSENGER NAME LAST FIRST MI SEX ADDRESS PHONE DOB MO/DAY/YR
UNIT INJ SEV TYPE OF INJ SAFETY EQUIP IN USE AIR BAG DEPLOYED Y N EJECTED Y N PINNED Y N INJURED TAKEN BY POS IN VEH

INJURY SEVERITY TYPE OF INJURY SAFETY EQUIPMENT IN USE POSITION IN VEHICLE SOURCE OF CARRIER NAME INVESTIGATOR'S INITIALS & BADGE DATE REPORT DATE

ADDITIONAL REMARKS/COLLISION DIAGRAM

INDICATE NORTH BY ARROW



DIRECTION OF TRAVEL

N S E W

UNIT _____

N	S	E	W

UNIT _____

N	S	E	W

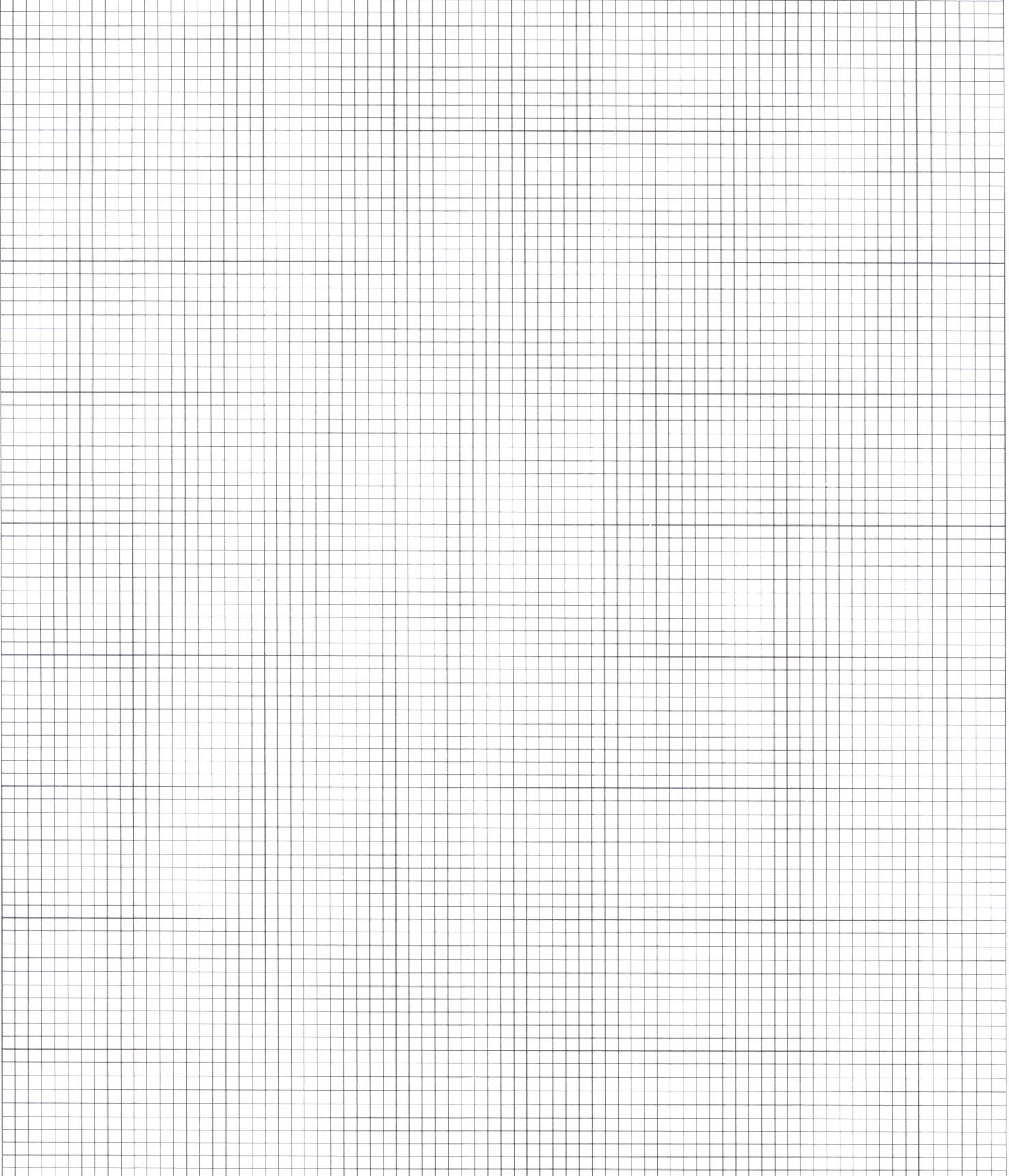
DIAGRAM TO SCALE?

Y

N

SCALE =

VISIBILITY OBSCURED BY



ACCIDENT DESCRIPTION NARRATIVE

MONTH	DAY	YEAR	24 HOUR TIME	COUNTY	ACCIDENT NUMBER	SHEET OF SHEETS
						ADMINISTRATIVE

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INVESTIGATOR'S SIGNATURE & BADGE NO.	DATE
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- ACCIDENT DESCRIPTION NARRATIVE SHOULD CONSIST OF THE FOLLOWING PARTS:**
- | | |
|-----------------------------|----------------------------------|
| 1. SYNOPSIS | 6. VEHICLE IDENTIFIER |
| 2. NOTIFICATION AND ARRIVAL | 7. PASSENGER STATEMENT(S) |
| 3. LOCATION DESCRIPTION | 8. WITNESS STATEMENT(S) |
| 4. ARRIVAL AT SCENE | 9. INVESTIGATION AT SCENE |
| 5. DRIVER IDENTIFIER | 10. OFFICER'S OPINION/CONCLUSION |



