

DO NOT WRITE IN THIS SPACE

Incident Report

Investigation Completed	<input type="checkbox"/> Y <input type="checkbox"/> N	Revised	<input type="checkbox"/> Y <input type="checkbox"/> N
Investigation Made at Scene	<input type="checkbox"/> Y <input type="checkbox"/> N	Fatality	<input type="checkbox"/> Y <input type="checkbox"/> N
Photographs	<input type="checkbox"/> Y <input type="checkbox"/> N	Hit and Run	<input type="checkbox"/> Y <input type="checkbox"/> N

# OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

(1) Reporting Agency		Case Number (Agency Use)		Motor Vehicles Involved	Number Injured	Number Killed
(2) Date of Collision (mm/dd/yyyy)		Time	County Number and Name	Nearest City or Town Number and Name		
(3) Distance from Nearest City or Town Limits		Control #	Int ID	Location	East Grid	North Grid
(4) Street, Road or Highway		Distance from		(Nearest) Intersecting Street, Road or Highway		
(5) Unit	Occupants	Type	Last Name		Date of Birth (mm/dd/yyyy)	Sex
(6) Address		City	State	Zip	Telephone (Use Area Code)	
(7) Driver License Number		State	Class	Endorsement(s)	Restriction(s)	Inj. Sev.
(8) Ejected		Extricated	Test	(% BAC)	Transported by	To Medical Facility
(9) VIN		Vehicle Year	Color	2nd Color	Make	Model
(10) Insurance Company Name		Policy Number		Insurance Telephone (Use Area Code)		
(11) Vehicle Removed by		Owner's Last Name		First	Middle Initial	
(12) Owner's Address		City	State	Zip	Towed Veh. Type	
(13) Citation Number		Statute/Ordinance Number	Citation Number	Statute/Ordinance Number		
(14) Unit	Occupants	Type	Last Name		Date of Birth (mm/dd/yyyy)	Sex
(15) Address		City	State	Zip	Telephone (Use Area Code)	
(16) Driver License Number		State	Class	Endorsement(s)	Restriction(s)	Inj. Sev.
(17) Ejected		Extricated	Test	(% BAC)	Transported by	To Medical Facility
(18) VIN		Vehicle Year	Color	2nd Color	Make	Model
(19) Insurance Company Name		Policy Number		Insurance Telephone (Use Area Code)		
(20) Vehicle Removed by		Owner's Last Name		First	Middle Initial	
(21) Owner's Address		City	State	Zip	Towed Veh. Type	
(22) Citation Number		Statute/Ordinance Number	Citation Number	Statute/Ordinance Number		

(23) Investigating Officer		Badge Number	Troop/Div.	Reviewed by (Init.)	Reviewer Badge Number	Date of Report (mm/dd/yyyy)
<b>Unit Type</b>	<b>Injury Severity</b>	<b>Type of Injury</b>	<b>Driver/Pedestrian Condition</b>		<b>Occupant Protection (OP) In Use</b>	
D Driver P Pedestrian X Pedestrian Conveyance B Bicyclist	Z Other Cyclist C Parked Car A Animal T Train	0 N/A 1 Head 2 Trunk - External 3 Trunk - Internal 4 Arms 5 Legs 9 Unknown	00 Not Applicable 01 Apparently Normal 02 Drinking - Ability Impaired 03 Odor of Alcohol Beverage 04 Illegal Drugs	05 Under the Influence of Medications 06 Very Tired 07 Sleepy	08 Ill (Sick) 09 Dizzy/Faint 10 Emotional 11 Other	00 Not Applicable 01 None Used 02 Lap Belt Only 03 Shoulder Belt Only 04 Shoulder and Lap Belt
0 Not Applicable 1 Not Deployed 2 Deployed - Front 3 Deployed - Side	4 Deployed - Other (knee, air belt, etc.) 5 Deployed - Combination 9 Deployment Unknown	0 N/A 1 No 2 Ejected, Partially	3 Ejected, Totally 4 Ejected, 9 Unknown	0 N/A 1 No 2 Yes	0 N/A 1 None 2 Minor 3 Functional 4 Disabling 9 Unknown	0 N/A 1 No 2 Operator 3 Exempt 4 Exempt P Permitted
<b>Air Bag Deployed</b>		<b>Ejected</b>	<b>Extricated</b>	<b>Chemical Test</b>	<b>Extent of Damage</b>	<b>Insurance Verification</b>
<b>Towed Vehicle Type</b>						

