

DO NOT WRITE IN THIS SPACE


# OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

TYPE OR PRINT LEGIBLY

WARNING - STATE LAW - SOLICITATION IS UNLAWFUL

REPORTING AGENCY:												ACCIDENT NUMBER						ADMINISTRATIVE													
MONTH			DAY			YEAR			24 HOUR TIME			S M T W T F S			DAY OF WEEK			COUNTY			COUNTY NUMBER										
STREET, ROAD OR HIGHWAY												DISTANCE FROM			N S E W			(NEAREST) INTERSECTING STREET, ROAD OR HIGHWAY													
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 MO/DAY/YR			SEX			DRIVER LICENSE NUMBER			STATE			CLASS			ENDORSEMENT(S)			RESTRICTION(S)			PHONE										
INJURY SEVERITY		TYPE OF INJURY		INJURED TAKEN BY		RESULTS		DRIVER/PEDESTRIAN CONDITION		TOWED VEHICLE (DESCRIBE)		SAFETY EQUIPMENT IN USE		AIR BAG DEPLOYED?		Y		N													
EJECTED?		Y N		PINNED?		Y N		CHEMICAL TEST		RESULTS		% BRAC		DRIVER/PEDESTRIAN CONDITION		TOWED VEHICLE (DESCRIBE)															
VEH YEAR		COLOR		MAKE		MODEL		STYLE		SIZE		VIN		LICENSE PLATE No		MO/YR		STATE		NUMBER											
OWNERS 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				LEGAL SPEED				BEFORE CONTACT				CONTACT				ESTIMATED DAMAGES				BURNED?				Y				N			
DRIVER				MPH				MPH				MPH				\$															
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							
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EJECTED?		Y N		PINNED?		Y N		CHEMICAL TEST		RESULTS		% BRAC		DRIVER/PEDESTRIAN CONDITION		TOWED VEHICLE (DESCRIBE)															
VEH YEAR		COLOR		MAKE		MODEL		STYLE		SIZE		VIN		LICENSE PLATE No		MO/YR		STATE		NUMBER											
OWNERS 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				LEGAL SPEED				BEFORE CONTACT				CONTACT				ESTIMATED DAMAGES				BURNED?				Y				N			
DRIVER				MPH				MPH				MPH				\$															
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		MO/DY/YR											
UNIT		INJURY SEVERITY		TYPE OF INJURY		SAFETY EQUIPMENT IN USE		AIR BAG DEPLOYED?		EJECTED?		PINNED?		INJURED TAKEN BY		POS IN VEH.															
INJURED		WITNESS		PASSENGER		NAME LAST		FIRST		MIDDLE INITIAL		SEX		ADDRESS		PHONE		DOB		MO/DY/YR											
UNIT		INJURY SEVERITY		TYPE OF INJURY		SAFETY EQUIPMENT IN USE		AIR BAG DEPLOYED?		EJECTED?		PINNED?		INJURED TAKEN BY		POS IN VEH.															
INJURED		WITNESS		PASSENGER		NAME LAST		FIRST		MIDDLE INITIAL		SEX		ADDRESS		PHONE		DOB		MO/DY/YR											
UNIT		INJURY SEVERITY		TYPE OF INJURY		SAFETY EQUIPMENT IN USE		AIR BAG DEPLOYED?		EJECTED?		PINNED?		INJURED TAKEN BY		POS IN VEH.															
DAMAGE TO PROPERTY						OWNER						ADDRESS																			
OTHER THAN VEHICLES												\$																			
SIGN (officers rank & name)						(BADGE NUMBER)						TROOP OR DIVISION						REVIEWED BY (INITIALS & BADGE)						DATE OF REPORT							
HERE																															
DRIVER/PEDESTRIAN CONDITION			INJURY SEVERITY			TYPE OF INJURY			SAFETY EQUIPMENT IN USE			SECURITY VERIFICATION			CHEMICAL TEST			VEHICLE SIZE			SUPPLEMENTAL REPORT REQUIRED			POSITION IN VEHICLE							
1. APPARENTLY NORMAL			6. SLEEPY			1. HEAD			1. NOT IN USE			1. NO			1. REFUSED			1. SMALL			FRONT										
2. DRIVING ABILITY IMPAIRED			7. SICK			2. TRUNK-EXTERNAL			2. SEAT BELT			2. OWNER			2. BLOOD			2. MEDIUM			1										
3. ODOR OF ALCOHOLIC BEVERAGE			8. CONDITION NOT KNOWN			3. TRUNK-INTERNAL			3. SHOULDER BELT			3. OPERATOR			3. BLOOD			3. LARGE			2										
4. DRUG USE INDICATED			9. BODY DEFECTS			4. INCAPACITATING			4. COMBINATION OF 2 & 3			4. EXEMPT			4. BREATHBLOOD						3										
5. VERY TIRED			10. OTHER			5. FATAL INJURY			5. CHILD RESTRAINT						5. OTHER						4										
																					5										
																					6										

