OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT INSTRUCTION MANUAL

Revision – 2011

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Letter from Commissioner

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OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

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Fatality	7	
Hit and Run	8	

(1) Reporting Agency 9 | Case Number (Agency Use) 10 | Motor Vehicles Involved 11 | Number Injured 12 | Number Killed 13

(2) Date of Collision (mm/dd/yyyy) 14 | Time 15 | County Number and Name 16 17 | Nearest City or Town Number and Name In 18 Near 19 20

(3) Distance from Nearest City or Town Limits 21 Mi. 22 Ft. | 23 N S | 24 Mi. 25 Ft. | 26 E W | Control # 27 | Int ID 28 | Location 29 | East Grid 30 | North Grid 31 | Administrative 32

(4) Street, Road or Highway 33 | Distance from At 34 35 Mi. 36 Ft. | N 37 S | E W | of (Nearest) Intersecting Street, Road or Highway 38

(5) Unit

Unit	Occupants	Type	Hit & Run	CMV	Last Name	First	Middle	Date of Birth (mm/dd/yyyy)	Sex
39	40	41	42	43	44	45	46	47	48	49

(6) Address 50 | City 51 | State 52 | Zip 53 | Telephone (Use Area Code) 54

(7) Driver License Number 55 | State 56 | Class 57 | Endorsement(s) 58 59 60 | Restriction(s) 61 62 63 | Inj. Sev. 64 | Type of Injury 65 66 67 68 69 | Drv./Ped. Cond. 70 | OP Use 71

(8) Air Bag 72 | Ejected 73 | Extricated 74 | Test 75 | (% BAC) 0. 76 | Transported by 77 | To Medical Facility 78 | License Plate Number 79 | State 80 | Month 81 | Year 82

(9) VIN 83 | Vehicle Year 84 | Color 85 | 2nd Color 86 | Make 87 | Model 88 | Veh. Conf. 89 | Extent of Damage 90

(10) Insurance Verification 91 | Insurance Company Name 92 | Policy Number 93 | Insurance Telephone (Use Area Code) 94

(11) Vehicle Removed by Driver 95 | Owner's Last Name 96 | First 97 | Middle Initial 98 99 | Same as Driver

(12) Owner's Address 100 | City 101 | State 102 | Zip 103 | Towed Veh. Type Oversized Load 104 | 105 | Rolled 106 | Burned | Phone present 108 | Phone in use 107 109

(13) Citation Number 110 | Statute/Ordinance Number 111 | Citation Number 112 | Statute/Ordinance Number 113

(14) Unit

Unit	Occupants	Type	Hit & Run	CMV	Last Name	First	Middle	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. | Type of Injury | Drv./Ped. Cond. | OP Use

(17) Air Bag | Ejected | Extricated | Test | (% BAC) 0. | Transported by | To Medical Facility | License Plate Number | State | Month | Year

(18) VIN | Vehicle Year | Color | 2nd Color | Make | Model | Veh. Conf. | Extent of Damage

(19) Insurance Verification | Insurance Company Name | Policy Number | Insurance Telephone (Use Area Code)

(20) Vehicle Removed by Driver | Owner's Last Name | First | Middle Initial | Same as Driver

(21) Owner's Address | City | State | Zip | Towed Veh. Type Oversized Load | Rolled | Phone present | Burned | Phone in use

(22) Citation Number | Statute/Ordinance Number | Citation Number | Statute/Ordinance Number

(23) Investigating Officer 114 | Badge Number 115 | Troop/Div. 116 | Reviewed by (Init.) 117 | Reviewer Badge Number 118 | Date of Report (mm/dd/yyyy) 119

Unit Type
D Driver; P Pedestrian; X Pedestrian Conveyance; B Bicyclist; Z Other Cyclist; C Parked Car; A Animal; T Train

Injury Severity
0 N/A; 1 No Injury; 2 Possible; 3 Non-incapacitating; 4 Incapacitating; 5 Fatal; 9 Unknown

Type of Injury
0 N/A; 1 Head; 2 Trunk - External; 3 Trunk - Internal; 4 Arms; 5 Legs; 9 Unknown

Driver/Pedestrian Condition
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; 99 Unknown

Occupant Protection (OP) In Use
00 Not Applicable; 01 None Used; 02 Lap Belt Only; 03 Shoulder Belt Only; 04 Shoulder and Lap Belt; 05 Child Restraint Type Unknown; 06 Restraint Used - Type Unknown; 07 Helmet; 08 Child Restraint - Forward Facing; 09 Child Restraint - Rear Facing; 10 Booster Seat; 11 Other; 99 Unknown

Air Bag Deployed
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

Ejected
0 Not Applicable; 1 Not Ejected; 2 Ejected, Partially; 3 Ejected, Totally; 9 Unknown

Extricated
0 N/A; 1 No; 2 Yes

Chemical Test
0 N/A; 1 Blood; 2 Breath; 3 Blood/Breath; 4 Test Refused; 5 None Given; 6 Other

Extent of Damage
0 N/A; 1 None; 2 Minor; 3 Functional; 4 Disabling; 9 Unknown

Insurance Verification
0 N/A; 1 No; 2 Owner; 3 Operator; 4 Exempt

Oversized Load
0 N/A; N Not Permitted; P Permitted

Towed Vehicle Type
00 N/A; 01 Boat Trailer; 02 House Trailer; 03 Farm Trailer; 04 Horse Trailer; 05 Another Vehicle; 06 Utility Trailer; 07 Homemade Trailer; 08 Box Trailer; 09 Stock Trailer; 10 Camping Trailer; 11 Combination; 12 Other; 99 Unknown

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

DPS: 0192-01 REV 0107

Case Number 120

(24) Unit 122 | Injured ☐ Witness ☐ | Passenger ☐ Prop. Owner ☐ 123 125 | Pos in Veh. 127 | Last Name 128 | First 129 | Middle Initial 130 | 131 | Date of Birth (mm/dd/yyyy) 132 | Sex 133

(25) Address 124 | Same as Driver ☐ | 134 | City 135 | State 136 | Zip 137 | 126 | Telephone (Use Area Code) 138

(26) Injury Severity / Type 139 | 140 | 141 | 142 | 143 | 144 | OP Use 145 | Air Bag Ejected 146 | Extricated 147 | Transported by 148 | 149 | To Medical Facility 150 | Property Type 151

(27) Unit | Injured ☐ Witness ☐ | Passenger ☐ Prop. Owner ☐ | Pos in Veh. | Last Name | First | Middle Initial | Date of Birth (mm/dd/yyyy) | Sex

(28) Address | Same as Driver ☐ | City | State | Zip | Telephone (Use Area Code)

(29) Injury Severity / Type | OP Use | Air Bag Ejected | Extricated | Transported by | To Medical Facility | Property Type

(30) Unit | Injured ☐ Witness ☐ | Passenger ☐ Prop. Owner ☐ | Pos in Veh. | Last Name | First | Middle Initial | Date of Birth (mm/dd/yyyy) | Sex

(31) Address | Same as Driver ☐ | City | State | Zip | Telephone (Use Area Code)

(32) Injury Severity / Type | OP Use | Air Bag Ejected | Extricated | Transported by | To Medical Facility | Property Type

(33) Unit | Injured ☐ Witness ☐ | Passenger ☐ Prop. Owner ☐ | Pos in Veh. | Last Name | First | Middle Initial | Date of Birth (mm/dd/yyyy) | Sex

(34) Address | Same as Driver ☐ | City | State | Zip | Telephone (Use Area Code)

(35) 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 152 | Carrier Name 153 | Address 154

(37) City 155 | State 156 | Zip 157 | GVWR ☐ GCWR ☐ | 158 | 0 - 10K lbs. ☐ 10,001 - 26K lbs. ☐ 26K+ lbs. ☐ | 159 | Axle Qty. 160 | Cargo Body 161 | Vehicle Use 162: Interstate Commerce ☐ Intrastate Commerce ☐ Other Non-Commercial ☐ Government ☐

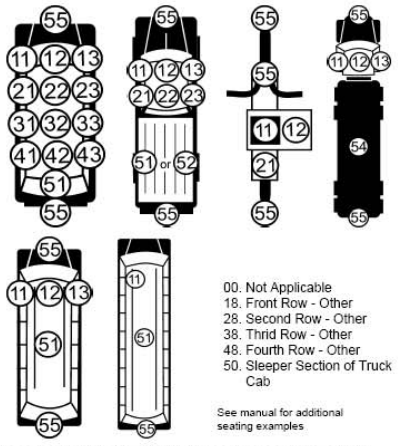
(38) U.S. DOT Number 163 | NASI Report Number OK 164 | Placard Number 165 | Haz. Mat. Class 166 | Haz. Mat. Involved 167 Yes ☐ No ☐ | Haz. Mat. Release 168 Yes ☐ No ☐

(39) Unit | Carrier Name | Address

(40) City | State | Zip | GVWR ☐ GCWR ☐ | 0 - 10K lbs. ☐ 10,001 - 26K lbs. ☐ 26K+ lbs. ☐ | Axle Qty. | Cargo Body | Vehicle Use: Interstate Commerce ☐ Intrastate Commerce ☐ Other Non-Commercial ☐ Government ☐

(41) U.S. DOT Number | NASI Report Number OK | Placard Number | Haz. Mat. Class | Haz. Mat. Involved Yes ☐ No ☐ | Haz. Mat. Release Yes ☐ No ☐

Position in Vehicle



00. Not Applicable
18. Front Row - Other
28. Second Row - Other
38. Thrid Row - Other
48. Fourth Row - Other
50. Sleeper Section of Truck Cab

See manual for additional seating examples

Vehicle Configuration

00. N/A
01. Passenger Veh.-2 Dr
02. Passenger Veh.-4 Dr
03. Passenger Veh. Conv.
04. Pickup
05. Single Unit Truck, 2 axles
06. Single Unit Truck, 3+ axles
07. School Bus
08. Truck/Trailer
09. Truck-Tractor (Bobtail)
10. Truck-Tractor/ Semi-Trailer
11. Truck-Tractor/ Double
12. Truck-Tractor/ Triple
13. Bus/Large Van 9-15 occupants including driver
14. Bus 16+ occupants including driver
15. Motorcycle
16. Motor Scooter/ Moped
17. Motor Home
18. Farm Machinery
19. ATV
20. SUV
21. Passenger Van
22. Truck more than 10,000 lbs., Cannot Classify
23. Van 10,000 lbs. or Less
24. Other
99. Unknown

Cargo Body Type

00. N/A
01. Bus 9-15 seats
02. Bus 16+ seats
03. Van / Enclosed Box / Stock Trailer
04. Cargo Tank
05. Flatbed
06. Intermodal
07. Dump Truck/ Trailer
08. Concrete Mixer
09. Auto Transporter
10. Garbage/Refuse
11. Hopper (grain/ chips/gravel)
12. Pole Trailer
13. Log Trailer
14. Vehicle Towing Vehicle
15. Other
99. Unknown

DPS: 0192-02 REV 0107

Case Number 169

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

	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'	171	172	173	174	175	176	177
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) 178 Yes ☐ No ☐

Type of Work Zone 179
1 Lane Closure
2 Lane Shift/Crossover
3 Work on Shoulder or Median
4 Intermittent or Moving Work
9 Unknown

Location of the Work Zone Collision 180
1 Before the First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area
5 Termination Area
9 Unknown

181 **Workers Present** Yes ☐ No ☐ Unknown ☐

Light 182
1 Daylight
2 Dark-Not Lighted
3 Dark-Lighted
4 Dawn
5 Dusk
6 Dark-Unknown Lighting
7 Other
9 Unknown

Weather 183
01 Clear
02 Fog/Smog/Smoke
03 Cloudy
04 Rain
05 Snow
06 Sleet/Hail (Freezing Rain/Drizzle)
07 Severe Crosswind
08 Blowing Snow
09 Blowing Sand, Soil, Dirt
10 Other
99 Unknown

Locality 184
1 Residential
2 Business
3 Industrial
4 School
5 Not Built-up
6 Mixed Use
7 Other
9 Unknown

Type of Intersection 185
0 Not an Intersection
2 Y-Intersection
3 T-Intersection
4 Four-Way Intersection
5 Five-Point or More
6 Intersection as Part of Interchange
7 Traffic Circle
8 Roundabout
9 Unknown

Incident Type 186
00 Not an Incident
51 Private Property
52 Deliberate Intent
53 Medical Condition
54 Legal Intervention
55 Suicide
57 Drowning
58 Other

Location of First Harmful Event 187
01 On Roadway
02 Shoulder
03 Median
04 Roadside
05 Gore
06 Separator
07 Parking Lane/Zone
08 Off Roadway, Location Unknown
09 Outside Right-of Way
10 Other
99 Unknown

What Vehicle Was Going to Do Unit 1 188 Unit 2
00 Not Applicable
01 Go Ahead
02 Turn Left
03 Turn Right
04 Make "U" Turn
05 Stop
06 Slow for Cause
07 Start from Park/Stop
08 Change Lanes
09 Overtake
10 Pass
11 Back
12 Remain Stopped
13 Remain Parked
14 Enter/Merge in Traffic
15 Negotiate a Curve
16 Park
17 Other
99 Unknown

What Vehicle Did Unit 1 189 Unit 2
00 Not Applicable
01 Went Ahead
02 Turned Left
03 Turned Right
04 Entered "U" Turn
05 Stopped
06 Slowed
07 Started From Park/Stop
08 Entered Other Lane
09 Overtaking
10 Passing
11 Backed
12 Remained Stopped
13 Remained Parked
14 Entered/Merged
15 Departed Rdwy-Right
16 Departed Rdwy-Left
17 Swerved Right
18 Swerved Left
19 Parked
20 Other
99 Unknown

Visibility Obscured by Unit 1 190 Unit 2
00 Not Applicable
01 Trees
02 Embankment
03 Building
04 Signs
05 Parked Vehicles
06 High Weeds
07 Fences
08 Shrubbery
09 Ice, Snow or Frost on Windows
10 Smoke
11 Fog
12 Dust
13 Rain
14 Sun
15 Other
99 Unknown

Driver Distracted by Unit 1 191 Unit 2
0 Not Applicable/None
1 Electronic Communication Devices
2 Other Electronic Device
3 Other Inside Vehicle
4 Other Outside Vehicle
9 Unknown

Underride/ Override Unit 1 192 Unit 2
0 Not Applicable
1 No Underride or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle in Transport
6 Override, Other Motor Vehicle
9 Unknown

Traffic Control Unit 1 193 Unit 2
00 No Control
01 Stop Sign
02 Traffic Signal
03 Flashing Traffic Signal
04 School Zone Signs
05 Yield Sign
06 Warning Sign
07 Railroad Advance Warning Sign
08 Railroad Cross Bucks
09 Railroad Gates
10 Railroad Signal
11 No Passing Zone
12 Person (including flagger, law enforcement, crossing guard, etc.)
13 Abnormal Control
14 Other
99 Unknown

Road Surface Conditions Unit 1 194 Unit 2
01 Dry
02 Wet
03 Ice/Frost
04 Snow
05 Mud, Dirt, Gravel
06 Slush
07 Water (standing, moving)
08 Sand
09 Oil
10 Other
99 Unknown

Road Character

Grade Unit 1 195 Unit 2
1 Level
2 Hillcrest
3 Uphill
4 Downhill
5 Sag (bottom)

Road Alignment Unit 1 196 Unit 2
1 Straight
2 Curve - Left
3 Curve - Right

Road Surface Type Unit 1 197 Unit 2
1 Concrete
2 Asphalt
3 Gravel
4 Dirt
5 Brick
6 Other
9 Unknown

Trafficway Unit 1 198 Unit 2
0 Not Applicable
1 One Way
2 Two-Way - Not Divided
3 Two-Way - Divided
4 Two-Way - Divided - Positive Median Barrier
5 Turn Lane
6 Ramp / Loop
7 Driveway
8 Alley / Parking Lot
9 Unknown

Vehicle Removal Unit 1 199 Unit 2
0 Not Applicable
1 Towed Due to Vehicle Damage
2 Towed For Reasons Other Than Damage
3 Remained at Scene
4 Driven from Scene
9 Unknown

Vehicle Condition Unit 1 200 Unit 2
00 Not Applicable
01 Apparently Normal
02 Brakes
03 Headlights
04 Steering
05 Tail Lights
06 Brake Lights
07 Tires/Wheels
08 Suspension
09 Signal lights
10 Windows
11 Truck Coupling/Trailer Hitch/Safety Chains
12 Mirrors
13 Wipers
14 Power Train
15 Other
99 Unknown

Special Function of Vehicle Unit 1 201 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
99 Unknown

Emergency Vehicle Responding to an Emergency Unit 1 202 Unit 2
0 N/A
1 Yes
2 No
9 Unknown

Unsafe / Unlawful Contributing Factors Unit 1 203 Unit 2

FAILED TO YIELD
01 From Stop Sign
02 From Yield Sign
03 Private Drive
04 County Road at Through Highway
05 From Signal Light
06 From Alley
07 To Pedestrian
08 To Vehicle on Right
09 To Vehicle in Intersection
10 To Emergency Vehicles
12 Other

FOLLOWED TOO CLOSELY
13 Human Element
14 Traffic Condition
15 Weather Condition

UNSAFE SPEED
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

IMPROPER TURN
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
38 **CHANGED LANES UNSAFELY**
39 **STOPPED IN TRAFFIC LANE**

FAILED TO STOP
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

UNSAFE VEHICLE
47 Brakes
48 Steering
49 Tires
50 Suspension
51 Headlights
52 Tail Lights
53 Stop Lights
54 Wheel
55 Exhaust System
56 Windshield Wipers
57 Other Mechanical Defects

LEFT OF CENTER
58 In Meeting
59 No Passing Zone (Unmarked)
60 Marked Zone
61 Other

IMPROPER OVERTAKING
62 In Marked Zone
63 On Hill/Curve
64 At Intersection
65 Without Sufficient Clearance
66 Other

IMPROPER PARKING
67 On Roadway
68 Where Prohibited
69 Other

INATTENTION
70 Distracted by Passenger in Vehicle
71 Other Distraction Inside Vehicle
72 Distraction From Outside Vehicle
73 Other

WRONG WAY
74 On One Way
75 On Exit Ramp
76 On Entrance Ramp
77 Other

IMPROPER START FROM
78 Parked Position
79 Other
80 **ALCOHOL-DUI/DWI**
81 **DRUG-DUI**

OTHER IMPROPER ACT/ MOVEMENT
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

UNKN./NO IMPROPER ACT
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 **NO IMPROPER ACTION BY DRIVER**
99 **PEDESTRIAN ACTION**

Point of First Contact on Vehicle Unit 1 204 Unit 2

Most Damaged Area Unit 1 205 Unit 2
00 Not Applicable
13 Top
14 Undercarriage
99 Unknown

DPS: 0192-03 REV 0107

Case Number 206

Latitude 208 . N

Longitude 209 . W

Railroad Crossing Number 210

Roadway Orientation

Unit Number 211 N E S W 212

Unit Number N E S W

213

Indicate North by Arrow

COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
214	215	216	217	218	219

First Harmful Event for the Entire Collision: 220

00 Not Applicable
10 Overturn/Rollover
11 Fire/Explosion
12 Immersion
13 Jackknife
14 Cargo/Equipment Loss or Shift
15 Equipment Failure (Blown Tire, Brake Failure, etc.)
16 Separation of Units
17 Departed Road Right
18 Departed Road Left
19 Cross Median/Centerline
20 Downhill Runaway
21 Fell/Jumped From Motor Vehicle
22 Thrown Or Falling Object
23 Other Non-Collision

PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:

30 Pedestrian
31 Pedal Cycle
32 Railway Vehicle (train, engine)
33 Animal
34 Motor Vehicle in Transport
35 Parked Motor Vehicle
36 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
37 Work Zone/Maintenance Equipment
38 Other Non-Fixed Object

FIXED OBJECT:

40 Barrier (Cable)
41 Barrier (Concrete)
42 Barrier (Other)
43 Fence Pole
44 Fence
45 Traffic Signal Support
46 Traffic Sign Support
47 Utility Pole/Light Support
48 Other Post/Pole/Support
49 Guardrail/Guardrail Face
50 Guardrail End
51 Culvert
52 Curb
53 Island
54 Sand Barrels
55 Impact Attenuator/ Crash Cushion
56 Pavement Drop-Off
57 Ditch
58 Embankment
59 Tree (Standing)
60 Dividing Strip
61 Retaining Wall
62 Bridge Abutment
63 Bridge Pier or Support
64 Bridge Rail
65 Bridge Post
66 Bridge Curb
67 Bridge Super Structure (Beams)
68 Bridge Overhead Structure
69 Delineator
70 Mailbox
71 Other Fixed Object
72 Other Highway Structure
73 Ground
99 Unknown

Remarks

221

This report is based on the officer's investigation of this collision. This report may contain the opinion of the officer.