(24) Unit	<input type="checkbox"/> Injured <input type="checkbox"/> Witness	<input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner	Pos in Veh.	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)	Sex
				City		State	Zip	Telephone (Use Area Code)
				Same as Driver				
Injury Severity / Type		OP Use	Air Bag Ejected	Extricated	Transported by		To Medical Facility	
							Property Type	

(27) Unit	<input type="checkbox"/> Injured <input type="checkbox"/> Witness	<input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner	Pos in Veh.	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)	Sex
				City		State	Zip	Telephone (Use Area Code)
				Same as Driver				
Injury Severity / Type		OP Use	Air Bag Ejected	Extricated	Transported by		To Medical Facility	
							Property Type	

(28) Unit	<input type="checkbox"/> Injured <input type="checkbox"/> Witness	<input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner	Pos in Veh.	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)	Sex
				City		State	Zip	Telephone (Use Area Code)
				Same as Driver				
Injury Severity / Type		OP Use	Air Bag Ejected	Extricated	Transported by		To Medical Facility	
							Property Type	

(29) Unit	<input type="checkbox"/> Injured <input type="checkbox"/> Witness	<input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner	Pos in Veh.	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)	Sex
				City		State	Zip	Telephone (Use Area Code)
				Same as Driver				
Injury Severity / Type		OP Use	Air Bag Ejected	Extricated	Transported by		To Medical Facility	
							Property Type	

(30) Unit	<input type="checkbox"/> Injured <input type="checkbox"/> Witness	<input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner	Pos in Veh.	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)	Sex
				City		State	Zip	Telephone (Use Area Code)
				Same as Driver				
Injury Severity / Type		OP Use	Air Bag Ejected	Extricated	Transported by		To Medical Facility	
							Property Type	

(31) Unit	<input type="checkbox"/> Injured <input type="checkbox"/> Witness	<input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner	Pos in Veh.	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)	Sex
				City		State	Zip	Telephone (Use Area Code)
				Same as Driver				
Injury Severity / Type		OP Use	Air Bag Ejected	Extricated	Transported by		To Medical Facility	
							Property Type	

(32) Unit	<input type="checkbox"/> Injured <input type="checkbox"/> Witness	<input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner	Pos in Veh.	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)	Sex
				City		State	Zip	Telephone (Use Area Code)
				Same as Driver				
Injury Severity / Type		OP Use	Air Bag Ejected	Extricated	Transported by		To Medical Facility	
							Property Type	

**Complete information below if this vehicle is being used for COMMERCE/BUSINESS and has a GVWR/GCWR IN EXCESS OF 10,000 LBS., or has a HAZMAT PLACARD, or is a BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER**

(36) Unit	Carrier Name	Address					
(37) City	State	Zip	GVWR <input type="checkbox"/> 0 - 10K lbs. <input type="checkbox"/> 10,001 - 26K lbs. <input type="checkbox"/> 26K+ lbs.	GCWR <input type="checkbox"/> 0 - 10K lbs. <input type="checkbox"/> 10,001 - 26K lbs. <input type="checkbox"/> 26K+ lbs.	Axle Qty.	Cargo Body	Vehicle Use
							Interstate Commerce <input type="checkbox"/>
							Intrastate Commerce <input type="checkbox"/>
							Other Non-Commercial <input type="checkbox"/>
							Government <input type="checkbox"/>

