INCIDENT REPORT ☐ REVISED REPORT ☐ **FATALITY** – YES ☐

[DO NOT WRITE IN THIS SPACE] INVESTIGATION COMPLETED? YES NO Sheet of Sheets

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

PLEASE PRINT LEGIBLY

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 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 GRID 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.● % BAC | 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 | SAME AS DRIVER | 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

VEH REMOVED BY DRIVER | LEGAL SPEED MPH | BEFORE CONTACT MPH | CONTACT MPH | ESTIMATED DAMAGES $ | BURNED? Y N

CITATIONS ISSUED STATUTE / ORDINANCE 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

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VEH REMOVED BY DRIVER | LEGAL SPEED MPH | BEFORE CONTACT MPH | CONTACT MPH | ESTIMATED DAMAGE $ | BURNED? Y N

CITATIONS ISSUED STATUTE / ORDINANCE NUMBER

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

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

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

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

HELD

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 2 DRINKING ABILITY IMPAIRED 3 ODOR OF ALCOHOLIC BEVERAGE 4 DRINKING INDICATED 5 VISION LIMITED 6 SLEEPY 7 SICK 8 CONDITION NOT KNOWN 9 INJURY REPORTED 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 SEAT BELT 3 SHOULDER BELT 4 COMBINATION OF 2 & 3 5 CHILD RESTRAINT 6 AIR BAG 7 SAFETY HELMET	1 NONE 2 OWNER 3 OPERATOR 4 EXPERT	1 NO ALCOHOL 2 BREATH 3 BLOOD 4 BREATH/BLOOD 5 OTHER	S SMALL M MEDIUM L LARGE	★	FRONT 1 2 3 4 5 6

DPS: 0192-01

COLLISION DIAGRAM

INDICATE NORTH BY ARROW

DIRECTION OF TRAVEL — ONE INCH = FEET

UNIT ___ N S E W

UNIT ___ 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

WHAT VEHICLE(S) WERE GOING TO DO — UNIT ___ UNIT ___

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 ___ EXPLAIN

WHAT VEHICLE(S) DID — UNIT ___ UNIT ___

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 ___ EXPLAIN

TRAFFIC CONTROL — UNIT ___ UNIT ___

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 ___ EXPLAIN

TYPE OF ROAD — UNIT ___ UNIT ___

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 ___ EXPLAIN

ROAD CHARACTER — UNIT ___ UNIT ___

1. STRAIGHT — LEVEL
2. STRAIGHT — UPGRADE
3. STRAIGHT — DOWNGRADE
4. STRAIGHT — HILL CREST
5. CURVE — LEVEL
6. CURVE — UPGRADE
7. CURVE — DOWNGRADE
8. CURVE — HILLCREST
9. OTHER ___ EXPLAIN

OBJECT STRUCK BY VEHICLE OR LOAD ON FIRST CONTACT — UNIT ___ UNIT ___

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 ___ EXPLAIN

WEATHER

1. CLEAR
2. FOG
3. CLOUDS PRESENT
4. RAINING
5. SNOWING
6. OTHER ___ EXPLAIN

LIGHT

1. DAYLIGHT
2. DARKNESS
3. LIGHTED
4. DAWN
5. DUSK
6. OTHER ___ EXPLAIN

LOCALITY — UNIT ___

1. RESIDENTIAL
2. BUSINESS
3. INDUSTRIAL
4. SCHOOL
5. NOT BUILT UP
6. OTHER ___ EXPLAIN

ROAD SURFACE — UNIT ___ UNIT ___

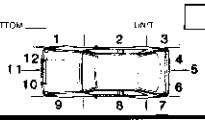
1. CONCRETE
2. ASPHALT
3. GRAVEL
4. DIRT
5. OTHER ___ EXPLAIN

ROAD CONDITION — UNIT ___ UNIT ___

1. DRY
2. WET
3. ICE
4. SNOW
5. MUDDY
6. OTHER ___ EXPLAIN

POINT OF FIRST CONTACT ON VEHICLE — UNIT ___ UNIT ___

TOP ___ BOTTOM ___



VEHICLE CONDITION — UNIT ___ UNIT ___

1. APPARENTLY NORMAL
2. BRAKES
3. HEADLIGHTS
4. STEERING
5. TAIL LIGHTS
6. BRAKE LIGHTS
7. TIRES/WHEELS
8. SUSPENSION
9. OTHER ___ EXPLAIN

PEDESTRIAN ACTION — UNIT ___ UNIT ___

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 ___ EXPLAIN

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		BLK	REMARKS UNIT 1	BLK	REMARKS UNIT 2
		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.

[DO NOT WRITE IN THIS SPACE] Sheet of Sheets

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?	Y N
	Any vehicle with a hazardous materials placard?	Y N
	A bus designed to carry 15 or more persons, including the driver?	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?	Y N
	Any injured person requiring transport for immediate medical treatment?	Y N
	One or more vehicles that had to be towed from the scene as a result of the collision?	Y N
	One or more vehicles that required repair or were provided assistance before proceeding from the scene under own power?	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)

1. RAN OFF ROAD
2. JACKKNIFE
3. OVERTURN (ROLLOVER)
4. DOWNHILL RUNAWAY
5. CARGO LOSS OR SHIFT
6. EXPLOSION
7. SEPARATION OF UNITS

COLLISION INVOLVING

8. PEDESTRIAN
9. MOTOR VEHICLE IN TRANSPORT
10. PARKED MOTOR VEHICLE
11. TRAIN
12. PEDALCYCLE
13. ANIMAL
14. FIXED OBJECT
15. OTHER OBJECT
16. OTHER EVENT

ACCESS CONTROL

1. NO CONTROL (UNLIMITED ACCESS)
2. FULL CONTROL (ONLY RAMP ENTRY AND EXIT)
3. OTHER

TRAFFICWAY

1. NOT PHYSICALLY DIVIDED 2-WAY TRAFFICWAY
2. DIVIDED HIGHWAY, MEDIAN STRIP WITHOUT TRAFFIC BARRIER
3. DIVIDED HIGHWAY, MEDIAN STRIP WITH TRAFFIC BARRIER
4. ONE-WAY TRAFFICWAY

VEHICLE CONFIGURATION

1. Bus
2. Single unit truck, 2 axles, 6 tires
3. Single unit truck, 3 axles
4. Truck Trailer
5. Tri/Tracto
6. Tractor/Semi/Trailer
7. Tractor/Doubles
8. Tractor/Triples
9. Unknown Heavy Truck

CARGO BODY TYPE

1. Bus
2. Van Enclosed Box
3. Cargo Tank
4. Flatbed
5. Dump
6. Cement Mixer
7. Auto Transporter
8. Garbage/Refuse
9. Other

INJURED/WITNESS CONTINUATION

	INJURED	WITNESS	PASSENGER	NAME: LAST	FIRST	MI	SEX	ADDRESS	PHONE	DOB MO/DAY/YR
4										
5										
6										
7										

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
4														
5														
6														
7														

INJURY SEVERITY	TYPE OF INJURY	SAFETY EQUIPMENT IN USE	POSITION IN VEHICLE	SOURCE OF CARRIER NAME	INVESTIGATOR'S INITIALS & BADGE	DATE	REPORT DATE
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 HELMET	FRONT 1 2 3 4 5 6	1. VEHICLE 2. PAPERS 3. DRIVER 4. LOG BOOK	REVIEWER'S INITIALS & BADGE	DATE	