DPS: 0192-04 REV 0107

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT
PERSONS SUPPLEMENTAL

Case Number _____

(42) Unit | Injured | Witness | Passenger | Prop. Owner | Pos in Veh. | Last Name | First | Middle Initial | Date of Birth (mm/dd/yyyy) | Sex
(43) Address | Same as Driver | City | State | Zip | Telephone (Use Area Code)
(44) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | To Medical Facility | Property Type

(45) Unit | Injured | Witness | Passenger | Prop. Owner | Pos in Veh. | Last Name | First | Middle Initial | Date of Birth (mm/dd/yyyy) | Sex
(46) Address | Same as Driver | City | State | Zip | Telephone (Use Area Code)
(47) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | To Medical Facility | Property Type

(48) Unit | Injured | Witness | Passenger | Prop. Owner | Pos in Veh. | Last Name | First | Middle Initial | Date of Birth (mm/dd/yyyy) | Sex
(49) Address | Same as Driver | City | State | Zip | Telephone (Use Area Code)
(50) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | To Medical Facility | Property Type

(51) Unit | Injured | Witness | Passenger | Prop. Owner | Pos in Veh. | Last Name | First | Middle Initial | Date of Birth (mm/dd/yyyy) | Sex
(52) Address | Same as Driver | City | State | Zip | Telephone (Use Area Code)
(53) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | To Medical Facility | Property Type

(54) Unit | Injured | Witness | Passenger | Prop. Owner | Pos in Veh. | Last Name | First | Middle Initial | Date of Birth (mm/dd/yyyy) | Sex
(55) Address | Same as Driver | City | State | Zip | Telephone (Use Area Code)
(56) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | To Medical Facility | Property Type

(57) Unit | Injured | Witness | Passenger | Prop. Owner | Pos in Veh. | Last Name | First | Middle Initial | Date of Birth (mm/dd/yyyy) | Sex
(58) Address | Same as Driver | City | State | Zip | Telephone (Use Area Code)
(59) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | To Medical Facility | Property Type

(60) Unit | Injured | Witness | Passenger | Prop. Owner | Pos in Veh. | Last Name | First | Middle Initial | Date of Birth (mm/dd/yyyy) | Sex
(61) Address | Same as Driver | City | State | Zip | Telephone (Use Area Code)
(62) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | To Medical Facility | Property Type

(63) Unit | Injured | Witness | Passenger | Prop. Owner | Pos in Veh. | Last Name | First | Middle Initial | Date of Birth (mm/dd/yyyy) | Sex
(64) Address | Same as Driver | City | State | Zip | Telephone (Use Area Code)
(65) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | To Medical Facility | Property Type

(66) Unit | Injured | Witness | Passenger | Prop. Owner | Pos in Veh. | Last Name | First | Middle Initial | Date of Birth (mm/dd/yyyy) | Sex
(67) Address | Same as Driver | City | State | Zip | Telephone (Use Area Code)
(68) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | To Medical Facility | Property Type

DPS: 0192-SUPP01 REV 0107

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT
DIAGRAM SUPPLEMENTAL

Pg ___of___

Case Number _____

DPS: 0192-SUPP02 REV 0107

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT
ADDITIONAL NARRATIVE

Pg ___of___

Case Number _____

DPS: 0192-SUPP03 REV 0107

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT
STATEMENT OF WITNESS

Case Number 222

Month	Day	Year	County	Administrative
224	225	226	227	228

To Be Completed By Witness	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)
	229	230	231	232	233

Address	City	State	Zip	Telephone (Use Area Code)
234	235	236	237	238

Legal Signature

I 239 do hereby make the following statement of my own free will and accord concerning 240

which occurred (Location) 241

on Month	Day	Year	Time	This statement was written on Month	Day	Year	Time
242				243			

Statement: (Witness must sign at the end of the statement)

Officer's rank and name	Troop or division
244	245

DPS: 0192-SUPP04 REV 0107

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT INSTRUCTION MANUAL

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20) CITY / TOWN NAME:....27

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22) MILES / FEET:....28
23) N-S:....28
24) DISTANCE FROM CITY / TOWN:....28
25) MILES / FEET:....29
26) E-W:....29
27) CONTROL NUMBER:....29

28) INT ID: 30
29) LOCATION: 30
30) COUNTY SECTION LINE GRIDS (EAST GRID): 31
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34) AT: 33
35) DISTANCE FROM INTERSECTING STREET, ROAD OR HIGHWAY: 35
36) MILES / FEET: 35
37) N-S, E-W: 35
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39) UNIT: 36
40) OCCUPANTS: 37
41) UNIT TYPE: 38
42) HIT & RUN: 39
43) COMMERCIAL MOTOR VEHICLE: 39
44) LAST NAME: 40
45) FIRST NAME: 40
46) MIDDLE: 40
47) SUFFIX: 41
48) DATE OF BIRTH: MM/DD/YYYY: 41
49) DRIVER'S SEX: 41

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50) ADDRESS: 42
51) CITY: 42
52) STATE: 42
53) ZIP CODE: 43
54) TELEPHONE NUMBER: 43

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56) DRIVER LICENSE STATE: 44
57) CLASS: 44
58) ENDORSEMENT(S): 45
59) ENDORSEMENT(S): 45
60) ENDORSEMENT(S): 45
61) RESTRICTION(S): 45
62) RESTRICTION(S): 45
63) RESTRICTION(S): 45
64) INJURY SEVERITY: 45
65) TYPE OF INJURY: 46
66) TYPE OF INJURY: 46
67) TYPE OF INJURY: 46
68) TYPE OF INJURY: 46
69) TYPE OF INJURY 46
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71) OCCUPANT PROTECTION SYSTEM USE: 47

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78) TO MEDICAL FACILITY: 50

79) LICENSE PLATE NUMBER: 51
80) STATE: 51
81) MONTH: 52
82) YEAR: 52

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83) VEHICLE IDENTIFICATION NUMBER (VIN): 52
84) VEHICLE YEAR: 53
85) COLOR: 53
86) SECOND COLOR: 54
87) MAKE: 54
88) MODEL: 55
89) VEHICLE CONFIGURATION: 55
90) EXTENT OF DAMAGE: 56

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92) INSURANCE COMPANY NAME: 57
93) POLICY NUMBER: 57
94) INSURANCE TELEPHONE NUMBER: 58

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96) OWNER'S LAST NAME: 58
97) OWNER'S FIRST NAME: 59
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99) OWNER'S SUFFIX: 60

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102) VEHICLE OWNER'S STATE: 61
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116) TROOP/DIVISION: 65
117) REVIEWED BY (INITIALS): 66
118) REVIEWER BADGE NUMBER: 66
119) DATE OF REPORT (MM/DD/YYYY): 66

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124) WITNESS: 68
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128) LAST NAME: 69
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130) MIDDLE INITIAL: 71
131) SUFFIX: 71
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133) SEX: 72

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135) CITY: 72
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137) ZIP CODE: 73
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140) TYPE OF INJURY: 75
141) TYPE OF INJURY: 75
142) TYPE OF INJURY: 75
143) TYPE OF INJURY: 75
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175) PEDESTRIAN/PEDALCYCLIST LOCATION AT TIME OF COLLISION: 93
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230) SUFFIX: 124
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IMPORTANCE OF DATA COLLECTION

A motor vehicle collision report includes information that describes characteristics of the events, vehicles and persons (drivers, injured and uninjured occupants, injured pedestrians and bicyclists, etc.) involved in the collision. Law enforcement investigates the collision at the scene and documents the information on the collision report.

Data recorded on collision reports are computerized and merged into a central electronic collision data file at the Department of Public Safety, Records Management Division. In addition, the Department of Transportation, Traffic Engineering Division enhances location data.

These collision databases provide the basic information necessary for developing effective highway and traffic safety programs. It is the most reliable way to analyze and evaluate data to increase public awareness of highway safety issues. Data from Oklahoma's collision data systems are used to:

- Identify and prioritize highway and traffic safety problem areas
- Initiate and evaluate the effectiveness of laws and policies intended to reduce deaths, injuries, injury severity and costs
- Assess the relationship between vehicle and highway characteristics, collision propensity, and injury severity to support and evaluate countermeasures
- Draw public/media attention to a traffic safety issues and problems
- Provide justification for existing traffic safety programs or illustrate a need for new programs
- Help provide grant funding
- Communicate the importance of data

National standards used in development of the new Oklahoma Official Traffic Collision Report (OOTCR) and Official Oklahoma Traffic Collision Report Instruction Manual (OOTCRIM) include: (1) Model Minimum Uniform Crash Criteria (MMUCC), (2) ANSI D16.1-1996 Manual on Classification of Motor Vehicle Traffic Accidents, 6th Edition and (3) ANSI D20-2003 Data Element Dictionary for Traffic Records Systems.

By using these standards, Oklahoma is taking part in the traffic records and traffic safety communities (nationally and locally) to create data that is understood through consistent definitions and meanings. Oklahoma's collision report data provide information for national collision information systems, either as the sampling frame or as a source of data. Data from these national systems are utilized in highway safety decision making by agencies at all levels of government and the private sector such as the automobile industry.

Collisions result in an economic cost of increased insurance rates, increased medical expenses, loss of property, loss of life and loss of personal income. They produce a drain on law enforcement in both time and money, and pose a personal risk to every driver, passenger and pedestrian in Oklahoma.

Your efforts in accurately collecting and reporting collision data will help immeasurably.

Article I. Collision Report Protocols

Collision report forms are available from the Department of Public Safety or may be printed from the following website: www.dps.state.ok.us. Adobe Acrobat version 7.0 or above is required.

The DPS records Management Division is not authorized to change an officer's report. Therefore, it is imperative that delayed fatality collisions are updated and resubmitted within two weeks of notification of the fatality. If a person expires within thirty (30) days of the collision as a result of injuries sustained in the collision, it shall be counted as a traffic fatality, and a revised report shall be submitted.

The mailing address for collision reports that are not submitted electronically is:

Department of Public Safety
Records Management Division
P. O. Box 11415
Oklahoma City, OK 73136

Collision Report Forms – The pages are as follows:

1. Collision Report - DPS: 0192-01 REV 0107 (-01through -04) (4 pages total)
2. Persons Supplemental - DPS: 0192- SUPP01 REV 0107 (1 page)
3. Diagram Supplemental - DPS: 0192- SUPP02 REV 0107 (1 page)
4. Additional Narrative - DPS: 0192- SUPP03 REV 0107 (1 page)
5. Statement of Witness - DPS: 0192- SUPP04 REV 0107 (1 page)

This section of the Manual will provide general guidelines concerning the completion of the collision report forms. The guidelines cover procedures and recommendations that should be used when completing all forms and parts of the collision report.

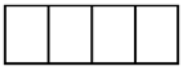
Throughout the report, "0" or "00" indicate Not Applicable, and "9" or "99" denote Unknown. All data sections must have data entered unless otherwise specified.

Data Section – A data section may consist of a data box, a data block, a data block group, an unstructured data box or a combination of these elements.

☐

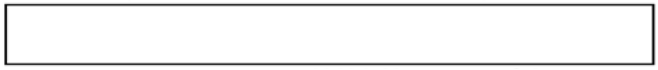
Data Box – Some data sections contain individual square(s) designed for indicating an item by placing an "X" inside it. "X" is the only acceptable entry in these data sections.

Data Block – Some data sections contain an individual block designed to receive one alphanumeric character of information.



Data Block Groups – Some data sections contain a group of data blocks.

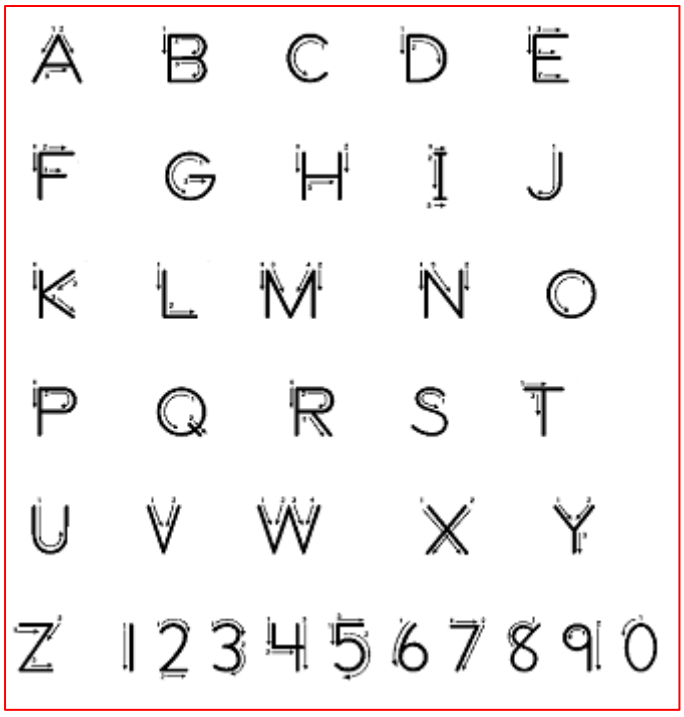
1. Alphanumeric characters must stay within blocks.
2. Use of capital block letters is required.
3. All boxes are left to right entry beginning in far left.
4. No hyphens/dashes are allowed in any of the data boxes, except for data sections that allow agency preferences, i.e. Section 10-CASE NUMBER.



Unstructured Data Box – An open field with no data blocks. Neat capital block letters are required.

Writing Tools – Typewritten or computer generated forms are preferred. If the form is handwritten, use a black ballpoint or roller-ball pen. The form must be completed in black ink. Pencils are not allowed, except in the diagram.

Writing Example – Figure Writing Example-1 is an example of the optimal block handwriting for the form.



Writing Example-1

Justification – All entries are left justified except where specifically noted.
White-out or correction tape – The use of white-out or correction tape is discouraged. If used, it is to be used sparingly and neatly. Do not obscure any data.

The Department of Public Safety (DPS) provides two types of forms: a pre-printed form for handwritten entry and a computer fillable form in PDF format. The pre-printed form can be obtained from the DPS Supply Division. The computer fillable PDF form can be downloaded from the DPS web site at www.dps.state.ok.us.

A typewritten or computer generated form shall not contain any handwritten entries except in Section 213-DIAGRAM or the SUPPLEMENTAL DIAGRAM.

A handwritten form shall not contain any typewritten or computer generated entries except in Section 213-DIAGRAM or the SUPPLEMENTAL DIAGRAM.

Data sections that are not required for an additional unit shall be left blank, i.e. a collision containing an odd number of units.

Data sections that are not required for witnesses, property owners or additional occupants shall be left blank.

For each individual data section, incomplete information shall be considered UNKNOWN. List partial information in Section 221-REMARKS. Example: Partial License Plate Number.

In an official Work Zone, the closed portion of a roadway is considered to be off roadway.

Article II. Official Oklahoma Traffic Collision Report

DPS: 0192-01 REV 1209

Article III. Page #1, Top Section

A. DO NOT WRITE IN THIS SPACE:

This space is reserved for use by the Department of Public Safety for assignment of the official identification number designating each individual report.

1) PG ___ OF ___:

Pg ____of____

a) This data section shall not be left blank.

b) List each page in relation to the total number of pages of the COMPLETE report. Every collision report shall be a minimum of four (4) pages. Each side of a single sheet counts as one page.

i) There shall be a minimum of four (4) pages for every two units involved in the collision.
ii) For printed reports, duplex format (printing on both sides of each sheet) is preferred.

c) The collision report shall be sequenced as follows:

i) Pages for units involved in the collision (Example: Unit 1 & Unit 2 information shall consist of pages 1 through 4, Unit 3 information shall consist of pages 5 through 8, etc.).
ii) Persons Supplemental after all the unit pages
iii) Diagram Supplemental
iv) Additional Narrative
v) Statement of Witness

d) “Statement of Witness” forms shall be numbered in sequence, if submitted to the Department of Public Safety.

e) TraCS and CRS collision reports shall not include witness statements when submitted to the Department of Public Safety. Describe in Section 221-REMARKS where witness statements were stored if they were completed.

2) INCIDENT REPORT:

a) This data section shall not be left blank.

b) Indicate “Y” to make a written record and report of an incident involving a motor vehicle. Indicate “N” if the occurrence being reported is not an incident.

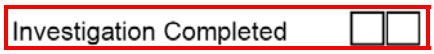
i) Private property, suicide, legal intervention, TVI (Tactical Vehicle Intervention), vehicle weaponry, burned vehicles (vehicles that catch fire after complete cessation of movement), machinery, deliberate intent, industrial, medical condition, and other investigations that are NOT CHARGEABLE TRAFFIC COLLISIONS shall require a report.

ii) An incident can be an injury or damage producing event resulting when a driver dies, loses consciousness or control of the vehicle because of a medical condition such as a stroke, heart attack, diabetic coma, epileptic seizure, etc. In such case the immediate effect of the disease, such as the driver's death, loss of consciousness or control is not itself considered to be an injury resulting from the collision.

iii) Damage due to cataclysm (cyclone, earthquake, flood, hurricane, tidal wave, tornado, volcanic eruption, hail, lightning, etc.) SHALL NOT be reported.

iv) A collision between a train and a pedestrian, bicyclist, animal, etc. that does not include a motor vehicle is considered to be an incident. Any collision involving a train on private property is an incident, regardless of motor vehicle involvement.

3) INVESTIGATION COMPLETED:

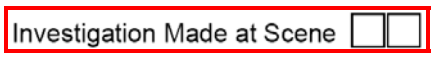


a) This data section shall not be left blank.

b) Indicate “Y” if the investigation is complete at the time the report is made.

c) Indicate “N” for an incomplete investigation when the investigating officer is aware of pertinent information that has not yet been documented, i.e. hit and run, blood test results, etc.

4) INVESTIGATION MADE AT SCENE:



a) This data section shall not be left blank.

b) Indicate “Y” if the officer investigated the collision at the scene.

c) Indicate “N” if the officer did not investigate the collision at the scene, i.e. information taken by officer somewhere other than the scene of the collision.

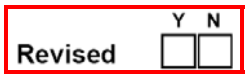
5) PHOTOGRAPHS:

a) This data section shall not be left blank.

b) Indicate “Y” or “N” to show whether or not photographs were taken for the reporting agency’s investigative purposes.

c) If ANY photographs were taken for the purpose of the reporting agency’s investigation, identify the photographer who has possession of the photographs and where they are stored in Section 221-REMARKS.

6) REVISED REPORT:

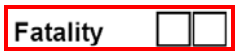


a) This data section shall not be left blank.

b) Indicate “Y” when a follow-up or corrected report is submitted, so the original report and the corresponding revised report can be correctly associated. Otherwise indicate “N” on the report.

c) When submitting a revised report to the Department of Public Safety, all pages including the corrected information shall be submitted.

7) FATALITY:



a) This data section shall not be left blank.

b) Indicate “Y” if one or more persons were killed in the collision. Otherwise indicate “N” on the report.

c) If a person expires within thirty (30) days of the collision as a result of injuries sustained in the collision, it shall be counted as a traffic fatality, and a revised report must be submitted to the Department of Public Safety.

8) HIT AND RUN:

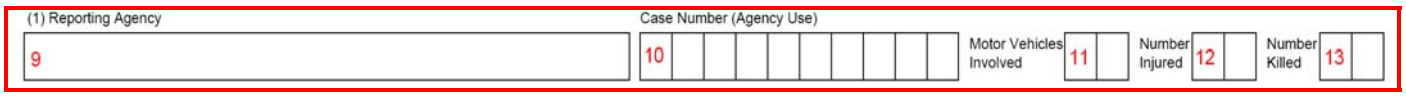
a) This data section shall not be left blank.

b) Indicate “Y” or “N” to show whether or not the collision was a hit and run.

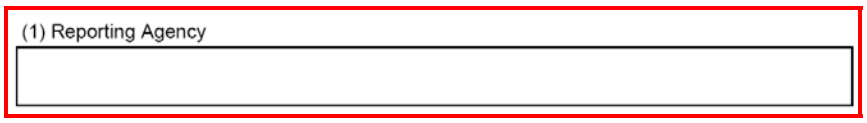
c) A hit and run refers to cases where the unit or the operator of the unit in transport is a contact unit in the collision and departs the scene without stopping to render aid or report the collision.

d) A non-contact unit is not considered a hit and run unit.