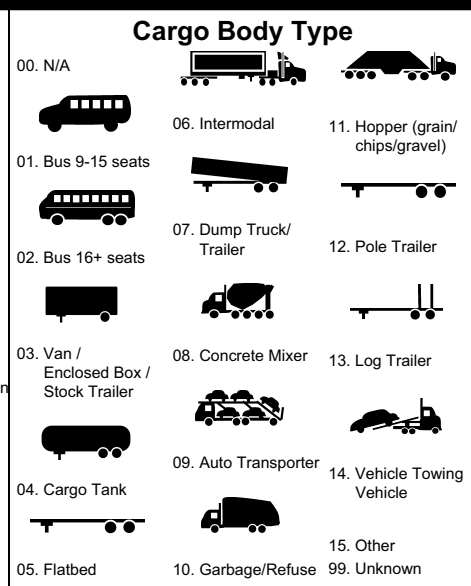
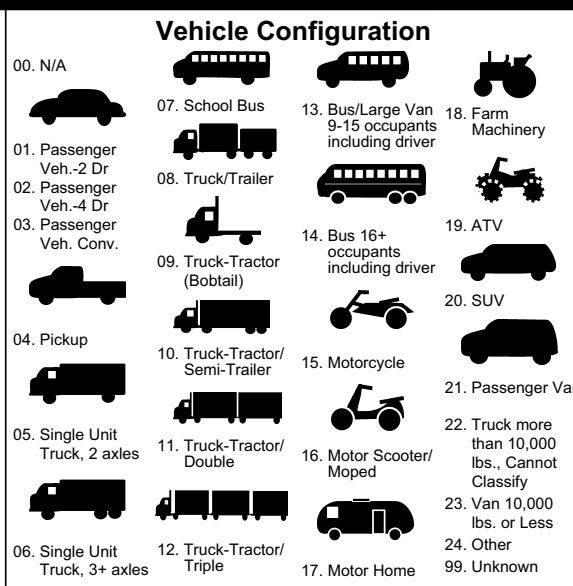
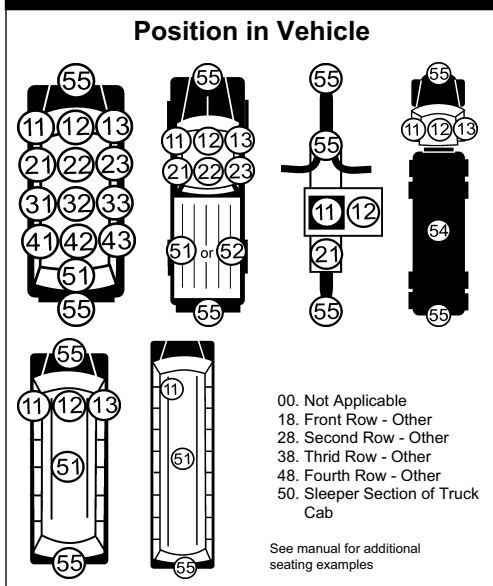
(38) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release
	OK			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

(39) Unit	Carrier Name	Address					
(40) City	State	Zip	GVWR <input type="checkbox"/> 0 - 10K lbs. <input type="checkbox"/> 10,001 - 26K lbs. <input type="checkbox"/> 26K+ lbs.	GCWR <input type="checkbox"/> 0 - 10K lbs. <input type="checkbox"/> 10,001 - 26K lbs. <input type="checkbox"/> 26K+ lbs.	Axle Qty.	Cargo Body	Vehicle Use
							Interstate Commerce <input type="checkbox"/>
							Intrastate Commerce <input type="checkbox"/>
							Other Non-Commercial <input type="checkbox"/>
							Government <input type="checkbox"/>

(41) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release
	OK			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>



Unit	Total Lanes in Roadway	Legal Speed	Pedestrian / Pedalcyclist Only			
			Actions Prior to Collision	Location at Time of Collision	Safety Equip.	Unit Number of Vehicle Striking
This unit will correspond to 'Unit 1'						
This unit will correspond to 'Unit 2'						

Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section) Yes  No

Type of Work Zone	Location of the Work Zone Collision
1 Lane Closure	1 Before the First Work Zone Warning Sign
2 Lane Shift/Crossover	2 Advance Warning Area
3 Work on Shoulder or Median	3 Transition Area
4 Intermittent or Moving Work	4 Activity Area
9 Unknown	5 Termination Area
	9 Unknown

Workers Present Yes  No  Unknown

Light	What Vehicle Was Going to Do	Unit 1	Unit 2	Override/Override	Unit 1	Unit 2
1 Daylight	00 Not Applicable			0 Not Applicable		
2 Dark-Not Lighted	01 Go Ahead			1 No Override or Override		
3 Dark-Lighted	02 Turn Left			2 Underdrive, Compartment Intrusion		
4 Dawn	03 Turn Right			3 Underdrive, No Compartment Intrusion		
5 Dusk	04 Make "U" Turn			4 Underdrive, Compartment Intrusion Unknown		
6 Dark-Unknown Lighting	05 Stop			5 Override, Motor Vehicle in Transport		
7 Other	06 Slow for Cause			6 Override, Other Motor Vehicle		
9 Unknown	07 Start from Park/Stop			9 Unknown		

