INCIDENT REPORT ☐ REVISED REPORT ☐ **FATALITY** — YES ☐

[DO NOT WRITE IN THIS SPACE]

INVESTIGATION COMPLETED? YES ☐ NO ☐ Sheet ___ of ___ Sheets

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

TYPE OR PRINT LEGIBLY

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

REPORTING AGENCY: | ACCIDENT NUMBER | ADMINISTRATIVE

MONTH | DAY | YEAR | 24 HOUR TIME | DAY OF WEEK S M T W T F S | COUNTY | COUNTY NUMBER

STREET, ROAD OR HIGHWAY | AT ☐ | DISTANCE FROM ___ FT ___ MI N S E W of (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 MO/DAY/YR | 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 0. % BRAC | DRIVER/PEDESTRIAN CONDITION | TOWED VEHICLE (REGISTERED)

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

OWNER'S NAME SAME AS DRIVER ☐ 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 MPH | BEFORE CONTACT MPH | CONTACT MPH | 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

DOB MO/DAY/YR | 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 0. % BRAC | DRIVER/PEDESTRIAN CONDITION | TOWED VEHICLE (REGISTERED)

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

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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 MPH | BEFORE CONTACT MPH | CONTACT MPH | ESTIMATED DAMAGES $ | BURNED? Y N

STATUTE/ORDINANCE NUMBER | CITATION NUMBER | STATUTE/ORDINANCE NUMBER | CITATION NUMBER | STATUTE/ORDINANCE NUMBER | CITATION NUMBER

1. 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.

2. 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.

3. 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.

DAMAGE TO PROPERTY OTHER THAN VEHICLES $ | OWNER | ADDRESS

SIGN HERE OFFICER'S RANK & NAME | BADGE NUMBER | TROOP OR DIVISION | REVIEWED BY INITIALS & BADGE | DATE OF REPORT

DRIVER/PEDESTRIAN CONDITION	INJURY SEVERITY	TYPE OF INJURY	SAFETY EQUIPMENT IN USE	SECURITY VERIFICATION	CHEMICAL TEST	VEHICLE SIZE	SUPPLEMENTAL REPORT REQUIRED	POSITION IN VEHICLE (FRONT)
1. APPARENTLY NORMAL 2. DRINKING-ABILITY IMPAIRED 3. USE OF ALCOHOLIC BEVERAGE 4. DRUG USE INDICATED 5. VERY TIRED 6. SLEEPY 7. SICK 8. CONDITION NOT KNOWN 9. BODY DEFECTS 10. OTHER	1. NO INJURY 2. POSSIBLE INJURY 3. NON-INCAPACITATING 4. INCAPACITATING 5. FATAL INJURY	1. HEAD 2. TRUNK-EXTERNAL 3. TRUNK-INTERNAL 4. ARM 5. LEG	1. NOT IN USE 2. SEATBELT 3. SHOULDER BELT 4. COMBINATION OF 2 & 3 5. CHILD RESTRAINT 6. AIR BAG 7. SAFETY HELMET 8. UNKNOWN	1. NO 2. OWNER 3. OPERATOR 4. EXEMPT	1. REFUSED 2. BREATH 3. BLOOD 4. BREATH/BLOOD 5. OTHER	S SMALL M MEDIUM L LARGE	★	1 2 3 4 5 6