Article IV. Page #1, Line 1



9) REPORTING AGENCY:

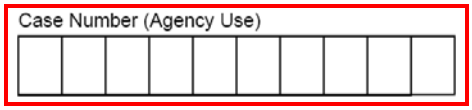


a) This data section shall not be left blank.

b) Enter the COMPLETE name of the agency submitting the report, i.e., Lawton Police Department; McClain County Sheriff's Office; Oklahoma Highway Patrol; University of Oklahoma Police Department. ABBREVIATIONS OF CITY OR COUNTY NAMES ARE NOT ACCEPTABLE.

c) You may abbreviate the agency type, i.e. Police Department as P.D., Sheriff's Office as S.O., etc. Do not use OHP for Oklahoma Highway Patrol.

10) CASE NUMBER (AGENCY USE):



a) This data section shall not be left blank by the OHP.

b) Fill out the case number as your agency requires.

i) OHP troopers shall enter a nine-digit or a ten-digit case number that consists of the Troop designator, the Troop collision number and the two-digit year. Examples: "B00001-10" or "XA00001-10".

c) The case number must be the same on every page of the report.

11) MOTOR VEHICLES INVOLVED:

a) This data section shall not be left blank.

b) Enter the number of motor vehicle(s) that had actual physical contact with another unit or object. AIRCRAFT, WATERCRAFT, BICYCLES, TRAINS and PEDESTRIANS are not motor vehicles and shall not be counted as motor vehicles in this data section. Include a leading zero for quantities 0 through 9.

c) For the purpose of this data section only, implements of husbandry, machinery, army tanks, and special motorized devices (go-carts, snowmobiles, riding lawn mowers, three-wheelers, and four-wheelers) which by design may not be registered or licensed for road use are considered to be motor vehicles and shall be included in the total number of motor vehicles involved.

d) The term motor vehicle as applied to a traffic unit refers to the complete traffic unit of which the motor vehicle is a part and includes any vehicle or trailer (including their loads) being pushed or towed by the motor vehicle. If any part of a traffic unit of this type is involved in a collision to the extent of inflicting/receiving injury or

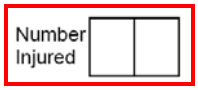
damage to/upon any person or property, the motor vehicle doing the hauling, pushing, or towing is considered as the traffic unit and should be shown as such. (ANSI D16 1-1996, sections 2.2.7 through 2.2.26)

e) If a driverless, towed vehicle or a driverless, pushed vehicle is damaged, describe this vehicle in the Remarks Section, i.e., color, year, make, model, VIN, license tag. Example: If a motor vehicle is towing another vehicle and the towed vehicle inflicts or receives injury or damage, the motor vehicle doing the towing would be considered as the actual unit in the collision. This applies even though the towed vehicle might have become detached prior to the actual impact if the towed vehicle is still moving under impetus from the motor vehicle doing the towing.

f) If the towed or pushed vehicle is occupied by a driver who is controlling the vehicle, this unit would be listed as a separate unit in and of itself and would be shown in the appropriate Unit section of the Collision Report Form.

g) Do not include non-contact vehicles. Non-contact vehicles may or may not be recorded on collision reports. Information about a non-contact vehicle may be recorded for legal purposes, but such vehicles are not counted for statistical purposes.

12) NUMBER INJURED:



a) This data section shall not be left blank.

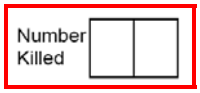
b) Enter “00” if no person was injured.

c) Enter the total number of persons known to be injured in the collision.

i) Include a leading zero for quantities 0 through 9.
ii) Injured persons are those who have an injury severity of: 2) Possible, 3) Non-incapacitating or 4) Incapacitating.
iii) Do not count fatalities.

d) For purposes of THIS DATA SECTION an unborn child that is injured as a result of a traffic collision is not to be included in the number injured. List this occurrence in Section 221- REMARKS.

13) NUMBER KILLED:



a) This data section shall not be left blank.

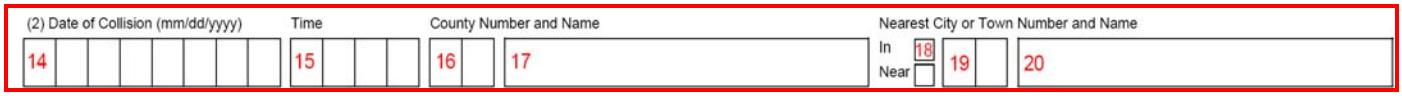
b) Enter “00” if no person was killed.

c) Enter the total number of persons killed.

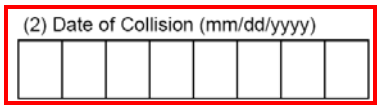
i) If a person expires within thirty (30) days of the collision as a result of injuries sustained in the collision, it is counted as a traffic fatality.
ii) Included a leading zero for quantities 0 through 9.
iii) Fatalities are persons who have an injury severity of 5) Fatality.

d) For purposes of THIS DATA SECTION an unborn child that ceases to live as a result of a traffic collision is not to be included in the number killed. List this occurrence in Section 221- REMARKS.

Article V. Page #1, Line 2



14) DATE:

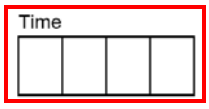


a) This data section shall not be left blank.

b) Enter the month, day and year of the date the collision occurred. Enter in a two-digit Month (01-12), two-digit Day (01-31), and a four-digit year. Do not include spaces, hyphens or any other separators. Example: 04082007.

c) Enter the date the collision was reported or discovered, if the exact date the collision occurred is unknown. Explain the circumstances in Section 221-REMARKS.

15) TIME:



a) Enter the time of day the collision occurred using 24-hour military time. Example: 0720, 1930. See Table 15-1. Do not use a colon or any other separator.

b) Enter "9999" if not using TraCS or CRS and the exact time the collision occurred is unknown.

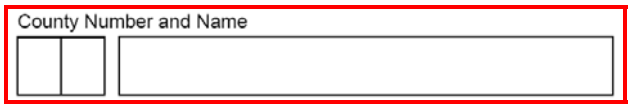
c) Leave this data section blank if using TraCS or CRS and the exact time the collision occurred is unknown. TraCS and CRS will convert the blank to "9999" in the displayed or printed PDF.

d) Explain the circumstances of an unknown time of collision in Section 221-REMARKS.

Time			
MILITARY TIME (Midnight to noon)	**12 HOUR TIME (Midnight to noon)**	**MILITARY TIME (Noon to midnight)**	**12 HOUR TIME (Noon to midnight)**
0000	MIDNIGHT	1200	NOON
0001	One minute after midnight	1201	One minute after noon
0015	Fifteen minutes past midnight	1215	Fifteen minutes past noon
0045	45 minutes past midnight	After noon, add the hour and minute to 1200	
0100	One o'clock in the morning	1300 (Add 100 to 1200)	1 p.m.
0130	One thirty in the morning	1345 (Add 145 to 1200)	1:45 p.m.
0200	2 a.m.	1400 (Add 200 to 1200)	2 p.m.
0300	3 a.m.	1500 (Add 300 to 1200)	3 p.m.
0400	4 a.m.	1600 (Add 400 to 1200)	4 p.m.
0500	5 a.m.	1700 (Add 500 to 1200)	5 p.m.
0600	6 a.m.	1800 (Add 600 to 1200)	6 p.m.
0700	7 a.m.	1900 (Add 700 to 1200)	7 p.m.
0800	8 a.m.	2000 (Add 800 to 1200)	8 p.m.
0900	9 a.m.	2100 (Add 900 to 1200)	9 p.m.
1000	10 a.m.	2200 (Add 1000 to 1200)	10 p.m.
1100	11 a.m.	2300 (Add 1100 to 1200)	11 p.m.
		Blank (TraCS and CRS)	Unknown
		9999 (All other reports)	Unknown

Table 15-1

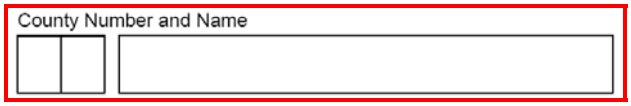
16) COUNTY NUMBER:



a) This data section shall not be left blank.

b) Enter the county number of the county in which the first injury or damage producing event occurred. (See Appendix A)

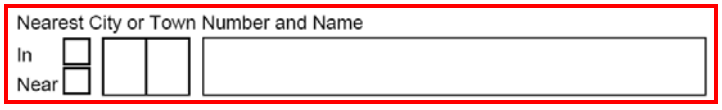
17) COUNTY NAME:



a) This data section shall not be left blank.

b) Enter the COMPLETE name of the county in which the first injury or damage producing event occurred. NO ABBREVIATIONS. (See Appendix A)

18) IN / NEAR CITY:



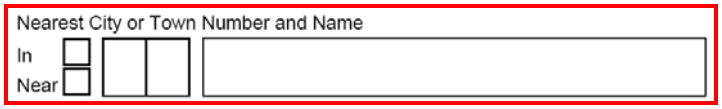
a) This data section shall not be left blank.

b) Indicate "In" when the collision occurs within the city/town limits.

c) Indicate "Near" when the collision occurs outside the city/town limits.

d) If the collision occurs on or near a boundary line, assign the collision to the area in which the first injury or damage producing event occurred.

19) CITY / TOWN NUMBER:

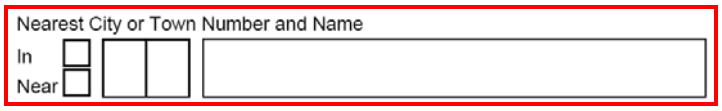


a) This data section shall not be left blank.

b) Enter “00” for the city/town number if the collision occurred outside the city/town limits.

c) Enter the city/town number if the collision occurred within the city/town limits. (See Appendix A)

20) CITY / TOWN NAME:



a) This data section shall not be left blank.

b) Enter the COMPLETE name of the city/town in or near the collision location. If the collision occurs outside a city/town limits, the nearest city/town may be in a different county. (See Appendix A) NO ABBREVIATIONS.

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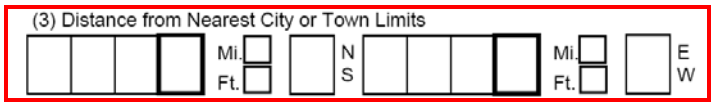
21) DISTANCE FROM CITY / TOWN:



a) This data section shall be left blank if the collision occurred within a city/town limits or the distance North or South of the city/town listed in Section 20-CITY/TOWN NAME is zero.

b) Enter the distance North or South from the municipal limits of the city/town listed in Section 20-CITY/TOWN NAME if the collision occurred outside the city/town limits.

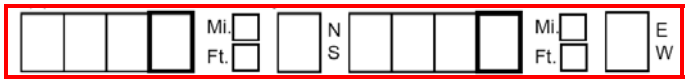
i) The measurement shall be recorded with four digits utilizing leading zero(s), if needed.
ii) If the distance is in miles, the fourth digit represents tenths of a mile.
iii) If the distance is in feet, there is no fractional value.

Examples:

“2.4 Miles North and 1.0 Mile East”

“120 Feet South”

22) MILES / FEET:



a) This data section shall be left blank if the collision occurred within a city/town limits or the distance North or South of the city/town listed in Section 20-CITY/TOWN NAME is zero.

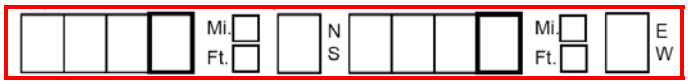
b) Indicate "Mi." or "Ft." depending on the unit of measurement utilized in Section 21-DISTANCE FROM CITY/TOWN, if the collision occurred outside a city/town limits.

Examples:

"2.4 Miles North and 1.0 Mile East"

"120 Feet South"

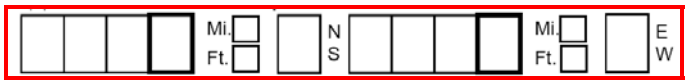
23) N-S:



a) This data section shall be left blank if the collision occurred within a city/town limits or the distance North or South of the city/town listed in Section 20-CITY/TOWN NAME is zero.

b) Enter "N" or "S" to indicate the direction from the nearest city/town limits, if the collision occurs outside the city/town listed in Section 20-CITY/TOWN NAME.

24) DISTANCE FROM CITY / TOWN:



a) This data section shall be left blank if the collision occurred within a city/town limits or the distance East or West of the city/town listed in Section 20-CITY/TOWN NAME is zero.

b) Enter the distance East or West from the municipal limits of the city/town listed in Section 20-CITY/TOWN NAME if the collision occurred outside the city/town limits.

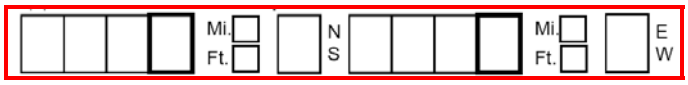
i) The measurement shall be recorded with four digits utilizing leading zero(s), if needed.
ii) If the distance is in miles, the fourth digit represents tenths of a mile.
iii) If the distance is in feet, there is no fractional value.

Examples:

"2.4 Miles North and 1.0 Mile East"

"120 Feet South"

25) MILES / FEET:



a) This data section shall be left blank if the collision occurred within a city/town limits or the distance East or West of the city/town listed in Section 20-CITY/TOWN NAME is zero.

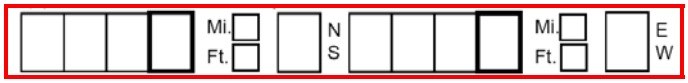
b) Indicate "Mi." or "Ft." depending on the unit of measurement utilized in Section 21-DISTANCE FROM CITY/TOWN, if the collision occurred outside a city/town limits.

Examples:

"2.4 Miles North and 1.0 Mile East"

"120 Feet South"

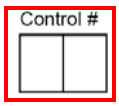
26) E-W:



a) This data section shall be left blank if the collision occurred within a city/town limits or the distance East or West of the city/town listed in Section 20-CITY/TOWN NAME is zero.

b) Enter "E" or "W" to indicate the direction from the nearest city/town limits, if the collision occurs outside the city/town listed in Section 20-CITY/TOWN NAME.

27) CONTROL NUMBER:



FOR STATE AND U.S. HIGHWAYS ONLY (Reference Point System)

a) This data section shall not be left blank by the OHP.

b) This data section may be left blank for agencies other than the OHP.

c) Enter "00" if the control number does not apply or if the collision occurred within city/town limits.

d) Enter the control number, if applicable.

i) The reference point system calls for placement of primary markers along the rural, state, and federal highway system in accordance with the already established control system. (Does not include the interstate highway system or the turnpike system). The reference point system gives the investigating officer some definite points from which to orient the collision.

ii) Primary markers are signs which identify the county, the control section, and the log mile from the beginning of the control section. They are structured with three tiers of numbers that are ordered in three rows.

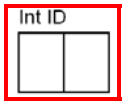
(1) Top Row –County Number – Whole number matching the county list in Appendix A.
(2) Middle Row – Control Section Number.
(3) Bottom Row – Mile Post – Denotes the distance in miles from the beginning of the control section.

iii) Primary markers are placed at

(4) Intersections where county roads intersect with state highways or U.S. highways on the back of stop signs or some other permanent fixture at that intersection.
(5) Each approach to bridge structures.

iv) Primary markers begin with “zero mile” point at the beginning of control section and progress generally to the east or north depending on the orientation of the highway.

28) INT ID:



a) This data section shall not be left blank by the OHP.

b) This data section may be left blank for agencies other than the OHP.

c) Enter “00” if the intersection ID number does not apply or if the collision occurred within a city/town limits.

d) Enter the intersection ID number, if applicable.

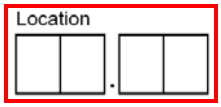
i) The reference point system calls for placement of Intersection markers along the rural, state and federal highway system in accordance with the already established control system. (Does not include the interstate highway system or the turnpike system). The reference point system gives the investigating officer some definite points from which to orient the collision.

ii) Intersection markers are used to identify the intersection of two state highways, two U.S. highways or a state and a U.S. highway. They are structured with two tiers of numbers that are ordered in two rows.

(1) Top Row – County Number – Whole number matching the county list in Appendix A.
(2) Bottom Row – Intersection Number – Denotes the intersection number.

iii) Intersection markers are found only at applicable intersections and are not usually on tall signs (like stop signs), but are on short signs in the ground.

29) LOCATION:



a) This data section shall not be left blank by the OHP.

b) This data section may be left blank for agencies other than the OHP.

c) Enter “00.00” if the location number does not apply or if the collision occurred within a city/town limits.

d) Enter the location number, if applicable.

i) The reference point system calls for placement of primary markers along the rural, state, and federal highway system in accordance with the already established control system. (Does not include the interstate highway system or the turnpike system). The reference point system gives the investigating officer some definite points from which to orient the collision.
ii) Primary markers are signs which identify the county, the control section, and the log mile from the beginning of the control section. They are structured with three tiers of numbers that are ordered in three rows.

(1) Top Row –County Number – Whole number matching the county list in Appendix A.
(2) Middle Row – Control Section Number.
(3) Bottom Row – Mile Post – Denotes the distance in miles from the beginning of the control section.

iii) Primary markers are placed at

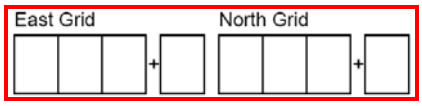
(1) Intersections where county roads intersect with state highways or U.S. highways on the back of stop signs or some other permanent fixture at that intersection.
(2) Each approach to bridge structures.

iv) Primary markers begin with “zero mile” point at the beginning of control section and progress generally to the east or north depending on the orientation of the highway.
v) When reporting the collision location using a primary marker, the location number will be as shown on the marker if the collision occurs within a 250 foot radius of the primary marker.
vi) If the collision occurs more than 250 feet from the marker, the location number is determined by adding or subtracting to/from the log mile on the primary marker.

Example:

Log Mile	5.00
Subtract Distance to Marker	(0.30)
Location	04.70

30) COUNTY SECTION LINE GRIDS (East Grid):



a) This data section shall not be left blank by the OHP.

b) The use of grid locations is determined by individual agency policy and may be left blank for agencies other than the OHP.

c) Enter the East grid number.

i) East grid lines are assigned odd numbers.
ii) The grid number starts in the real or imaginary southwest corner of each map. Use the nearest tenth of a mile in recording the grid locations.

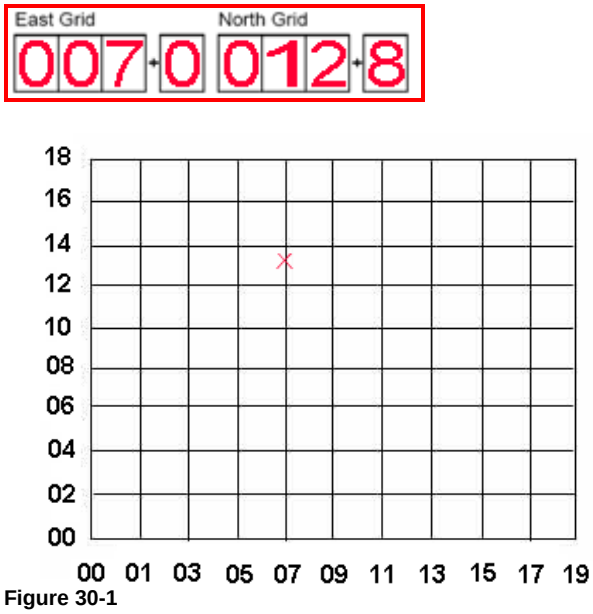
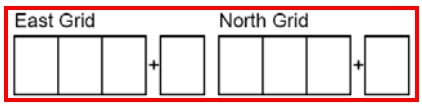


Figure 30-1

31) COUNTY SECTION LINE GRIDS (North Grid):



a) This data section shall not be left blank by the OHP.

b) The use of grid locations is determined by individual agency policy and may be left blank for agencies other than the OHP.

c) Enter the North grid number.

i) North grid lines are assigned even numbers.
ii) The grid number starts in the real or imaginary southwest corner of each map. Use the nearest tenth of a mile in recording the grid locations.

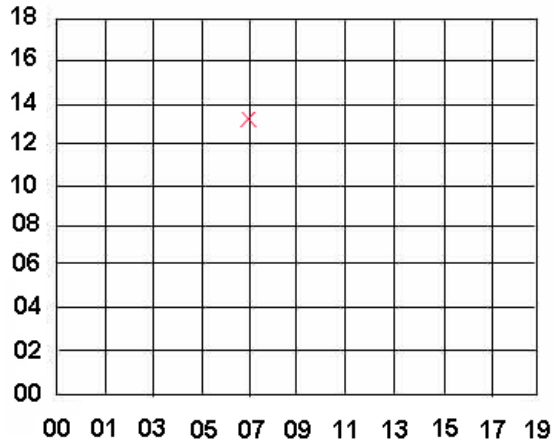
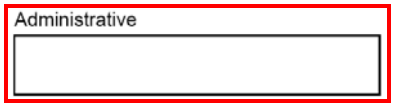


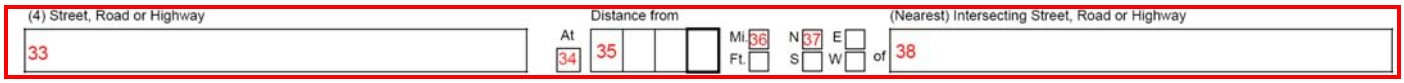
Figure 31-1

32) ADMINISTRATIVE:

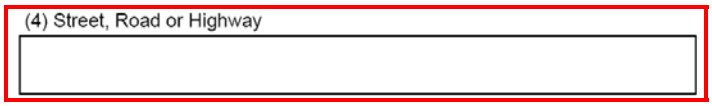


a) This data section shall be left blank. This space is reserved for administrative purposes.