Weather	What Vehicle Did	Unit 1	Unit 2	Traffic Control	Unit 1	Unit 2
01 Clear	00 Not Applicable			00 No Control		
02 Fog/Smog/Smoke	01 Went Ahead			01 Stop Sign		
03 Cloudy	02 Turned Left			02 Traffic Signal		
04 Rain	03 Turned Right			03 Flashing Traffic Signal		
05 Snow	04 Entered "U" Turn			04 School Zone Signs		
06 Sleet/Hail (Freezing Rain/Drizzle)	05 Stopped			05 Yield Sign		
07 Severe Crosswind	06 Slowed			06 Warning Sign		
08 Blowing Snow	07 Started From Park/Stop			07 Railroad Advance Warning Sign		
09 Blowing Sand, Soil, Dirt	08 Entered Other Lane			08 Railroad Cross Bucks		
10 Other	09 Overtaking			09 Railroad Gates		
99 Unknown	10 Passing			10 Railroad Signal		
	11 Backed			11 No Passing Zone		
	12 Remained Stopped			12 Person (including flagger, law enforcement, crossing guard, etc.)		
	13 Remained Parked			13 Abnormal Control		
	14 Entered/Merged			14 Other		
	15 Departed Rdwy-Right			99 Unknown		
	16 Departed Rdwy-Left					
	17 Swerved Right					
	18 Swerved Left					
	19 Parked					
	20 Other					
	99 Unknown					

Locality	Road Surface Conditions	Unit 1	Unit 2	Road Character	Unit 1	Unit 2
1 Residential	01 Dry			1 Level		
2 Business	02 Wet			2 Hillcrest		
3 Industrial	03 Ice/Frost			3 Uphill		
4 School	04 Snow			4 Downhill		
5 Not Built-up	05 Mud, Dirt, Gravel			5 Sag (bottom)		
6 Mixed Use	06 Slush					
7 Other	07 Water (standing, moving)					
9 Unknown	08 Sand					
	09 Oil					
	10 Other					
	99 Unknown					

Type of Intersection	Visibility Obscured by	Unit 1	Unit 2	Road Alignment	Unit 1	Unit 2
0 Not an Intersection	00 Not Applicable			1 Straight		
2 Y-Intersection	01 Trees			2 Curve - Left		
3 T-Intersection	02 Embankment			3 Curve - Right		
4 Four-Way Intersection	03 Building					
5 Five-Point or More	04 Signs					
6 Intersection as Part of Interchange	05 Parked Vehicles					
7 Traffic Circle	06 High Weeds					
8 Roundabout	07 Fences					
9 Unknown	08 Shrubbery					
	09 Ice, Snow or Frost on Windows					
	10 Smoke					
	11 Fog					
	12 Dust					
	13 Rain					
	14 Sun					
	15 Other					
	99 Unknown					

Incident Type	Road Surface Type	Unit 1	Unit 2	Driver Distracted by	Unit 1	Unit 2
00 Not an Incident	1 Concrete			0 Not Applicable/None		
51 Private Property	2 Asphalt			1 Electronic Communication Devices		
52 Deliberate Intent	3 Gravel			2 Other Electronic Device		
53 Medical Condition	4 Dirt			3 Other Inside Vehicle		
54 Legal Intervention	5 Brick			4 Other Outside Vehicle		
55 Suicide	6 Other			9 Unknown		
57 Drowning	9 Unknown					
58 Other						

Location of First Harmful Event	Road Character	Unit 1	Unit 2	Emergency Vehicle Responding to an Emergency	Unit 1	Unit 2
01 On Roadway	1 Level			0 N/A		
02 Shoulder	2 Hillcrest			2 No		
03 Median	3 Uphill			1 Yes		
04 Roadside	4 Downhill					
05 Gore	5 Sag (bottom)					
06 Separator						
07 Parking Lane/Zone						
08 Off Roadway, Location Unknown						
09 Outside Right-of-Way						
10 Other						
99 Unknown						

Trafficway	Unit 1	Unit 2	Unsafe / Unlawful Contributing Factors	Unit 1	Unit 2
0 Not Applicable			<b>FAILED TO YIELD</b>		
1 One Way			01 From Stop Sign		
2 Two-Way - Not Divided			02 From Yield Sign		
3 Two-Way - Divided			03 Private Drive		
4 Two-Way - Divided - Positive Median Barrier			04 County Road at Through Highway		
5 Turn Lane			05 From Signal Light		
6 Ramp / Loop			06 From Alley		
7 Driveway			07 To Pedestrian		
8 Alley / Parking Lot			08 To Vehicle on Right Intersection		
9 Unknown			09 To Vehicle in Intersection		
			10 To Emergency Vehicles		
			12 Other		