**COLLISION DIAGRAM**

Indicate north by arrow  ONE INCH = FEET

DIRECTION OF TRAVEL

N	S	E	W
UNIT	UNIT	UNIT	UNIT
N	S	E	W
UNIT	UNIT	UNIT	UNIT

Visibility Obscured by \_\_\_\_\_

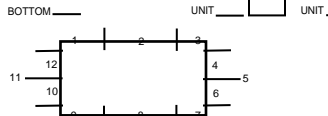
**REMARKS**

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	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	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

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	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	1 FENCE POLE 2 UTILITY POLE 3 GUARD RAIL 4 GUARDRAIL 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

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

POINT OF FIRST CONTACT ON VEHICLE	VEHICLE CONDITION	PEDESTRIAN ACTION
TOP _____ BOTTOM _____ 	1 APPARENTLY NORMAL 2 BRAKES 3 HEADLIGHTS 4 STEERING 5 TAIL LIGHTS 6 BRAKE LIGHTS 7 TIRES/WHEELS 8 SUSPENSION 9 OTHER	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

**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	BLK	REMARKS	UNIT 1	UNIT 2	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

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? .....

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? .....

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.

Y N
Y N
Y N
Y N
Y N

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 MATERIAL IDENTIFICATION NUMBER HAZARD CLASS HAZARDOUS MATERIAL SPILL TOWED

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

VEHICLE CONFIGURATION CARGO BODY TYPE

INJURED/WITNESS CONTINUATION

4 INJURED WITNESS PASSENGER NAME LAST FIRST MIDDLE INITIAL SEX ADDRESS PHONE DOB MO/DAY/YR

UNIT INJ SEV TYPE OF INJ SAFETY EQUIP IN USE AIR BAG DEPLOYED EJECTED PINNED INJURED TAKEN BY POS IN VEH

5 INJURED WITNESS PASSENGER NAME LAST FIRST MIDDLE INITIAL SEX ADDRESS PHONE DOB MO/DAY/YR

UNIT INJ SEV TYPE OF INJ SAFETY EQUIP IN USE AIR BAG DEPLOYED EJECTED PINNED INJURED TAKEN BY POS IN VEH

6 INJURED WITNESS PASSENGER NAME LAST FIRST MIDDLE INITIAL SEX ADDRESS PHONE DOB MO/DAY/YR

UNIT INJ SEV TYPE OF INJ SAFETY EQUIP IN USE AIR BAG DEPLOYED EJECTED PINNED INJURED TAKEN BY POS IN VEH

7 INJURED WITNESS PASSENGER NAME LAST FIRST MIDDLE INITIAL SEX ADDRESS PHONE DOB MO/DAY/YR

UNIT INJ SEV TYPE OF INJ SAFETY EQUIP IN USE AIR BAG DEPLOYED EJECTED PINNED 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

UNIT \_\_\_\_\_ 

N	S	E	W
---	---	---	---

UNIT \_\_\_\_\_ 

N	S	F	W
---	---	---	---

DIAGRAM TO SCALE?

SCALE =

VISIBILITY  
OBSCURED BY

Main area for the collision diagram, currently blank.





**ACCIDENT DESCRIPTION NARRATIVE**

<b>ACCIDENT DESCRIPTION NARRATIVE</b>						SHEET      OF      SHEETS
MONTH	DAY	YEAR	24 HOUR TIME	COUNTY	ACCIDENT NUMBER	ADMINISTRATIVE

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