Article VII. Page #1, Line 4



33) STREET, ROAD OR HIGHWAY:



a) This data section shall not be left blank.

b) Enter the official name or number of the street or highway where the collision occurred.

i) When two Interstate highways travel the same route, use the lowest numbered Interstate number.
ii) When an Interstate highway and a U.S. highway travel the same route, use the Interstate number.
iii) When two or more U.S. highways travel the same route, use the lowest numbered U.S. highway.
iv) When a U.S. highway and a state highway travel the same route, use the U.S. highway number.
v) When two or more State Highways travel the same route, use the lowest numbered state highway.
vi) When the collision occurs on a county road, enter "COUNTY ROAD" and any assigned identifying name or number in parenthesis after COUNTY ROAD, if known.

Example: COUNTY ROAD (ROSS ROAD)
COUNTY ROAD (EW 117)

vii) In the event the collision occurs on a named or numbered street and the roadway is also designated as a federal or state highway. If possible, indicate the name of the street in parenthesis after the highway number.

Example: SH66 (Second Street).

viii) Enter “PRIVATE PROPERTY” if the collision is not on a public street, public road or public highway
ix) For reporting purposes, public roadways include those in private developments and gated communities, etc. that allow public access of the roadway.
x) The following abbreviations are acceptable in this data section:

(1) “SH” for State Highway (Example: SH33)
(2) “US” for United States Highway (Example: US75)
(3) “I” for Interstate (Example: I35)
(4) “TP” for Turnpike (Example: Turner TP)

34) AT:

a) Indicate “At” when the collision occurs in an intersection or on private property at a specific address. This does not include a collision which occurs beneath an overpass or above an underpass.

b) For the purpose of the report, an intersection is defined as an area which

i) Contains a crossing or connection of two or more roadways not classified as driveway access and

ii) Is embraced within the prolongation of the lateral curb lines or, if none, the lateral boundary lines of the roadways.

c) Where the distance along multiple roadways between two areas meeting these criteria are less than 10 meters (33 feet), the two areas and the roadways connecting them are considered to be parts of a single intersection.

d) For reporting purposes, public roadways include those in private developments and gated communities, etc. that allow public access of the roadway.

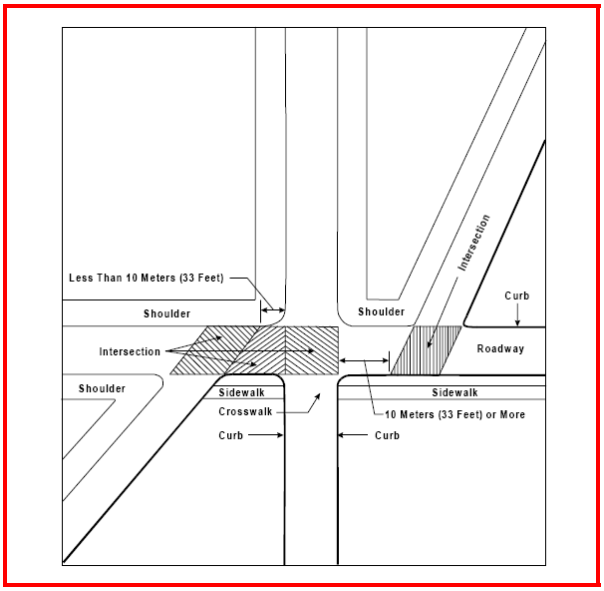
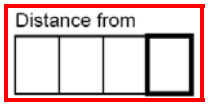


Figure 34-1

35) DISTANCE FROM INTERSECTING STREET, ROAD OR HIGHWAY:



a) This data section shall be left blank if Section 34-AT indicates the collision occurred “At” an intersection or on private property “At” a specific address.

b) Enter the distance from the nearest intersecting street, road, highway, etc. if the collision did not occur “At” an intersection and the collision did not occur on private property “At” a specific address.

i) The measurement shall be recorded with four digits utilizing leading zero(s), if needed.
ii) If the distance is in miles, the fourth digit represents tenths of a mile.
iii) If the distance is in feet, there is no fractional value.

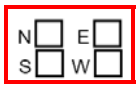
c) **NOTE:** The distance should match your reported POI or AOI in the Section 221-REMARKS.

36) MILES / FEET:

a) This data section shall be left blank if Section 34-AT indicates the collision occurred “At” an intersection or on private property “At” a specific address.

b) Indicate “Mi.” or “Ft.” depending on the unit of measurement utilized in Section 35-DISTANCE FROM INTERSECTING STREET, ROAD OR HIGHWAY, if the collision did not occur “At” an intersection or the collision did not occur on private property “At” a specific address.

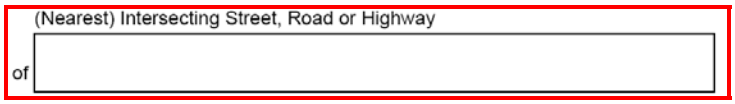
37) N-S, E-W:



a) This data section shall be left blank if Section 34-AT indicates the collision occurred “At” an intersection or on private property “At” a specific address.

b) Indicate “N”,”S”, “E”, “W” or “NE”, “NW”, “SE” or “SW” from the nearest intersection or roadway, if the collision did not occur “At” an intersection or the collision did not occur on private property “At” a specific address.

38) (NEAREST) INTERSECTION STREET, RD OR HIGHWAY:



a) This data section shall not be left blank.

b) Enter the official name of the intersecting street or highway if the collision occurred “At” an intersection.

i) Enter “COUNTY ROAD” and any assigned identifying name or number in parenthesis after COUNTY ROAD, if known, when the intersecting street or road is a county road.

Example: COUNTY ROAD (ROSS ROAD)
COUNTY ROAD (EW 117)

c) Enter the name of the nearest intersecting street or highway, if the collision WAS NOT in an intersection. Mile markers and identification numbers of bridges, overpasses, and underpasses on interstates and turnpikes are permissible.

i) For this data section, do not use serialized utility pole numbers.
ii) For private property collisions:

(1) Enter the address of the property, if known.
(2) Enter the nearest public street, road or highway, if address is unknown.

d) For reporting purposes, public roadways include those in private developments and gated communities, etc. that allow public access of the roadway.

e) The following abbreviations are acceptable in this data section:

i) "SH" for State Highway (Example: SH33)
ii) "US" for United States Highway (Example: US75)
iii) "I" for Interstate (Example: I35)
iv) "TP" for Turnpike (Example: Turner TP

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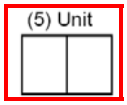
39) UNIT:



a) This data section shall not be left blank.

b) Units shall be listed sequentially beginning with non-contact units, if any are involved, followed by contact units.

i) Non-contact units shall be labeled sequentially "A", "B", etc. (include a leading zero for all non-contact units).
ii) Contact units shall be labeled "1" to "99" (include a leading zero for contact units numbered "1" to "9").
iii) Entry of a leading zero is not required for any unit, if using TraCS or CRS.
iv) The number or letter assigned to the unit has no meaning other than identification.

c) Definitions of Contact and Non-Contact unit.

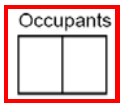
i) Contact unit: A contact unit is any unit that comes into contact with one or more units, or property in a collision. A contact unit is directly involved in a collision. An example of a contact unit is:

(1) If a vehicle is carrying a load, the load is considered to be part of the vehicle. If the load shifts or falls off the vehicle and strikes another vehicle, the vehicle with the load is a contact unit.

ii) Non-contact unit: A non-contact unit is any unit other than a contact unit that contributes (directly or indirectly) to the collision. Some examples of a non-contact unit are:

(1) A vehicle changes lanes into the path of another vehicle (without making contact) causing a collision. The vehicle changing lanes is a non-contact unit.
(2) A pedestrian darts into the roadway causing a motor vehicle to stop suddenly without striking the pedestrian. A following vehicle swerves to avoid the stopped vehicle and collides with a fixed object. The first vehicle and the pedestrian are non-contact units.

40) OCCUPANTS:



a) This data section shall not be left blank.

b) Enter “00” if

i) Section 41-UNIT TYPE is “P”, “X” or “A” or

(1) A pedestrian conveyance “X” is not a transport vehicle (ANSI D16.1 Section 2.1.3, Edition 2007).

ii) Section 41-UNIT TYPE is “D”, “C” or “T” and there are no occupants.

c) Enter “99” if the number of persons in or on the unit is unknown.

d) Enter “1” through “97” to indicate the number of persons in or on the unit, including the driver if Section 41-UNIT TYPE is “D”, ”B”, “Z”, “C”, or “T”. Include a leading zero for quantities 1 through 9.

e) Enter “98” if the number of persons in or on the unit exceeds ninety-seven, including the driver if Section 41-UNIT TYPE is “D”, “B”, “Z”, “C”, or “T”. List the exact number of persons in Section 221-REMARKS.

Transport vehicle (ANSI D16.1 Section 2.1.4, Edition 2007): A transport vehicle consists of one or more devices or animals and their load. Such devices or animals must include at least one of the following:

a. a transport device, or a unit made up of connected transport devices, while idle or in use for moving persons or property from one place to another,

b. an animal or team of animals while in use for moving persons or property other than the animal or team itself from one place to another, or

c. a movable device such as construction, farm, or industrial machinery outside the confines of a building and its premises while in use for moving persons, the device itself, or other property from one place to another.

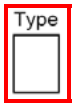
If such a device or animal has a load, the load is part of that transport vehicle. Loads include:

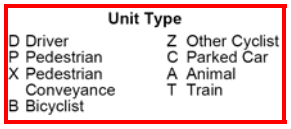
— persons or property upon, or set in motion by, the device or animal
— persons boarding or alighting from the device or animal
— persons or property attached to and in position to move with the device or animal

If the load upon a transport device includes another transport device, the entire unit including the load is considered to be a single transport vehicle. With the exception of the following:

— Pickup truck while being used to power a saw
— Dump truck while spreading its load
— Tow truck while using its winch
— Jeep while pulling a device picking up golf balls
— Transit-mix concrete truck while discharging its load
— Dump truck while plowing snow
— And others

41) UNIT TYPE:





a) This data section shall not be left blank.

b) Enter the appropriate unit type into the data box.

i) D - Driver - A driver unit is a transport vehicle that has an occupant who is in actual physical control or, for an out-of-control vehicle, had an occupant who was in control until control was lost.

(1) A disabled, stopped or parked transport vehicle on the roadway is a “D” unit, whether occupied or unoccupied.

(2) A working vehicle stopped on or off the roadway is a “D” unit, whether occupied or unoccupied. An extended definition of a working vehicle is in Appendix D.

ii) P - Pedestrian - Any person afoot. For an example of a filled collision report involving a pedestrian, see Appendix H. In the case of a minor (17 years of age or younger), list the parent’s or legal guardian’s name and address in vehicle owner’s section (Sections 96-103).

iii) X - Pedestrian Conveyance – A pedestrian conveyance is a device, other than a transport device, used by a pedestrian for personal mobility assistance or recreation. These devices can be motorized or human powered, but not propelled by pedaling (ANSI-D16.1, 2.2.6.1). Examples would be a Segway or other scooter. In the case of a minor (17 years of age or younger), list the parent’s or legal guardian’s name and address in vehicle owner’s section (Sections 96-103).

iv) B - Bicyclist - A device propelled by pedaling upon which one or more person(s) may ride, having two tandem wheels. In the case of a minor (17 years of age or younger), list the parent’s or legal guardian’s name and address in vehicle owner’s section (Sections 96-103).

v) Z - Other Cyclist – A device propelled by pedaling upon which one or more person(s) may ride, having other than two wheels. In the case of a minor (17 years of age or younger), list the parent’s or legal guardian’s name and address in vehicle owner’s section (Sections 96-103).

vi) C - Parked Car – A motor vehicle not in transport, other than a working vehicle, that is not in motion and not located on the roadway. (ANSI D16.1, Section 2.2.34.2, Edition 2007). An extended definition of working vehicle may be found in Appendix D. For an example of a filled collision section with parked car, see Appendix H.

(1) A “C” unit is a legally or illegally parked unit that is not on the roadway.
(2) A “D” unit is a legally or illegally parked unit on the roadway.

vii) A - Animal - A collision involving an animal that is not occupied. For an example of a filled collision section with animal, see Appendix H.

(1) A collision with an animal may or may not be an incident.
(2) A report must be completed if there is five hundred dollars ($500.00) or more in total property damage; OR personal injury resulting from a collision with an animal.
(3) This section applies to both domestic and wild animals.

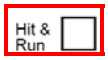
viii) T - Train - A steam engine, diesel, electric or other motor, with or without cars coupled thereto, operated upon rails, except streetcars on trafficway. For example of a filled collision section with a train, see Appendix H.

(1) A high rail car or railway maintenance vehicle operated on rails shall be designated as a train.

(a) A high rail car is a vehicle equipped with tire and rail wheels which can be operated on roads or rails.
(b) Note in Section 221-REMARKS if the unit is a high rail car or railway maintenance vehicle.

(2) The conductor is in charge of the train while it is operating, therefore his/her information shall be recorded in Sections 122-151.

42) HIT & RUN:



a) This data section shall be left blank if this is not a hit and run unit, or if Section 41-UNIT TYPE is “A”.

b) Indicate if this is a hit and run unit, if Section 41-UNIT TYPE is “D”, “P”, “X”, “B”, “Z”, “C” or “T”.

i) For reporting purposes, a non-contact vehicle cannot be a hit and run unit.
ii) If the driver leaves or abandons the vehicle at the scene of the collision, it is still a hit and run unit.

43) COMMERCIAL MOTOR VEHICLE:

a) This data section shall be left blank if the unit is not a commercial motor vehicle or Section 41-UNIT TYPE is “P”, “X”, “B”, “Z”, ‘A”, “T”.

b) Indicate if this unit is a commercial motor vehicle, if Section 41-UNIT TYPE is “D” or “C”.

c) A Commercial Motor Vehicle is defined as a vehicle used for commerce/business and has a GVWR/GCWR in excess of 10,000 lbs., or is required to have a hazmat placard, or is a bus with seating for nine or more including the driver. The definition of a Commercial Motor Vehicle is not dependent on the license plate displayed on the vehicle.

GVWR - Gross Vehicle Weight Rating - The GVWR is the rating issued by the vehicle manufacturer and is the combination of the vehicles actual weight and the maximum recommended cargo weight.

The GVWR of a vehicle can be located on most single unit or powered vehicles on a manufacturer’s plates or on the Nader sticker.

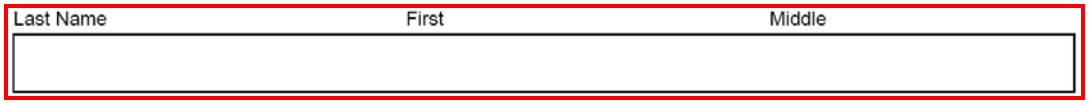
The vehicle registration certificate **IS NOT** an appropriate source of the GVWR. The weight recorded on the registration certificate is the legal registered combined weight of the vehicle.

GCWR – Gross Combination Weight Rating - The GCWR is the combination of GVWRs from two or more vehicles which include the tow vehicle and the vehicles being towed.

This is the combination of the GVWR’s of the towing and towed vehicles. In the absence of a GCWR specified by the shipper, GCWR should be determined by adding the GVWR of the power (towing) unit and the total weight of the towed unit(s) and any load thereon.

Generally, a single (straight) truck has a GVWR; any combination of trucks and trailers has a GCWR, the manufacturer’s Gross Vehicle Weight Rating for the trailer or trailers combined.

44) LAST NAME:



a) This data section shall not be left blank.

b) Enter "UNKNOWN" if

i) The last name is unknown and Section 41-UNIT TYPE is "D", "B", "Z", "P","X", "C", "T" or
ii) The type of animal(s) is unknown and Section 41-UNIT TYPE is "A".

c) Enter the Last Name of the driver, if known, and Section 41-UNIT TYPE is "D", "B", "Z" or "C".

i) Use name as it appears on the driver license unless a driver license check with the Department of Public Safety indicates it has been changed, then enter the changed name.
ii) Enter the last name of the person responsible for parking the unit listed in Section 39-UNIT if the unit is parked.

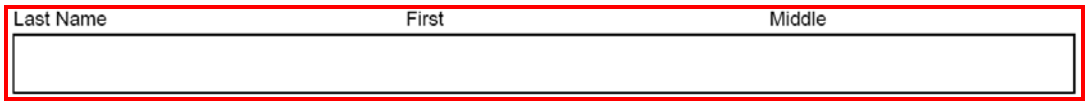
d) Enter the Last Name of the pedestrian, if known, and Section 41-UNIT TYPE is "P" or "X".

e) Enter the type and number of animal(s), if known, and Section 41-UNIT TYPE is "A".

f) Enter the Last Name of the engineer, if known, and Section 41-UNIT TYPE is "T".

g) If using TraCS or CRS, enter the first 20 characters of the Last Name in this data section. Document the complete last name in the Section 221-REMARKS, if additional space is needed.

45) FIRST NAME:



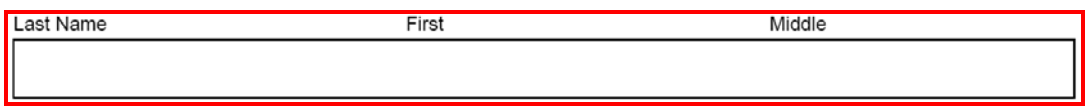
a) Leave this data section blank if

i) Section 44-LAST NAME is "UNKNOWN" or
ii) Section 41-UNIT TYPE is "A" or
iii) First Name is unknown.

b) Enter the First Name of the person listed in Section 44-LAST NAME, if known.

c) Use name as it appears on the driver license unless a driver license check with the Department of Public Safety indicates it has been changed, enter the changed name.

46) MIDDLE:



a) Leave this data section blank, if

i) Section 44-LAST NAME is "UNKNOWN" or
ii) Section 41-UNIT TYPE is "A" or
iii) Middle Name is unknown or nonexistent.

b) Enter the Middle Name(s) of the person listed in Section 44-LAST NAME, if known.

c) Use name as it appears on the driver license unless a driver license check with the Department of Public Safety indicates it has been changed, enter the changed name.

47) SUFFIX:

a) Leave this data section blank, if

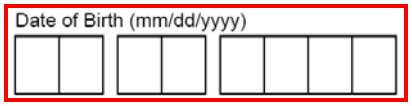
i) Section 44-LAST NAME is “UNKNOWN” or
ii) Section 41-UNIT TYPE is “A” or
iii) Suffix is unknown or nonexistent.

b) Enter the Suffix (Jr., Sr., III, etc.) of the person listed in Section 44-LAST NAME, if known. Do not enter titles such as Mr., Mrs., Ms., etc.

c) Use name as it appears on the driver license unless a driver license check with the Department of Public Safety indicates it has been changed, enter the changed name.

d) The suffix shall be entered after the Middle Name (Section 46-MIDDLE) if no suffix data section is available.

48) DATE OF BIRTH: MM/DD/YYYY:

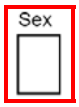


a) Leave this data section blank, if

i) Section 44-LAST NAME is “UNKNOWN” or
ii) Section 41-UNIT TYPE is “A” or
iii) Date of Birth is unknown.

b) Enter the month, day and year of birth of the person listed in Section 44-LAST NAME. Enter in a two-digit Month (01-12), two-digit Day (01-31) and a four-digit Year. Do not include spaces, hyphens or any other separators. Example: 04082007.

49) DRIVER’S SEX:



a) Leave this data section blank if Section 41-UNIT TYPE is “A”.

b) Enter “9” if the sex of the person listed in Section 44-LAST NAME is unknown.

c) Enter “M” or “F” to indicate the sex of the person listed in Section 44-LAST NAME.

