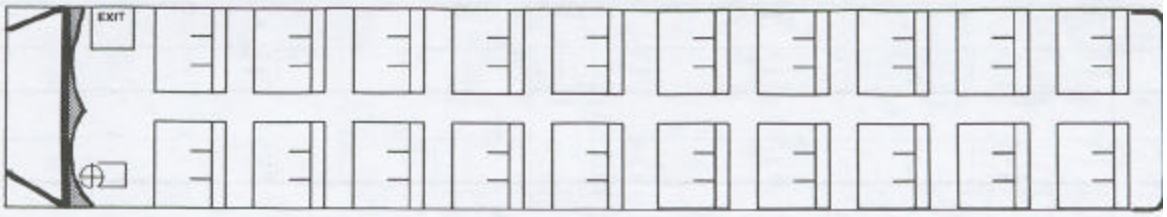
VEHICLE NUMBER		OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT — SUPPLEMENT				SHEET OF SHEETS
MONTH	DAY	YEAR	24 HOUR TIME	COUNTY	ACCIDENT NUMBER	ADMINISTRATIVE

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



PLEASE TYPE OR PRINT LEGIBLY

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

INJURY SEVERITY	TYPE OF INJURY	SAFETY EQUIPMENT IN USE
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 SEAT BELT 3 SHOULDER BELT 4 COMBINATION OF 2 & 3 5 CHILD RESTRAINT 6 AIR BAG 7 SAFETY HELMENT