Vehicle Removal	Unit 1	Unit 2	Unsafe / Unlawful Contributing Factors	Unit 1	Unit 2
0 Not Applicable			<b>FOLLOWED TOO CLOSELY</b>		
1 Towed Due to Vehicle Damage			13 Human Element		
2 Towed For Reasons Other Than Damage			14 Traffic Condition		
3 Remained at Scene			15 Weather Condition		
4 Driven from Scene			<b>UNSAFE SPEED</b>		
9 Unknown			16 Driver's Ability (Aged)		
			17 Inexperienced Driver - Young		
			18 Exceeding Legal Limit		
			19 For Traffic Conditions		
			20 For Type of Roadway (Gravel, Dirt, etc.)		
			21 For Ice or Snow on Roadway		
			22 Rain or Wet Roadway		
			23 Wind		
			24 Other Weather Conditions		
			25 Vehicle Condition		
			26 View Obstruction		
			27 On Curve/Turn		
			28 Impeding Traffic		
			29 Other		
			<b>IMPROPER TURN</b>		
			30 From Wrong Lane		
			31 From Direct Course		
			32 Right		
			33 Left		
			34 Turn About/U-Turn		
			35 To Enter Private Drive		
			36 In Front of Oncoming Traffic		
			37 Other		
			<b>CHANGED LANES UNSAFELY</b>		
			38 CHANGED LANES UNSAFELY		
			39 STOPPED IN TRAFFIC LANE		
			<b>FAILED TO STOP</b>		
			40 For Stop Sign		
			41 For Traffic Signal		
			42 For School Bus		
			43 For Railroad Gates/Signal		
			44 For Officer/Flagman		
			45 At Sidewalk/Stopline		
			46 Other		
			<b>UNSAFE VEHICLE</b>		
			47 Brakes		
			48 Steering		

Vehicle Condition	Unit 1	Unit 2	Unsafe / Unlawful Contributing Factors	Unit 1	Unit 2
00 Not Applicable			<b>IMPROPER PARKING</b>		
01 Apparently Normal			67 On Roadway		
02 Brakes			68 Where Prohibited		
03 Headlights			69 Other		
04 Steering			<b>INATTENTION</b>		
05 Tail Lights			70 Distracted by Passenger in Vehicle		
06 Brake Lights			71 Other Distraction Inside Vehicle		
07 Tires/Wheels			72 Distraction From Outside Vehicle		
08 Suspension			73 Other		
09 Signal lights			<b>WRONG WAY</b>		
10 Windows			74 On One Way		
11 Truck Coupling/Trailer Hitch/Safety Chains			75 On Exit Ramp		
12 Mirrors			76 On Entrance Ramp		
13 Wipers			77 Other		
14 Power Train			<b>IMPROPER START FROM</b>		
			78 Parked Position		
			79 Other		
			80 <b>ALCOHOL-DUI/DWI</b>		
			81 <b>DRUG-DUI</b>		
			<b>OTHER IMPROPER ACT/ MOVEMENT</b>		
			82 Failed to Signal		
			83 Disregarded Warning Signal		
			84 Improper Use of Lane		
			85 Improper Backing		
			86 Apparently Sleepy		
			87 Failed to Secure Load		
			88 Other/Unknown		
			<b>UNKN./NO IMPROPER ACT</b>		
			89 Deer in Roadway		
			90 Animal in Roadway		
			91 Domestic Animal in Rdwy		
			92 Avoiding Other Vehicle		
			93 Avoiding Pedestrian		
			94 Object/Debris in Roadway		
			95 Defect in Roadway		
			96 Abnormal Traffic Control		
			97 Improper Bicyclist Action		
			98 <b>NO IMPROPER ACTION BY DRIVER</b>		
			99 <b>PEDESTRIAN ACTION</b>		

Special Function of Vehicle	Unit 1	Unit 2	Point of First Contact on Vehicle	Unit 1	Unit 2
00 Not Applicable					
01 School Bus					
02 Transit Bus					
03 Intercity Bus					
04 Charter Bus					
05 Other Bus					
06 Military					
07 OHP					
08 Other Police					
09 Other Law Enforcement					
10 Ambulance					
11 Fire Truck					
12 Public Owned Vehicle					
13 Highway Equipment					
14 Special Mobilized Machine					
15 Other					

Most Damaged Area	Unit 1	Unit 2
00 Not Applicable		
13 Top		
14 Undercarriage		
99 Unknown		