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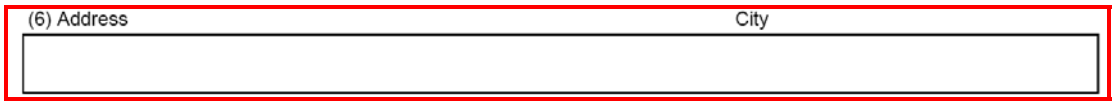
50) ADDRESS:



a) This data section shall not be left blank.

b) Enter "UNKNOWN" if

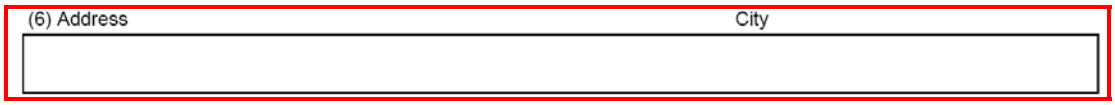
i) Section 44-LAST NAME is "UNKNOWN" or
ii) Address is unknown.

c) Enter the correct and current address of the person listed in Section 44-LAST NAME, if known.

i) Enter the railroad company address of the engineer's employer if Section 41-UNIT TYPE is "T".

d) Enter the color and weight of the animal(s) if Section 41-UNIT TYPE is "A".

51) CITY:



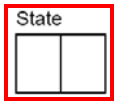
a) Leave this data section blank if

i) Section 50-ADDRESS is "UNKNOWN" or
ii) Section 41-UNIT TYPE is "A" or
iii) City is unknown.

b) Enter the correct and current city of the person listed in Section 44-LAST NAME, if known.

i) Enter the railroad company city if Section 41-UNIT TYPE is "T".
ii) Abbreviations are not allowed.

52) STATE:



a) Leave this data section blank if Section 41-UNIT TYPE is "A".

b) Enter "99" if

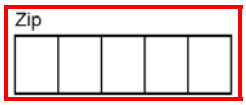
i) Section 50-ADDRESS is "UNKNOWN" or
ii) State is unknown.

c) Enter the correct and current state abbreviation of the person listed in Section 44-LAST NAME, if known (See Appendix B).

i) Enter the railroad company state if Section 41-UNIT TYPE is “T”.
ii) Use abbreviations in Appendix B for Canadian provinces and Mexican states.
iii) Enter “CN” if Canadian province is unknown.
iv) Enter “MX” if Mexican state is unknown.

d) Enter “98” for countries other than U.S., Canada and Mexico and explain in the Section 221-REMARKS.

53) ZIP CODE:



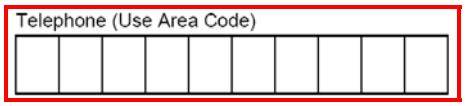
a) Leave this data section blank if

i) Section 50-ADDRESS is “UNKNOWN” or
ii) Section 41-UNIT TYPE is “A” or
iii) Address is not in the U.S. or
iv) Zip Code is unknown.

b) Enter the five digit ZIP code for a U.S. address, if known.

i) Enter the railroad company zip code if Section 41-UNIT TYPE is “T”.
ii) A list of Oklahoma ZIP codes is provided in Appendix J.

54) TELEPHONE NUMBER:



a) Leave this data section blank if

i) Section 41-UNIT TYPE is “A” or
ii) The person listed in Section 44-LAST NAME does not have a phone number or
iii) The person listed in Section 44-LAST NAME resides outside the U.S.

b) Enter “9” in the far left of the data section if telephone number is unknown.

c) Enter the telephone number of the person listed in Section 44-LAST NAME including the area code.

i) Enter the telephone number of the railroad company if Section 41-UNIT TYPE is “T”.
ii) A list of area code prefixes for Oklahoma cities is provided in Appendix K.
iii) Do not enter spaces, hyphens or any other separators.

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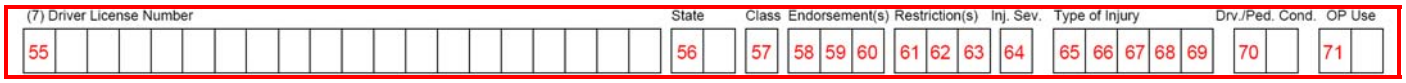
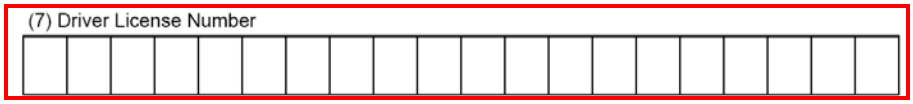


55) DRIVER LICENSE NUMBER:



a) Leave this data section blank if Section 41-UNIT TYPE is “P”, “X”, “B”, “Z”, “A”, or “T”.

b) Enter “0” if the far left of the data section if Section 41-UNIT TYPE is “D” or “C” and

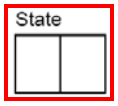
   i) Person listed in Section 44-LAST NAME does not have a driver license or a set-up number or
   ii) Person listed in Section 44-LAST NAME is not required to have a driver license.

c) Enter “9” in the far left of the data section if driver license number is unknown.

d) Enter the driver license or set-up number, if Section 41-UNIT TYPE is “D” or “C”, and the number is known.

   i) Do not use Social Security Number (unless same as driver license number), State ID or any other number.
   ii) Enter the driver license number if the person listed in Section 44-LAST NAME has a driver license number and a set-up number.
   iii) Do not enter spaces, hyphens or any other separators.

56) DRIVER LICENSE STATE:



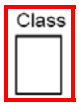
a) Leave this data section blank if Section 55-DRIVER LICENSE NUMBER is blank, “0” or “9”.

b) Enter the two-digit abbreviation for the state issuing the driver license listed in Section 55-DRIVER LICENSE NUMBER (See Appendix B).

   i) Use abbreviations in Appendix B for Canadian provinces and Mexican states.
   ii) Enter “CN” if Canadian province is unknown.
   iii) Enter “MX” if Mexican state is unknown.

c) Enter “98” for countries other than U.S., Canada and Mexico and explain in Section 221-REMARKS.

57) CLASS:



a) Leave this data section blank if Section 55-DRIVER LICENSE NUMBER is blank, “0” or “9”.

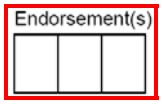
b) Enter “0” if Section 55-DRIVER LICENSE NUMBER contains an Oklahoma set-up number.

c) Enter “9” if Class of the Driver License is unknown.

d) Enter the Class of the Driver License.

   i) Oklahoma Driver License Classes are (“A”, “B”, “C” or “D”).
   ii) Enter the first digit of the Class for Driver License Classes longer than one digit and record the entire Class in Section 221-REMARKS.

58) ENDORSEMENT(S):
59) ENDORSEMENT(S):
60) ENDORSEMENT(S):



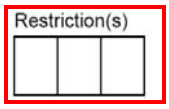
a) Leave this data section blank if

   i) Section 55-DRIVER LICENSE NUMBER is blank, “0” or “9” or
   ii) Endorsements are unknown or
   iii) There are no endorsements.

b) Enter the three most applicable endorsements if there are endorsements.

   i) If there are more than three endorsements, list remaining endorsements in the Section 221-REMARKS.

61) RESTRICTION(S):
62) RESTRICTION(S):
63) RESTRICTION(S):



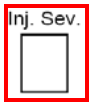
a) Leave this data section blank if

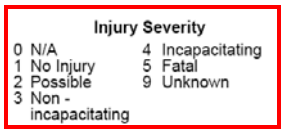
   i) Section 55-DRIVER LICENSE NUMBER is blank, “0” or “9” or
   ii) Restrictions are unknown or
   iii) There are no restrictions.

b) Enter the three most applicable restrictions if there are restrictions.

   i) If there are more than three restrictions, list remaining restrictions in the Section 221-REMARKS.

64) INJURY SEVERITY:





a) This data section shall not be left blank.

b) Enter “0” if

   i) Section 39-UNIT is a non-contact unit (“0A”, “0B”, etc.) or
   ii) Section 41-UNIT TYPE is “A” or
   iii) If the person listed in Section 44-LAST NAME is not in the driver position of the unit.

c) Enter “9” if injury severity is unknown.

d) Enter the injury severity level for the person listed in Section 44-LAST NAME if Section 39-UNIT is a contact unit and Section 41-UNIT TYPE is not "A".

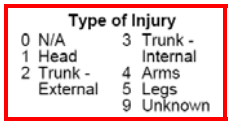
i) Enter "1" if the person has no injuries.
ii) Enter "2", "3" or "4" if the person is injured.

- "2" -- Possible Injury - An injury reported or claimed which is not a fatal injury, incapacitating injury or non-incapacitating evident injury.
- "3" -- Non-incapacitating Injury - Evident Injury - Any injury, other than a fatal injury or an incapacitating injury, which is evident to observers at the scene of the accident in which the injury occurred.
- "4" -- Incapacitating Injury - Any injury, other than a fatal injury, which prevents the injured person from walking, driving or normally continuing the activities the person was capable of performing before the injury occurred.

iii) Enter "5" if the person is fatally injured (death occurs within 30 days of the date of the collision).

e) In the case of a medical condition, use this data section to indicate the condition of the person listed in Section 44-LAST NAME, even though there is no injury from the collision.

65) TYPE OF INJURY:
66) TYPE OF INJURY:
67) TYPE OF INJURY:
68) TYPE OF INJURY:
69) TYPE OF INJURY



a) This data section shall not be left blank.

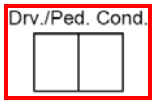
b) Enter "0" in the far left of the data section, if Section 64-INJURY SEVERITY is "0" or "1".

c) Enter "9" in the far left of the data section, if type of injury is unknown.

d) Enter up to five types of injury, if Section 64-INJURY SEVERITY is "2", "3", "4", or "5".

- "1" -- Head -Any injury, visible or not, to that part of the body above the shoulders. This includes the neck."
- "2" -- Trunk-External - Any injury to the trunk that is a visible open wound. This would include cuts, bruises and abrasions.
- "3" --Trunk-Internal - Any injury to that part of the body exclusive of the head, arms and legs that is not a visible external injury. This would include crushed chest, painful breathing, abnormal swelling, etc.
- "4" – Arms - Any injury to the arms.
- "5" – Legs - Any injury to the legs.

70) DRIVER/PEDESTRIAN CONDITION:



Driver/Pedestrian Condition

00 Not Applicable	05 Under the Influence of Medications	08 Ill (Sick)
01 Apparently Normal		09 Dizzy/Faint
02 Drinking - Ability Impaired		10 Emotional
03 Odor of Alcohol Beverage	06 Very Tired	11 Other
04 Illegal Drugs	07 Sleepy	99 Unknown

a) This data section shall not be left blank.

b) Enter "00" if

i) Section 41-UNIT TYPE is "A" or
ii) If the person listed in Section 44-LAST NAME is not in the driver position of the unit.

c) Enter "99" if

i) Section 44-LAST NAME is "UNKNOWN" or
ii) Condition of person listed in Section 44-LAST NAME is unknown. Detail in Section 221-REMARKS.

d) Enter the most relevant condition of the person listed in Section 44-LAST NAME.

71) OCCUPANT PROTECTION SYSTEM USE:

Occupant Protection (OP) In Use

00 Not Applicable	05 Child Restraint Type Unknown	10 Booster Seat
01 None Used	06 Restraint Type Unknown	11 Other
02 Lap Belt Only	07 Helmet	99 Unknown
03 Shoulder Belt Only	08 Child Restraint - Forward Facing	
04 Shoulder and Lap Belt	09 Child Restraint - Rear Facing	

a) This data section shall not be left blank.

b) Enter "00" if

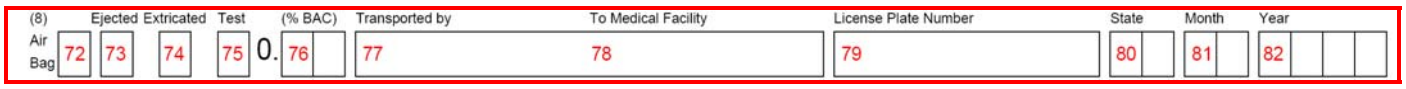
i) Section 41-UNIT TYPE is "P", "X", "B", "Z", "A" or "T" or
ii) Section 41-UNIT TYPE is "D" or "C" and an occupant protection system was not originally required or manufactured for the unit or
iii) If the person listed in Section 44-LAST NAME is not in the driver position of the unit.

c) Enter "99" if

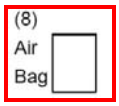
i) Section 41-UNIT TYPE is "D" or "C" and Section 44-LAST NAME is "UNKNOWN" or
ii) Occupant protection system use is unknown.

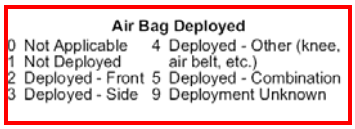
d) Enter the appropriate option to describe the occupant protection system in use by person listed in Section 44-LAST NAME if Section 41-UNIT TYPE is "D" or "C" and occupant protection system use is known.

Article XI. Page #1, Line 8



72) AIR BAG:





a) This data section shall not be left blank.

b) Enter "0" if

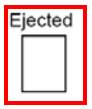
i) Section 39-UNIT is a non-contact unit ("0A", "0B", etc.) or
ii) Section 41-UNIT TYPE is "P", "X", "B", "Z", "A" or "T" or
iii) Section 89-VEHICLE CONFIGURATION is "15", "16" or "19" or
iv) Vehicle is not equipped with air bags or
v) If the person listed in Section 44-LAST NAME is not in the driver position of the unit.

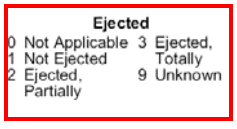
c) Enter "9" if Section 41-UNIT TYPE is "D" or "C" and air bag deployment is unknown.

d) Enter the appropriate option to describe the air bag deployment for the person listed in Section 44-LAST NAME if the listed person is occupying the driver's position of the unit and

i) Section 41-UNIT TYPE is "D" or "C" and
ii) Air bag deployment is known.

73) EJECTED:





a) This data section shall not be left blank.

b) Enter "0" if

i) Section 39-UNIT is a non-contact unit ("0A", "0B", etc.) or
ii) Section 41-UNIT TYPE is "P", "X", "B", "Z", "A" or "T" or
iii) Section 89-VEHICLE CONFIGURATION is "15", "16" or "19" or
iv) If the person listed in Section 44-LAST NAME is not in the driver position of the unit.

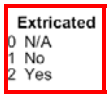
c) Enter "9" if Section 41-UNIT TYPE is "D" or "C" and ejection is unknown.

d) Enter the appropriate option “1”, “2”, or “3” to describe the ejection for the person listed in Section 44-LAST NAME if the listed person is occupying the driver’s position of the unit and

i) Section 41-UNIT TYPE is “D” or “C” and
ii) Section 89-VEHICLE CONFIGURATION is not “15”, “16” and “19” and
iii) Ejection is known.

(1) Partial ejection occurs when all movement stops and the person is partially outside the vehicle.

74) EXTRICATED:



a) This data section shall not be left blank.

b) Enter “0” if

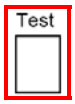
i) Section 39-UNIT is a non-contact unit (“0A”, “0B”, etc.) or.
ii) Section 41-UNIT TYPE is “P”, “X”, “B”, “Z”, “A” or “T” or
iii) Section 89-VEHICLE CONFIGURATION is “15”, “16” or “19” or
iv) If the person listed in Section 44-LAST NAME is not in the driver position of the unit.

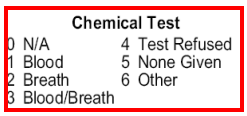
c) Enter the appropriate option “1” or “2” to indicate the extrication of the person listed in Section 44-LAST NAME if the listed person is occupying the driver’s position of the unit and

i) Section 41-UNIT TYPE is “D” or “C” and
ii) Section 89-VEHICLE CONFIGURATION is not “15”, “16” and “19” and

(1) Extrication is the removal of an occupant who is physically pinned in the vehicle by damaged vehicle components as a result of a collision, and is freed or removed from the vehicle.
(2) Extrication refers to the use of equipment or other force to remove an occupant from the vehicle, more than just lifting or carrying an occupant from wreckage.

75) CHEMICAL TEST:





a) This data section shall not be left blank.

b) Enter “0” if

i) Section 41-UNIT TYPE is “A” or
ii) Section 41-UNIT TYPE is “P”, “X”, “B”, “Z” or “T” and a chemical test is not given.

c) Enter “5” if Section 41-UNIT TYPE is “D” or “C” and a chemical test is not given.

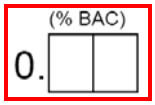
d) Enter “4” if a chemical test is refused.

e) Enter the appropriate selection “1”, “2”, “3”, or “6” if a chemical test is given.

f) This does not include federally mandated or company mandated tests.

g) Enter description of “Other” in Section 221-REMARKS.

76) PERCENT BLOOD ALCOHOL CONCENTRATION (BAC):



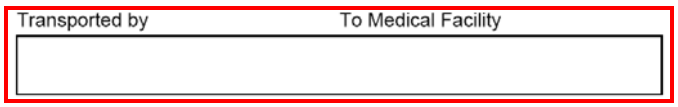
a) Leave this data section blank if

i) Section 75-CHEMICAL TEST is “0”, “4” or “5” or
ii) BAC test result is unknown at the time of the report.

b) Enter the BAC test result if known.

c) If a BAC test result is pending, a revised report must be submitted to the Department of Public Safety within two weeks of receipt of the BAC test result.

77) TRANSPORTED BY:



a) Leave this data section blank if Section 64-INJURY SEVERITY is “0”, “1” or “9”.

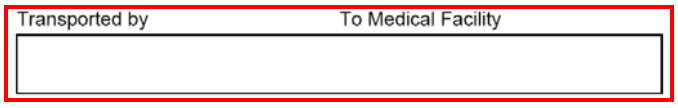
b) Enter “REFUSED” if Section 64-INJURY SEVERITY is “2”, “3” or “4” and transportation to a medical facility was refused.

c) Enter “POV” if Section 64-INJURY SEVERITY is “2”, “3” or “4” and transportation is provided by privately owned vehicle to a medical facility.

d) Enter the type and identity of unit providing transportation to a medical facility if Section 64-INJURY SEVERITY is “2”, “3” or “4”. Abbreviations are allowed.

e) Enter the transporting entity if Section 64-INJURY SEVERITY is “5”. Abbreviations are allowed.

78) TO MEDICAL FACILITY:

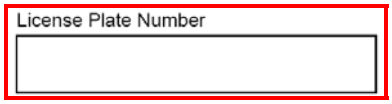


a) Leave this data section blank if Section 77-TRANSPORTED BY is blank or “REFUSED”.

b) Enter the name of the medical facility to which the injured person was transported. Abbreviations are allowed.

c) Enter the name of the facility to which the deceased was transported. Abbreviations are allowed.

79) LICENSE PLATE NUMBER:



a) Leave this data section blank if Section 41-UNIT TYPE is “P”, “X”, “B”, “Z” or “A”.

b) Enter “UNKNOWN” if Section 41-UNIT TYPE is “D” or “C” and the license plate number is unknown.

c) Enter “NONE” if Section 41-UNIT TYPE is “D” or “C” and no license plate is present or required.

d) Enter “MIL VEH” if

i) Section 41-UNIT TYPE is “D” or “C” and
ii) The vehicle is a military vehicle and
iii) No license plate is displayed.

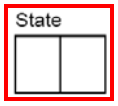
e) Enter the alphanumeric identifier on the license plate affixed to the motor vehicle if known and Section 41-UNIT TYPE is “D” or “C”.

i) Enter the license plate number currently displayed [Personalized plate, dealer tags (paper or metal), etc.].
ii) Enter the correct license plate number in Section 221-REMARKS if the displayed license plate is not the license plate assigned to the vehicle.
iii) Do not enter spaces, hyphens or any other separators.

f) Enter the railroad company designator followed by the three or four digit number displayed on the lead locomotive if Section 41-UNIT TYPE is “T”, if known.

Example: BNSF9837, UP6736M, KCS708

80) STATE:



a) Leave this data section blank if Section 79-LICENSE PLATE NUMBER is blank.

b) Enter “00” if

i) Section 79-LICENSE PLATE NUMBER is “NONE” or
ii) Section 41-UNIT TYPE is “T”.

c) Enter “99” if

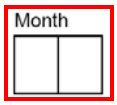
i) Section 79-LICENSE PLATE NUMBER is “UNKNOWN” or
ii) An Indian Nation (Tribal) license plate affixed to the vehicle does not display a state.

d) Enter the state abbreviation of the license plate listed in Section 79-LICENSE PLATE NUMBER, if known (See Appendix B).

i) Enter the state shown on the Indian Nation (Tribal) license plate, not the Indian Nation.
ii) Enter “US” for federal license plates.
iii) Use abbreviations in Appendix B for Canadian provinces and Mexican states.
iv) Enter “CN” if Canadian province is unknown.
v) Enter “MX” if Mexican state is unknown.

e) Enter “98” for countries other than U.S., Canada and Mexico and explain in the Section 221-REMARKS.

81) MONTH:



a) Leave this data section blank if

   i) Section 41-UNIT TYPE is “T” or
   ii) Section 79-LICENSE PLATE NUMBER is blank.

b) Enter “00” if Section 79-LICENSE PLATE NUMBER is “NONE”.

c) Enter “99” if Section 79-LICENSE PLATE NUMBER is “UNKNOWN”.

d) Enter the two-digit month (“01”, “02” …”12”) of the registration as indicated on the license plate in Section 79-LICENSE PLATE NUMBER, if known.

e) Enter “12” for non-expiring license plates or license plates issued to a state, city, county or school district with no expiration decal.

82) YEAR:

a) Leave this data section blank if

   i) Section 41-UNIT TYPE is “T” or
   ii) Section 79-LICENSE PLATE NUMBER is blank.

b) Enter “0” in the far left of the data section if Section 79-LICENSE PLATE NUMBER is “NONE”.

c) Enter “9” in the far left of the data section if Section 79-LICENSE PLATE NUMBER is “UNKNOWN”.

d) Enter the four-digit year of the registration as indicated on the license plate in Section 79-LICENSE PLATE NUMBER, if known.

e) Enter the current year for non-expiring license plates or license plates issued to a state, city, county or school district with no expiration decal.

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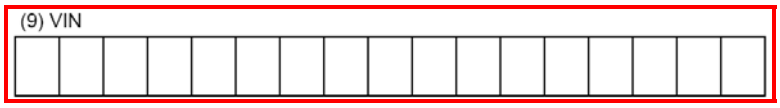
83) VEHICLE IDENTIFICATION NUMBER (VIN):



a) Leave this data section blank if

   i) Section 41-UNIT TYPE is “P” or “A” or
   ii) Section 41-UNIT TYPE is “X”, “B” or “Z” and no identifying number is available.

b) Enter “9” in the far left of the data section if the VIN is unknown.

c) Enter the VIN assigned to the vehicle by the manufacturer if Section 41-UNIT TYPE is “D” or “C”, if known.

i) Attempt to verify the VIN listed on the registration against the vehicle’s VIN plate.
ii) Enter the VIN digits from left to right.

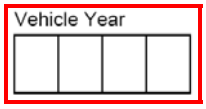
(1) The VIN plate on most automobiles, pick-up trucks, and vans is located on the front left corner of the dashboard, visible through the windshield. Additionally, a VIN plate may be present on the inside of the driver’s door.
(2) The VIN plate on most tractor-trailers is located on a plate in the passenger compartment. This plate can readily be seen by opening the driver’s door.
(3) The VIN plate on the majority of motorcycles is located on the fork or frame itself, not the number on the engine; most motorcycles have an engine serial number that is different from the VIN.

iii) Do not enter spaces, hyphens or any other separators.

d) Enter a unique identifying number if Section 41-UNIT TYPE is “X”, “B” or “Z”, if available.

e) Enter the train consist number if Section 41-UNIT TYPE is “T”. This is usually in possession of the conductor.

84) VEHICLE YEAR:



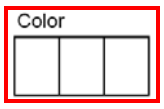
a) Leave this data section blank if Section 41-UNIT TYPE is “P”, “X”, “B”, “Z”, “A” or “T”.

b) Enter “9” in far left of the data section if Section 41-UNIT TYPE is “D” or “C” and the vehicle year is unknown.

c) Enter the vehicle year as assigned by the manufacturer if Section 41-UNIT TYPE is “D” or “C”, if known.

i) Use all four digits to denote the model year.

85) COLOR:



a) Leave this data section blank if Section 41-UNIT TYPE is “P”, “X”, “B”, “Z”, “A” or “T”.

b) Enter “9” in far left of the data section if Section 41-UNIT TYPE is “D” or “C” and the vehicle color is unknown.

c) Enter the vehicle color code from Table 85-1 if Section 41-UNIT TYPE is “D” or “C”, if known.

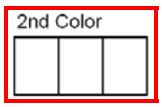
i) For multicolored vehicles (three or more colors), enter MUL in this data block.
ii) When describing a vehicle of two colors, the order of listing shall be from top to bottom or from front to rear. Example: WHI BLU RED WHI.

Vehicle Color Codes

COLOR	CODE	COLOR	CODE	COLOR	CODE
Aluminum	SIL	Cream	CRM	Purple	PLE
Amethyst (Purple)	AME	Gold	GLD	Red	RED
Beige	BGE	Gray	GRY	Silver	SIL
Black	BLK	Green	GRN	Stainless Steel	COM
Blue	BLU	Green, dark	DGR	Tan	TAN
Blue, Dark	DBL	Green, light	LGR	Taupe (Brown)	TPE
Blue, Light	LBL	Ivory	CRM	Teal	TEA
Bronze	BRZ	Lavender	LAV	Turquoise	TRQ
Brown	BRO	Maroon	MAR	White	WHI
Burgundy	MAR	Mauve (Purple)	MVE	Yellow	YEL
Camouflage	CAM	Multicolored	MUL		

Vehicle Color Codes							
Chrome	COM		Orange	ONG			
Copper	CPR		Pink	PNK			
Table 85-1							

86) SECOND COLOR:



a) Leave this data section blank if Section 41-UNIT TYPE is “P”, “X”, “B”, “Z”, “A” or “T”.

b) Enter “0” in far left of the data section if

i) Section 41-UNIT TYPE is “D” or “C” and there is not a second color or
ii) Section 85-COLOR is “MUL”.

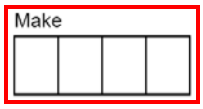
c) Enter “9” in the far left of the data section, if Section 85-COLOR is “9” or the second color is unknown.

d) Enter the vehicle color code from Table 86-1 if Section 41-UNIT TYPE is “D” or “C” and if a second color is known.

i) Do not use “MUL” in this data section.
ii) When describing a vehicle of two colors, the order of listing shall be from top to bottom or from front to rear. Example: WHI BLU RED WHI.

Vehicle Color Codes							
COLOR	**CODE**		**COLOR**	**CODE**		**COLOR**	**CODE**
Aluminum	SIL		Cream	CRM		Purple	PLE
Amethyst (Purple)	AME		Gold	GLD		Red	RED
Beige	BGE		Gray	GRY		Silver	SIL
Black	BLK		Green	GRN		Stainless Steel	COM
Blue	BLU		Green, dark	DGR		Tan	TAN
Blue, Dark	DBL		Green, light	LGR		Taupe (Brown)	TPE
Blue, Light	LBL		Ivory	CRM		Teal	TEA
Bronze	BRZ		Lavender	LAV		Turquoise	TRQ
Brown	BRO		Maroon	MAR		White	WHI
Burgundy	MAR		Mauve (Purple)	MVE		Yellow	YEL
Camouflage	CAM						
Chrome	COM		Orange	ONG			
Copper	CPR		Pink	PNK			
Table 86-1							

87) MAKE:



a) Leave this data section blank if Section 41-UNIT TYPE is “P”, “X”, “B”, “Z”, or “A”.

b) Enter “UNKN” if Section 41-UNIT TYPE is “D”, “C” or “T” and vehicle make is unknown.

c) Enter the make or trade name of the vehicle if Section 41-UNIT TYPE is “D” or “C” and vehicle make is known (See Appendix C).

i) Vehicle makes can be two to four letters. Check the partial NCIC list found in Appendix C. Use NCIC codes only.

(1) Enter the make or trade name of the vehicle beginning in the far left of the data section.

ii) Keep in mind the codes may be different from those used in the past.

(1) Examples: Kenworth – KW, Freightliner – FRHT, Peterbilt – PTRB, Saab – SAA.

iii) Enter “OTHE” if an NCIC code for the make cannot be found on the list.

iv) Additional NCIC Vehicle Codes may be found at:
http://www.leds.state.or.us/OSP/CJIS/docs/NCIC_Vehicle_Codes.pdf

d) Enter “FRGT” if Section 41-UNIT TYPE is “T” and the unit is a freight train.

e) Enter “PASS” if Section 41-UNIT TYPE is “T” and the unit is a passenger train.

88) MODEL:

Model

a) Leave this data section blank if Section 41-UNIT TYPE is “P”, “X”, “B”, “Z”, or “A”.

b) Enter “UNKN” if

i) Section 41-UNIT TYPE is “D” or “C” and the vehicle make is unknown or
ii) Section 41-UNIT TYPE is “T” and the number of railcars and non-lead locomotives is unknown.

c) Enter the first four characters of the model name of the vehicle beginning in the far left of the data if Section 41-UNIT TYPE is “D” or “C” and the vehicle model is known.

d) Enter the total number of railcars and non-lead locomotives beginning in the far left of the data section if Section 41-UNIT TYPE is “T”.

Example: 1-lead locomotive, 3 non-lead locomotives and 40 rail cars. Enter “43” for the total number of railcars in the Vehicle Model Section.

89) VEHICLE CONFIGURATION:

Veh. Conf.

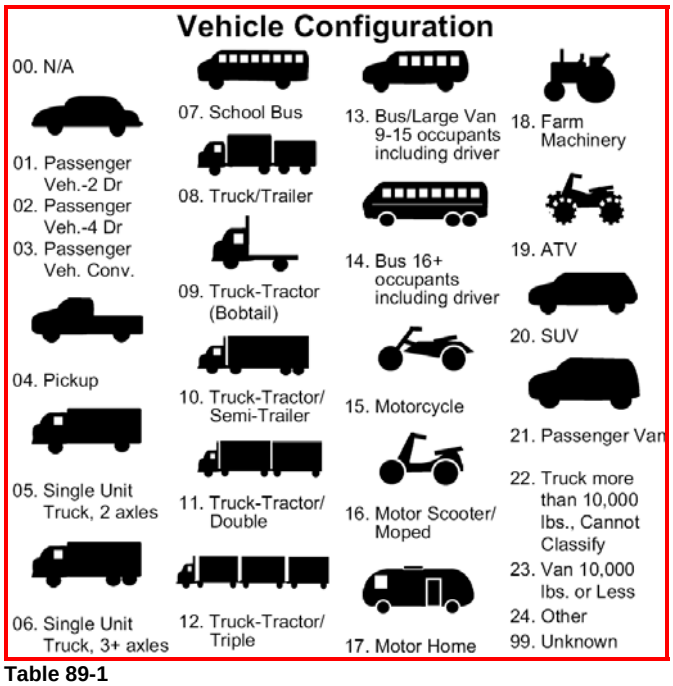


Table 89-1

a) This data section shall not be left blank.

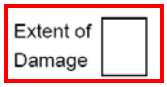
b) Enter “00” if Section 41-UNIT TYPE is “P”, “X”, “B”, “Z”, “A”, or “T”.

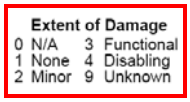
c) Enter “99” if Section 41-UNIT TYPE is “D” or “C” and the vehicle configuration is unknown.

d) Enter the appropriate vehicle configuration, if known, from the Table 89-1 if Section 41-UNIT TYPE is “D” or “C”.

e) Enter description of “Other” in Section 221-REMARKS.

90) EXTENT OF DAMAGE:





a) This data section shall not be left blank.

b) Enter “0” if

i) Section 39-UNIT is a non-contact unit (“0A”, “0B”, etc.) or
ii) Section 41-UNIT TYPE is “P”, “X”, “B”, “Z”, “A”, or “T”.

c) Enter “9” if Section 41-UNIT TYPE “D” or “C” and extent of damage are unknown.

d) Enter “1”, “2”, “3”, or “4” to indicate the extent of damage if Section 41-UNIT TYPE is “D” or “C”.

- 1 – None.
- 2 -- Minor - Limited cosmetic damage that does not render the vehicle immobile.
- 3 -- Functional - Road vehicle damage, other than disabling damage, which affects operation of the road vehicle or its parts.
- 4 -- Disabling - Damage which precludes departure of the vehicle from the collision, if moved, in its usual operating manner by daylight after simple repairs.

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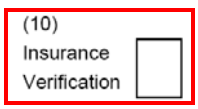
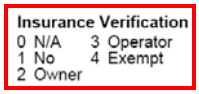
91) INSURANCE VERIFICATION:





a) This data section shall not be left blank.

b) Enter “0” if

i) Section 41-UNIT TYPE is “P”, “X”, “B”, “Z”, “A”, or “T” or
ii) Section 41-UNIT TYPE is “C” and the unit is legally parked on private property.

c) Enter “9” if Section 41-UNIT TYPE is “D” or “C” and insurance verification is unknown.

d) Enter “1”, “2”, “3” or “4” to indicate the appropriate description for insurance verification, if known.

- 1 – No - If the operator or owner of the unit does not have satisfactory evidence of minimum liability insurance.
- 2 – Owner - If the operator is the legal owner of the unit.

  Title 47 § 7-602 A1. The owner of a motor vehicle registered in this state shall carry in such vehicle at all times, a current owner's security verification form listing the vehicle, or an equivalent form which has been issued by the Department and shall produce such form upon request for inspection by any law enforcement officer or representative of the Department of Public Safety, and in case of a collision, the form shall be shown upon request to any person affected by said collision.
- 3 –Operator - If the operator is not the legal owner of the unit.
- 4 – Exempt - If the operator of the unit is exempt from producing security verification.

  Title 47 §7-602.A.4. The following shall not be required to carry an owner's or operator's security verification form or an equivalent form from the Department during the operation of the vehicle and shall not be required to surrender such form for vehicle registration purposes.

  Title 47 § 7-602 A.4.a. Any vehicle owned or leased by the federal or state government, or any agency or political subdivision thereof.

  Title 47 § 7-602A.4.b. Any vehicle bearing the name, symbol, or logo of a business, corporation or utility on the exterior and which is in compliance with the provisions of Section 7-600 through 7-607 of this title according to records of the Department of Public Safety which reflect a deposit, bond, self-insurance, or fleet policy.

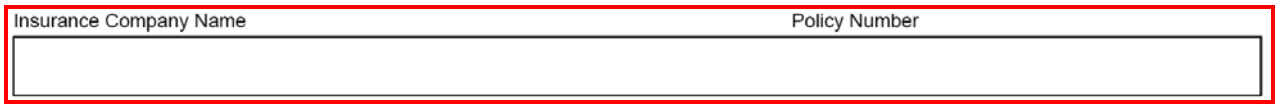
  Title 47 § 7-602.A.4.c. Fleet vehicles maintaining current vehicle liability insurance as required by the Corporation Commission or any other regulating entity.

  Title 47 § 7-602.A.4.d. Any licensed taxi cab.

  Title 47 § 7-602.A.4.e. Any vehicle owned by a licensed, used motor vehicle dealer.

  Exempt units are not limited to these examples.

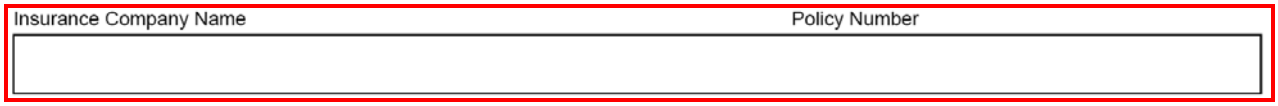
92) INSURANCE COMPANY NAME:



a) Leave this data section blank if Section 91-INSURANCE VERIFICATION is “0”, “1”, “4” or “9”.

b) Enter the business name of the insurance company insuring the vehicle if Section 91-INSURANCE VERIFICATION is “2” or “3”.

93) POLICY NUMBER:

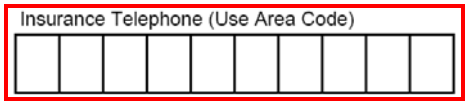


a) Leave this data section blank if Section 91-INSURANCE VERIFICATION is “0”, “1”, “4” or “9”.

b) Enter the policy number if Section 91-INSURANCE VERIFICATION is “2” or “3”.

c) Enter effective and expiration dates after the policy number, if agency policy dictates.

94) INSURANCE TELEPHONE NUMBER:



a) Leave this data section blank if Section 91-INSURANCE VERIFICATION is “0”, “1”, “4” or “9”.

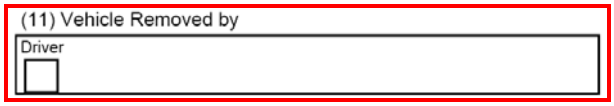
b) Enter “9” in the far left of the data section if Section 91-INSURANCE VERIFICATION is “2” or “3” and the telephone number is unknown.

c) Enter the insurance provider’s telephone number including the area code if Section 91-INSURANCE VERIFICATION is “2” or “3” and the telephone number is known.

i) A list of area code prefixes for Oklahoma cities is provided in Appendix K.
ii) Do not enter spaces, hyphens or any other separators.

Article XIV. Page #1, Line 11

95) VEHICLE REMOVED BY:



- This data section consists of two elements: “Driver” and “Vehicle Removed by”.

a) Leave both elements blank if

i) Section 41-UNIT TYPE is “P”, “A” or “T” or
ii) Section 41-UNIT TYPE is “D”, “X”, “B”, “Z” or “C” and it is unknown who removed the vehicle.

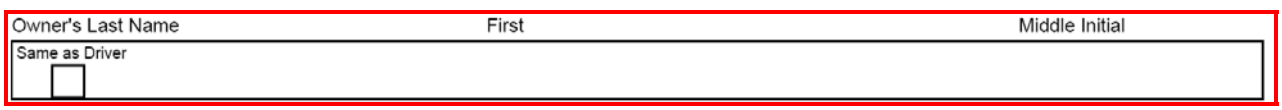
b) Indicate in the “Driver” element if the driver removed the vehicle and Section 41-UNIT TYPE is “D”, “X”, “B”, “Z” or “C”.

c) Leave the “Vehicle Removed by” element blank, if the “Driver” element is indicated.

d) Enter “LEFT AT SCENE” in the “Vehicle Removed by” element if the vehicle is not removed and Section 41-UNIT TYPE is “D”, “X”, “B”, “Z”, or “C”.

e) Enter the name of the person or company that removed the vehicle, if known, in the “Vehicle Removed by” element, if Section 41-UNIT TYPE is “D”, “X”, “B”, “Z”, or “C”.

96) OWNER’S LAST NAME:



- This data section consists of two elements: “Same as Driver” and “Owner’s Last Name”.

a) Leave both elements blank if

i) Section 41-UNIT TYPE is “P”, “X”, “B” or “Z” and the person listed in Section 44-LAST NAME is not a minor (over age 17) or
ii) Section 41-UNIT TYPE is “A” and the unit is a wild animal.
iii) Section 43-COMMERCIAL MOTOR VEHICLE indicates “CMV” and the owner and carrier are the same.

b) Indicate in the “Same as Driver” element if

i) Section 41-UNIT TYPE is “D” or “C” and the owner is the driver or
ii) Section 41-UNIT TYPE is “X”, “B”, or “Z” and the owner is the driver and is not a minor (over age 17).

c) Leave the “Owner’s Last Name” element blank if the “Same as Driver” element is indicated.

d) Enter “UNKNOWN” in the “Owner’s Last Name” element if

i) Section 41-UNIT TYPE is “D” or “C” and the owner is unknown or
ii) Section 41-UNIT TYPE is “A” and the unit is not a wild animal and the owner is unknown or
iii) Section 41-UNIT TYPE is “P”, “X”, “B” or “Z” and the person listed in Section 44-LAST NAME is a minor (under age 18) and parents and/or guardian are unknown or
iv) Section 41-UNIT TYPE is “T” and the owner of the railroad track is unknown.

e) Enter the last name of the owner, if known, in the “Owner’s Last Name” element if the owner is an individual and

i) Section 41-UNIT TYPE is “D” or “C” and the owner is not the driver or
ii) Section 41-UNIT TYPE is “D” or “C” and Section 43-COMMERCIAL MOTOR VEHICLE indicates “CMV” and the owner is not the same as the carrier or
iii) Section 41-UNIT TYPE is “X”, “B” or “Z” and the owner is not the driver and is not a minor (over age 17) or
iv) Section 41-UNIT TYPE is “A” and the unit is not a wild animal.

f) Enter the entity name of the owner, if known, in the “Owner’s Last Name” element if the owner is not an individual and

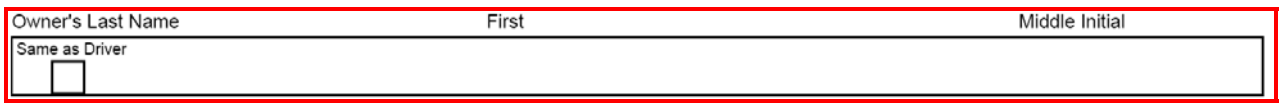
i) Section 41-UNIT TYPE is “D” or “C” and Section 43-COMMERCIAL MOTOR VEHICLE indicates “CMV” and the owner is not the same as the carrier or
ii) Section 41-UNIT TYPE is “X”, “B” or “Z” and the owner is not the driver and is not a minor (over age 17) or
iii) Section 41-UNIT TYPE is “A” and the unit is not a wild animal.
iv) Abbreviations and acronyms are allowed. Example: ODOT, OTA, OK TURNPIKE AUTH, etc.
v) In addition, enter the complete entity name in the Section 221-REMARKS, if the entity’s acronym or abbreviated name is not well known.

g) Enter the Last Name of the parent or guardian of the person listed in Section 44-LAST NAME in the “Owner’s Last Name” element if

i) Section 41-UNIT TYPE is “P”, “X”, “B” or “Z” and
ii) The person listed in Section 44-LAST NAME is a minor (under age 18) and
iii) The parent or guardian’s name is known.

h) Enter the company name of the owner of the railroad tracks in the “Owner’s Last Name” element if Section 41-UNIT TYPE is “T”. This may or may not be same as the owner of the train.

97) OWNER’S FIRST NAME:

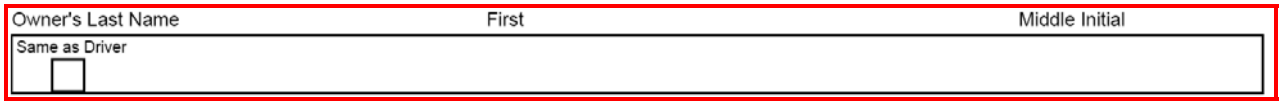


a) Leave this data section blank if

i) "Same as Driver" element is indicated or
ii) The "Owner's Last Name" element of Section 96-OWNER'S LAST NAME is blank or "UNKNOWN" or
iii) The first name is unknown or
iv) The name in Section 96-OWNER'S LAST NAME is a company name.

b) Enter the First Name of the person listed in Section 96-OWNER'S LAST NAME, if known.

98) OWNER'S MIDDLE INITIAL:

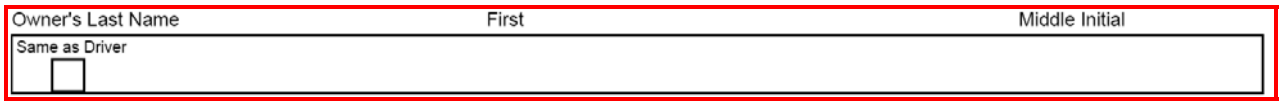


a) Leave this data section blank if

i) "Same as Driver" element in Section 96-OWNER'S LAST NAME is indicated or
ii) The "Owner's Last Name" element of Section 96-OWNER'S LAST NAME is blank or "UNKNOWN" or
iii) The middle name is unknown or
iv) The name in Section 96-OWNER'S LAST NAME is a company name.

b) Enter the Middle Name of the person listed in Section 96-OWNER'S LAST NAME, if known.

99) OWNER'S SUFFIX:



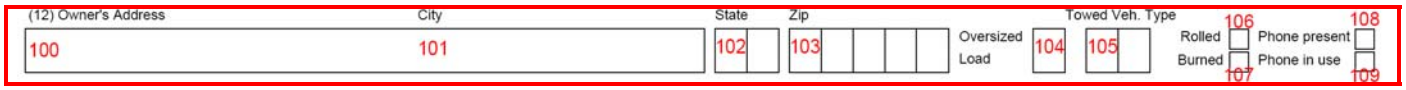
a) Leave this data section blank if

i) "Same as Driver" element in Section 96-OWNER'S LAST NAME is indicated or
ii) The "Owner's Last Name" element of Section 96-OWNER'S LAST NAME is blank or "UNKNOWN" or
iii) The suffix is unknown or
iv) The name in Section 96-OWNER'S LAST NAME is a company name.

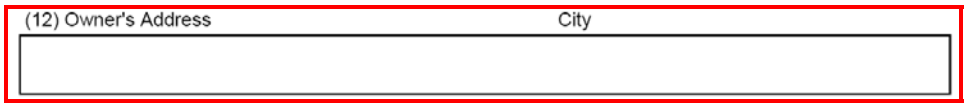
b) Enter the Suffix (Jr., Sr., III, etc.) of the person listed in Section 96-OWNER'S LAST NAME, if known. Do not enter titles such as Mr., Mrs., Ms., etc.

c) The suffix shall be entered after the Middle Name (Section 98-OWNER'S MIDDLE INITIAL) if no suffix data section is available.

Article XV. Page #1, Line 12



100) VEHICLE OWNER'S ADDRESS:



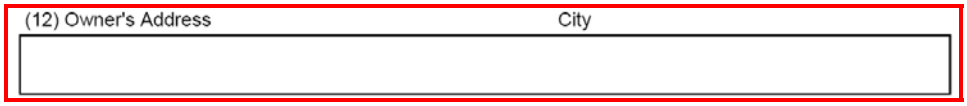
a) Leave this data section blank if

i) "Same as Driver" element in Section 96-OWNER'S LAST NAME is indicated or
ii) The "Owner's Last Name" element of Section 96-OWNER'S LAST NAME is blank.

b) Enter “UNKNOWN” if the address of the entity listed in Section 96-OWNER’S LAST NAME is unknown.

c) Enter the address of the entity listed in Section 96-OWNER’S LAST NAME, if known.

101) VEHICLE OWNER’S CITY:

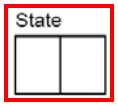


a) Leave this data section blank if

i) “Same as Driver” element in Section 96-OWNER’S LAST NAME is indicated or
ii) The city of the entity listed in Section 96-OWNER’S LAST NAME is unknown or
iii) Section 100-VEHICLE OWNER’S ADDRESS is blank or “UNKNOWN”.

b) Enter the city of the entity listed in Section 96-OWNER’S LAST NAME, if known.

102) VEHICLE OWNER’S STATE:



a) Leave this data section blank if the “Same as Driver” element in Section 96-OWNER’S LAST NAME is indicated.

b) Enter “99” if

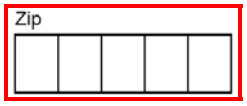
i) Section 100-VEHICLE OWNER’S ADDRESS is “UNKNOWN”
ii) The state of the entity listed in Section 96-OWNER’S LAST NAME is unknown.

c) Enter the state abbreviation of the entity listed in Section 96-OWNER’S LAST NAME, if known (See Appendix B).

i) Use abbreviations in Appendix B for Canadian provinces and Mexican states.
ii) Enter “CN” if Canadian province is unknown.
iii) Enter “MX” if Mexican state is unknown.

d) Enter “98” for countries other than the U.S., Canada and Mexico and explain in the remarks.

103) VEHICLE OWNER’S ZIP CODE:



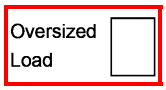
a) Leave this data section blank if

i) “Same as Driver” element in Section 96-OWNER’S LAST NAME is indicated or
ii) Section 100-VEHICLE OWNER’S ADDRESS is blank or “UNKNOWN” or
iii) The zip code of the entity listed in Section 96-OWNER’S LAST NAME is unknown or
iv) The address is not in the U.S.

b) Enter the five-digit zip code for a U.S. address of the entity listed in Section 96-OWNER’S LAST NAME, if known.

i) A list of Oklahoma zip codes is provided in Appendix J.

104) OVERSIZED LOAD:



a) This data section shall not be left blank.

b) Enter “0” if

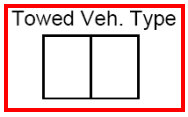
i) Section 41-UNIT TYPE is “P”, “X”, “B”, “Z”, “A”, or “T” or
ii) Section 41-UNIT TYPE is “D” or “C” and the oversized load status of the unit is unknown or
iii) Section 41-UNIT TYPE is “D” or “C” and the unit is not an oversized load.

(1) Oversized loads are defined in Title 47, Chapter 14, Section 103.

c) Enter “N” if Section 41-UNIT TYPE is “D” or “C” and the unit is an oversized load and does not have a permit.

d) Enter “P” if Section 41-UNIT TYPE is “D” or “C” and the unit is an oversized load and does have a permit.

105) TOWED VEHICLE TYPE:



Towed Vehicle Type

00 N/A	05 Another Vehicle	09 Stock Trailer
01 Boat Trailer	06 Utility Trailer	10 Camping Trailer
02 House Trailer	07 Homemade Trailer	11 Combination
03 Farm Trailer		12 Other
04 Horse Trailer	08 Box Trailer	99 Unknown

a) This data section shall not be left blank.

b) Enter "00" if

i) Section 41-UNIT TYPE is "P", "X", "B", "Z", "A" or "T" or
ii) Section 41-UNIT TYPE is "D" or "C" and no trailer is in tow or
iii) Section 43-CMV indicates "CMV".

b) Enter "99" if Section 41-UNIT TYPE is "D" or "C" and towed vehicle type is unknown.

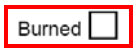
c) Enter "01" through "12" to indicate the towed vehicle type if Section 41-UNIT TYPE is "D" or "C" and a trailer is in tow and towed vehicle type is known.

d) Enter description of "Other" in Section 221-REMARKS.

106) ROLLED:

a) Indicate if the vehicle rolled as a part of the collision. This includes a partial roll.

107) BURNED:



a) Indicate if the vehicle burned as a part of the collision.

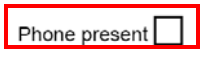
b) If "Burned" is indicated, explain in the Section 221-REMARKS if the fire resulted from the collision or if it was the first event.

i) Example: (1) The gas tank on unit #2 exploded on impact and the unit was destroyed by the fire.
ii) Example: (2) The rear tire of unit #1 caught fire while the vehicle was moving.

c) Any vehicle that catches on fire that is not in motion or not involved in a collision is to be filled out as an INCIDENT REPORT.

Example: Occupants had stopped on the shoulder to rest when an electrical fire under the driver side dashboard developed and caught the vehicle on fire.

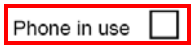
108) PHONE PRESENT:



a) Leave this data section blank if Section 41-UNIT TYPE is "A" or if no phone is present.

b) Indicate "Phone Present" if Section 41-UNIT TYPE is "D", "P", "X", "B", "Z", "C", or "T" and a phone is present.

109) PHONE IN USE:



a) Leave this data section blank if

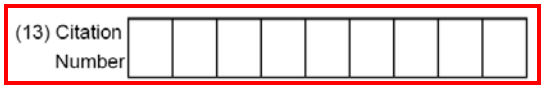
   i) Section 108-PHONE PRESENT is not indicated or
   ii) Phone is not in use by the person listed in Section 44-LAST NAME.

b) Indicate "Phone In Use" if Section 41-UNIT TYPE is "D", "P", "X", "B", "Z", "C", or "T" and a phone is in use by the person listed in Section 44-LAST NAME.

   i) Phone usage includes talking, texting, internet surfing, etc.

Article XVI. Page #1, Line 13

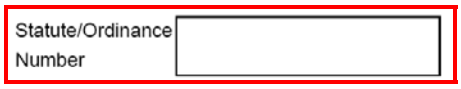
110) CITATION NUMBER:



a) Leave this data section blank if no citation is issued or if the offense cited does not directly contribute to or cause the collision.

b) Enter the citation number of the offense for which the driver was arrested or cited IF IT DIRECTLY CONTRIBUTED TO OR CAUSED THE COLLISION. Include any prefixes or suffixes in addition to the number starting in the far left of the data section.

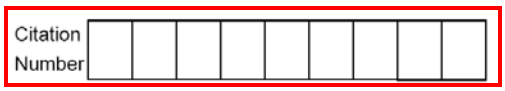
111) STATUTE/ORDINANCE NUMBER:



a) Leave this data section blank if Section 110-CITATION NUMBER is blank.

b) Enter the state statute/ordinance number of the offense stated on the citation listed in Section 110-CITATION NUMBER. Include any prefixes or suffixes in addition to the number. Indicate the Title number.

112) CITATION NUMBER:

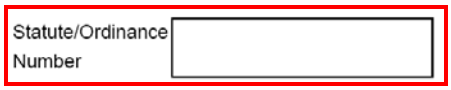


a) Leave this data section blank if

   i) Section 110-CITATION NUMBER is blank or
   ii) No additional citations were issued or
   iii) The additional offense did not directly contribute to or cause the collision

b) Enter the citation number of the offense for which the driver was arrested or cited IF IT DIRECTLY CONTRIBUTED TO OR CAUSED THE COLLISION. Include any prefixes or suffixes in addition to the number starting in the far left of the data section.

113) STATUTE/ORDINANCE NUMBER:

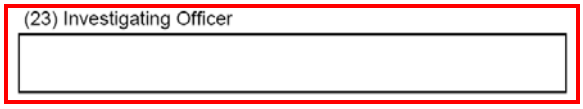


a) Leave this data section blank if Section 112-CITATION NUMBER is blank.

b) Enter the state statute/ordinance number of the offense stated on the citation listed in Section 112-CITATION NUMBER. Include any prefixes or suffixes in addition to the number. Indicate the Title number.

Article XVII. Page #1, Line 23

114) INVESTIGATING OFFICER:

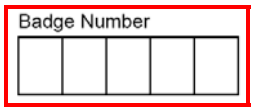


a) This data section shall not be left blank.

b) This data section shall be signed by the officer completing the report, if not using TraCS or CRS.

c) This data section is auto-populated by TraCS and CRS.

115) BADGE NUMBER:

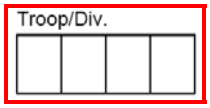


a) This data section shall not be left blank.

b) Enter the Badge or agency assigned number of the investigating officer. Enter the number beginning in the far left of the data section, if not using TraCS or CRS.

c) This data section is auto-populated by TraCS and CRS.

116) TROOP/DIVISION:



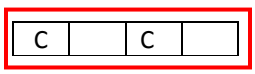
a) Law enforcement agencies other than OHP shall use this data section according to their individual department requirements or leave blank. Enter the characters starting in the far left of the data section.

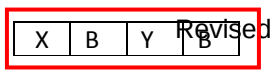
i) This data section is not included in CRS.

b) OHP must enter the following information in this data section:

i) If the data section label is “Troop/Div.”

(1) The leftmost two blocks are to be use to denote the assigned troop of the trooper completing the report.
(2) The following two blocks (rightmost) are to be used to denote the troop in which the collision occurred.





Troop C is where the trooper is assigned.
Troop C is where the collision occurred.

B		X	E

Troop B is where the trooper is assigned.
Troop XE is where the collision occurred.

Troop X B is where the trooper is assigned.
Troop YB is where the collision occurred.

X	E	B	

Troop XE is where the trooper is assigned.
Troop B is where the collision occurred.

ii) If the data section labels are “Trp/Div. Assigned” and “Trp/Div. Location”:

(1) Enter the assigned troop of the trooper completing the report in “Trp/Div. Assigned”.
(2) Enter the troop in which the collision occurred in “Trp/Div. Location”.

iii) If the data section labels are “Trp/Asd” and “Trp/Wrk”:

(1) Enter the assigned troop of the trooper completing the report in “Trp/Asd”.
(2) Enter the troop in which the collision occurred in “Trp/Wrk”.

c) This data section shall not be left blank by the OHP.

117) REVIEWED BY (INITIALS):

Reviewed by (Init.)

a) Law enforcement agencies other than OHP shall use this data section according to their individual department requirements or leave blank.

b) Enter initials of the OHP supervisor who reviewed the report and accepted it as complete and accurate.

c) This data section is auto-populated by TraCS.

118) REVIEWER BADGE NUMBER:

Reviewer Badge Number

a) Law enforcement agencies other than OHP shall use this data section according to their individual department requirements or leave blank.

b) Enter the badge number of the OHP supervisor who reviewed the report and accepted it as complete and accurate. Start entry in the far left of the data section.

c) This data section is auto-populated by TraCS.

119) DATE OF REPORT (MM/DD/YYYY):

Date of Report (mm/dd/yyyy)

a) This data section shall not be left blank.

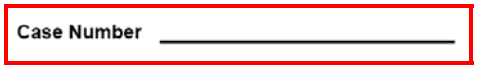
b) Enter the date the investigation is completed. In case of an incomplete investigation, i.e., incomplete hit and run investigation enter the date the report is submitted.

c) Enter the date the revised report was completed, if necessary.

d) Enter a two-digit Month (01-12), two-digit Day (01-31) and a four-digit Year. Do not include spaces, hyphens or any other separators. Example: 04082007.

Article XVIII. Page #2, Top Section

120) CASE NUMBER:

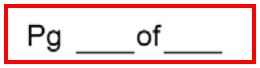


a) This data section shall not be left blank.

b) Enter the case number exactly as it appears in Section 10-CASE NUMBER.

c) This data section is auto-populated by TraCS and CRS.

121) PG ___ OF ___:



a) This data section shall not be left blank.

b) List each page in relation to the total number of pages of the COMPLETE report. Every collision report shall be a minimum of four (4) pages. Each side of a single sheet counts as one page.

i) There shall be a minimum of four (4) pages for every two units involved in the collision.
ii) For printed reports, duplex format (printing on both sides of each sheet) is preferred.

c) The collision report shall be sequenced as follows:

i) Pages for units involved in the collision (Example: Unit 1 & Unit 2 information shall consist of pages 1 through 4, Unit 3 information shall consist of page 5 through 8, etc.)
ii) Persons Supplemental after all the unit pages
iii) Diagram Supplemental
iv) Additional Narrative
v) Statement of Witness

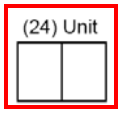
d) "Statement of Witness" forms shall be numbered in sequence, only if submitted to the Department of Public Safety.

e) This data section is auto-populated by TraCS and CRS.

f) TraCS and CRS collision reports shall not include witness statements when submitted to the Department of Public Safety. Describe in Section 221-REMARKS where witness statements were stored if they were completed.

Article XIX. Page #2, Line 24

122) UNIT:



a) This data section shall not be left blank if

   i) Section 124-WITNESS indicates “Witness” or
   ii) Section 125-PASSENGER indicates “Passenger” or
   iii) Section 126-PROPERTY OWNER indicates “Prop. Owner”.

b) Enter “00” if

   i) Section 124-WITNESS indicates “Witness” or
   ii) Section 126-PROPERTY OWNER indicates “Prop. Owner”.

c) Enter the unit number in Section 39-UNIT of the unit in which the passenger was an occupant if Section 125-PASSENGER indicates “Passenger”.

123) INJURED:

a) Indicate “Injured” if the person listed in Section 128-LAST NAME is an injured passenger.

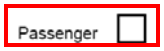
   i) Section 125-PASSENGER shall indicate “Passenger”.

124) WITNESS:

a) Indicate “Witness” if the person listed in Section 128-LAST NAME is a witness.

   i) A witness shall not be a passenger or injured.

125) PASSENGER:

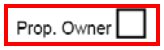


a) Indicate “Passenger” if the person listed in Section 128-LAST NAME is a passenger.

   i) A passenger may or may not be injured.

   ii) If a passenger is also a property owner, the person shall be entered as a passenger and a property owner as separate entries.

126) PROPERTY OWNER:



a) Indicate “Property Owner” if the person listed in Section 128-LAST NAME is the owner of damaged property other than an involved unit.

   i) A property owner shall not be injured.

ii) If a property owner is also a passenger, the person shall be entered as a passenger and a property owner as separate entries.

127) POSITION IN VEHICLE:

Pos in Veh.

a) This data section shall not be left blank if

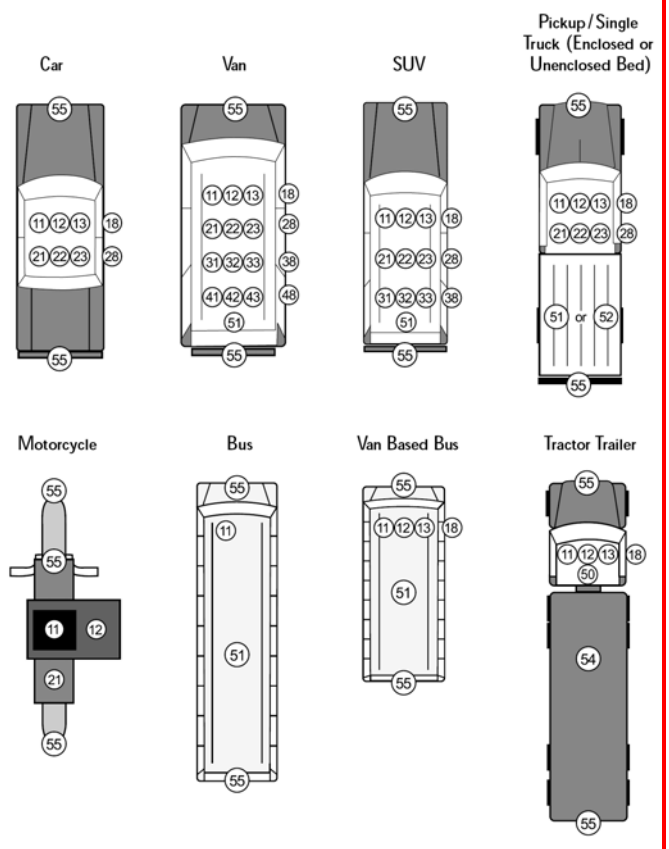
i) Section 124-WITNESS indicates “Witness” or
ii) Section 125-PASSENGER indicates “Passenger” or
iii) Section 126-PROPERTY OWNER indicates “Prop. Owner”.

b) Enter “00” if Section 124-WITNESS indicates “Witness” or Section 126-PROPERTY OWNER indicates “Prop. Owner”.

c) Enter “99” if Section 125-PASSENGER indicates “Passenger” and the position of the person listed in Section 128-LAST NAME is unknown.

d) Enter the position in the vehicle that best describes the location of the person listed in Section 128-LAST NAME if Section 125-PASSENGER indicates “Passenger”, if known.

i) Use the diagram of the unit type most applicable in Table 127-1 for units not specifically pictured.



00	Not Applicable
11	Front Seat — Left Side (Usually Driver’s Side)
12	Front Seat — Middle
13	Front Seat — Right Side
18	Front Seat — Other
19	Front Seat — Unknown
21	Second Seat — Left Side
22	Second Seat — Middle
23	Second Seat — Right Side
28	Second Seat — Other
29	Second Seat — Unknown
31	Third Seat — Left Side
32	Third Seat — Middle
33	Third Seat — Right Side
38	Third Seat — Other
39	Third Seat — Unknown
41	Fourth Seat — Left Side
42	Fourth Seat — Middle
43	Fourth Seat — Right Side
48	Fourth Seat — Other
49	Fourth Seat — Unknown
50	Sleeper Section of Cab (Truck)
51	Other Passenger in enclosed passenger or cargo area (includes passengers in 5th row of 15-seat, 5-row vans)
52	Other Passenger in unenclosed passenger or cargo area
53	Other Passenger in passenger or cargo area, unknown whether or not enclosed
54	Trailing Unit
55	Riding on Vehicle Exterior
99	Unknown

Table 127-1

128) LAST NAME:

Last Name | First | Middle Initial

a) Enter “UNKNOWN” if last name is unknown and

   i) Section 124-WITNESS indicates “Witness” or
   ii) Section 125-PASSENGER indicates “Passenger” or
   iii) Section 126-PROPERTY OWNER indicates “Prop. Owner”

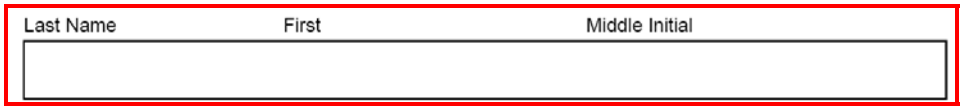
b) Enter the Last Name of the person, if known, and

   i) Section 124-WITNESS indicates “Witness or
   ii) Section 125-PASSENGER indicates “Passenger” or
   iii) Section 126-PROPERTY OWNER indicates “Prop. Owner” and the property owner is an individual.

c) Enter the name of the entity if Section 126-PROPERTY OWNER indicates “Prop. Owner” and the property owner is not an individual and the name is known.

   i) Abbreviations and acronyms are allowed. Example: ODOT, OTA, OK TURNPIKE AUTH, etc.
   ii) In addition, enter the complete entity name in the Section 221-REMARKS, if the entity’s acronym or abbreviated name is not well known.

129) FIRST NAME:

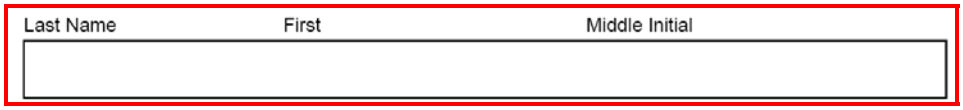


a) Leave this data section blank if

   i) Section 128-LAST NAME is blank or
   ii) Section 128-LAST NAME is “UNKNOWN” or
   iii) First name is unknown or
   iv) The name listed in Section 128-LAST NAME is not an individual’s last name.

b) Enter the first name of the passenger, witness or property owner if the name listed in Section 128-LAST NAME is an individual and the name is known.

130) MIDDLE INITIAL:



a) Leave this data section blank if

   i) Section 128-LAST NAME is blank or
   ii) Section 128-LAST NAME is “UNKNOWN” or
   iii) The person listed in Section 128-LAST NAME does not have a middle name or
   iv) Middle name is unknown or
   v) The name listed in Section 128-LAST NAME is not an individual’s last name.

b) Enter the middle name of the passenger, witness or property owner if the name listed in Section 128-LAST NAME is an individual and the name is known.

131) SUFFIX:

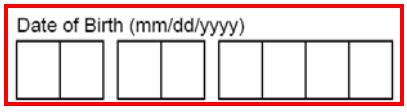
a) Leave this data section blank if

   i) Section 128-LAST NAME is blank or
   ii) Section 128-LAST NAME is “UNKNOWN” or
   iii) Suffix is unknown or
   iv) The person listed in Section 128-LAST NAME does not have a suffix or
   v) The name listed in Section 128-LAST NAME is not an individual’s last name.

b) Enter the suffix (Jr., Sr., III, etc.) after the middle initial of the passenger, witness or property owner if the name listed in Section 128-LAST NAME is an individual and suffix is known. Do not enter titles such as Mr., Mrs., Ms., etc.

c) The suffix shall be entered after the Middle Name (Section 130-MIDDLE INITIAL) if no suffix data section is available.

132) DATE OF BIRTH: MM/DD/YYYY:



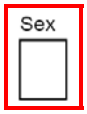
a) Leave this data section blank, if

   i) Section 126-PROPERTY OWNER indicates “Prop. Owner” or

ii) Section 128-LAST NAME is blank or
iii) Section 128-LAST NAME is "UNKNOWN" or
iv) Section 128-LAST NAME is not the last name of an individual or
v) Date of Birth is unknown.

b) Enter the month, day and year of birth of the passenger or witness, if known. Enter in a two-digit Month (01-12), two-digit Day (01-31) and a four-digit Year. Do not include spaces, hyphens or any other separators. Example: 04082007.

133) SEX:



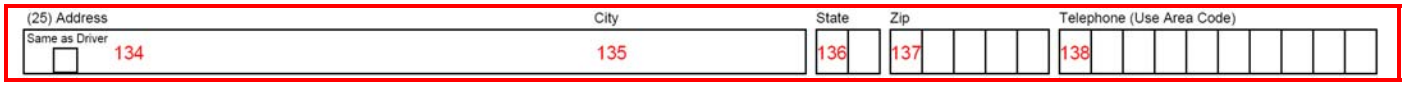
a) Leave this data section blank if

i) Section 126-PROPERTY OWNER indicates "Prop. Owner" or
ii) Section 128-LAST NAME is blank or
iii) Section 128-LAST NAME is not the last name of an individual.

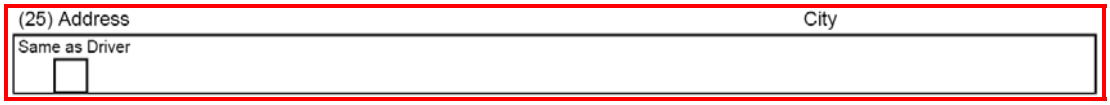
b) Enter "9" if the sex of the person listed in Section 128-LAST NAME is unknown.

c) Enter "M" or "F" to indicate the sex of the person listed in Section 128-LAST NAME, if known.

Article XX. **Page #2, Line 25**



134) ADDRESS:



- This data section consists of two elements: "Same as Driver" and "Address".

a) Leave both elements blank if Section 128-LAST NAME is blank.

b) Indicate in the "Same as Driver" element if

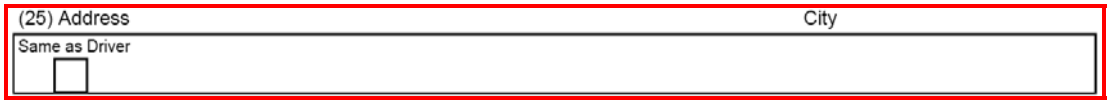
i) The address of the person listed in Section 128-LAST NAME is the same as the address of the driver of the unit listed in Section 122-UNIT or
ii) The person listed in Section 128-LAST NAME is the conductor or other railroad employee working on the train.

c) Leave the "Address" element blank if the "Same as Driver" element is indicated.

d) Enter "UNKNOWN" in the "Address" element if the address of the person or entity listed in Section 128-LAST NAME is unknown.

e) Enter the current address of the person or entity listed in Section 128-LAST NAME in the "Address" element, if known.

135) CITY:

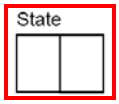


a) Leave this data section blank if

i) Section 128-LAST NAME is blank or
ii) The “Same as Driver” element is indicated in Section 134-ADDRESS or
iii) City is unknown.

b) Enter the city of the person or entity listed in Section 128-LAST NAME, if known.

136) STATE:



a) Leave this data section blank if

i) Section 128-LAST NAME is blank or
ii) The “Same as Driver” element is indicated in Section 134-ADDRESS.

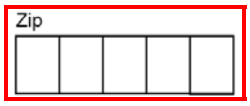
b) Enter “99” if state is unknown.

c) Enter the correct and current state abbreviation of the person or entity listed in Section 128-LAST NAME, if known (See Appendix B).

i) Use abbreviations in Appendix B for Canadian provinces and Mexican states.
ii) Enter “CN” if Canadian province is unknown.
iii) Enter “MX” if Mexican state is unknown.

d) Enter “98” for countries other than U.S., Canada and Mexico and explain in the Section 221-REMARKS.

137) ZIP CODE:



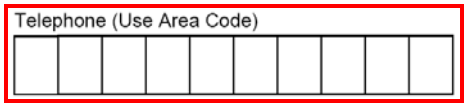
a) Leave this data section blank if

i) Section 128-LAST NAME is blank or
ii) The “Same as Driver” element is indicated in Section 134-ADDRESS or
iii) Address is not in the U.S. or
iv) Zip code is unknown.

b) Enter the five digit ZIP code for a U.S. address, if known.

i) A list of Oklahoma zip codes is provided in Appendix J.

138) TELEPHONE NUMBER:



a) Leave this data section blank if

   i) Section 128-LAST NAME is blank or
   ii) The person or entity listed in Section 128-LAST NAME does not have a phone number or
   iii) The person or entity listed in Section 128-LAST NAME resides outside the U.S.

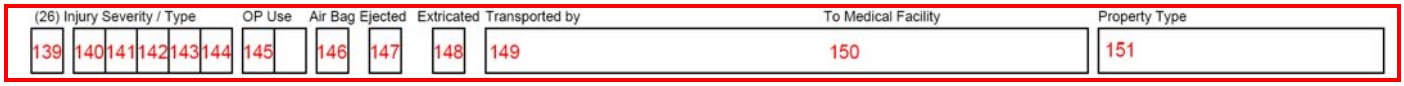
b) Enter "9" in the far left of the data section if telephone number is unknown.

c) Enter the telephone number of the person listed in Section 128-LAST NAME including the area code.

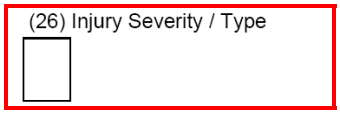
   i) A list of area code prefixes for Oklahoma cities is provided in Appendix K.
   ii) Do not enter spaces, hyphens or any other separators.

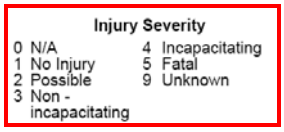
d) Enter the telephone number of the railroad company employing the conductor or other railroad employee if the person listed Section 128-LAST NAME is working on the train.

Article XXI. Page #2, Line 26



139) INJURY SEVERITY:





a) Leave this data section blank if

   i) Section 124-WITNESS indicates "Witness" or
   ii) Section 126-PROPERTY OWNER indicates "Prop. Owner" or
   iii) Section 128-LAST NAME is blank.

b) Enter "0" if Section 39-UNIT of the unit listed in Section 122-UNIT is a non-contact unit ("0A", "0B", etc.).

c) Enter "9" if unknown.

d) Enter the injury severity level for the person listed in Section 128-LAST NAME.

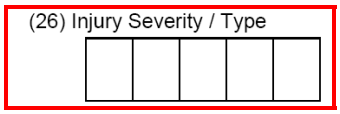
   i) Enter "1" if the person has no injuries.
   ii) Enter "2", "3" or "4" if the person is injured.

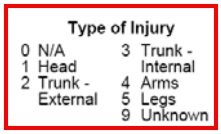
   - "2" -- Possible Injury - An injury reported or claimed which is not a fatal injury, incapacitating injury or non-incapacitating evident injury.
   - "3" -- Non-incapacitating Injury - Evident Injury - Any injury, other than a fatal injury or an incapacitating injury, which is evident to observers at the scene of the accident in which the injury occurred.

- "4" -- Incapacitating Injury - Any injury, other than a fatal injury, which prevents the injured person from walking, driving or normally continuing the activities the person was capable of performing before the injury occurred.

iii) Enter "5" if the person is fatally injured (death occurs within 30 days of the date of the collision).

140) TYPE OF INJURY:
141) TYPE OF INJURY:
142) TYPE OF INJURY:
143) TYPE OF INJURY:
144) TYPE OF INJURY:





a) Leave this data section blank if

i) Section 124-WITNESS indicates "Witness" or
ii) Section 126-PROPERTY OWNER indicates "Prop. Owner" or
iii) Section 128-LAST NAME is blank.

b) Enter "0" in the far left of the data section, if Section 139-INJURY SEVERITY is "0" or "1".

c) Enter "9" in the far left of the data section, if type of injury is unknown.

d) Enter up to five types of injury, if Section 139-INJURY SEVERITY is "2", "3", "4", or "5".

- "1" -- Head -Any injury, visible or not, to that part of the body above the shoulders. This includes the neck."
- "2" -- Trunk-External - Any injury to the trunk that is a visible open wound. This would include cuts, bruises and abrasions.
- "3" --Trunk-Internal - Any injury to that part of the body exclusive of the head, arms and legs that is not a visible external injury. This would include crushed chest, painful breathing, abnormal swelling, etc.
- "4" – Arms - Any injury to the arms.
- "5" – Legs - Any injury to the legs.

145) OCCUPANT PROTECTION SYSTEM USE:

OP Use

Occupant Protection (OP) In Use		
00 Not Applicable	05 Child Restraint Type Unknown	10 Booster Seat
01 None Used	06 Restraint Type Unknown	11 Other
02 Lap Belt Only	07 Helmet	99 Unknown
03 Shoulder Belt Only	08 Child Restraint - Forward Facing	
04 Shoulder and Lap Belt	09 Child Restraint - Rear Facing	

a) Leave this data section blank if

i) Section 124-WITNESS indicates “Witness” or
ii) Section 126-PROPERTY OWNER indicates “Prop. Owner” or
iii) Section 128-LAST NAME is blank.

b) Enter “00” if

i) Section 41-UNIT TYPE of the unit listed in Section 122-UNIT is “X”, “B”, “Z” or “T” or
ii) Section 41-UNIT TYPE of the unit listed in Section 122-UNIT is “D” or “C” and an occupant protection system was not originally required or manufactured for the unit.

c) Enter “99” if occupant protection system use is unknown.

d) Enter the appropriate option to describe the occupant protection system in use by person listed in Section 128-LAST NAME and occupant protection system use is known.

146) AIR BAG:

Air Bag

Air Bag Deployed		
0 Not Applicable	4 Deployed - Other (knee, air belt, etc.)	
1 Not Deployed		
2 Deployed - Front	5 Deployed - Combination	
3 Deployed - Side	9 Deployment Unknown	

a) Leave this data section blank if

i) Section 124-WITNESS indicates “Witness” or
ii) Section 126-PROPERTY OWNER indicates “Prop. Owner” or
iii) Section 128-LAST NAME is blank.

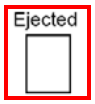
b) Enter “0” if the:

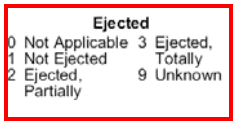
i) Section 39-UNIT of the unit listed in Section 122-UNIT is a non-contact unit (“0A”, “0B”, etc.) or
ii) Section 89-VEHICLE CONFIGURATION of the unit indicated in Section 122-UNIT is “15”, “16” or “19”.
iii) The Vehicle is not equipped with air bags relative to the position of the person listed in Section 128-LAST NAME.

c) Enter “9” if air bag deployment is unknown.

d) Enter the appropriate option to describe the air bag deployment relative to the position of the person listed in Section 128-LAST NAME and air bag deployment is known.

147) EJECTED:





a) Leave this data section blank if

i) Section 124-WITNESS indicates “Witness” or
ii) Section 126-PROPERTY OWNER indicates “Prop. Owner” or
iii) Section 128-LAST NAME is blank

b) Enter “0” if

i) Section 39-UNIT of the unit listed in Section 122-UNIT is a non-contact unit (“0A”, “0B”, etc.) or
ii) Section 41-UNIT TYPE of the unit indicated in Section 122-UNIT is “X”, “B”, “Z” or “T” or
iii) Section 89-VEHICLE CONFIGURATION of the unit indicated in Section 122-UNIT is “15”, “16” or “19”.

c) Enter “9” if ejection is unknown.

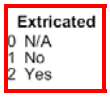
d) Enter “1”, “2”, or “3” to describe the ejection of the person listed in Section 128-LAST NAME if

i) Section 41-UNIT TYPE of the unit indicated in Section 122-UNIT is “D” or “C” and
ii) Section 89-VEHICLE CONFIGURATION of the unit indicated in Section 122-UNIT is not “15”, “16” and “19” and
iii) Ejection is known.

e) Partial ejection occurs when all movement stops and the person is partially outside the vehicle.

f) Enter the appropriate option if the occupant is in the cargo bed of a pickup.

148) EXTRICATED:



a) Leave this data section blank if

i) Section 124-WITNESS indicates “Witness” or
ii) Section 126-PROPERTY OWNER indicates “Prop. Owner” or
iii) Section 128-LAST NAME is blank.

b) Enter “0” if

i) Section 39-UNIT of the unit listed in Section 122-UNIT is a non-contact unit (“0A”, “0B”, etc.) or
ii) Section 41-UNIT TYPE of the unit indicated in Section 122-UNIT is “X”, “B”, “Z” or “T” or
iii) Section 89-VEHICLE CONFIGURATION of the unit indicated in Section 122-UNIT is “15”, “16” or “19”.

c) Enter the appropriate option “1” or “2” to indicate the extrication of the person listed in Section 128-LAST NAME if

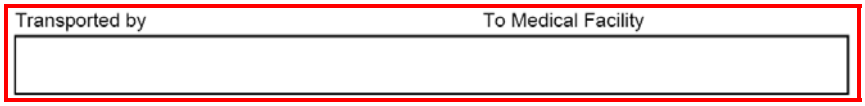
i) Section 41-UNIT TYPE of the unit indicated in Section 122-UNIT is “D” or “C” and

ii) Section 89-VEHICLE CONFIGURATION of the unit indicated in Section 122-UNIT is not “15”, “16” and “19” and
iii) Extrication is known.

d) Extrication is the removal of an occupant who is physically pinned in the vehicle by damaged vehicle components as a result of a collision, and is freed or removed from the vehicle.

e) Extrication refers to the use of equipment or other force to remove an occupant from the vehicle, more than just lifting or carrying an occupant from wreckage.

149) TRANSPORTED BY:



a) Leave this data section blank if Section 139-INJURY SEVERITY is blank, “0”, “1” or “9”.

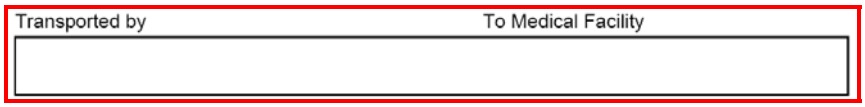
b) Enter “REFUSED” if Section 139-INJURY SEVERITY is “2”, “3” or “4” and transportation to a medical facility was refused.

c) Enter “POV” if Section 139-INJURY SEVERITY is “2”, “3” or “4” and transportation is provided by privately owned vehicle to a medical facility.

d) Enter the type and identity of unit providing transportation to a medical facility if Section 139-INJURY SEVERITY is “2”, “3” or “4”. Abbreviations are allowed.

e) Enter the transporting entity if Section 139-INJURY SEVERITY is “5”. Abbreviations are allowed.

150) TO MEDICAL FACILITY:

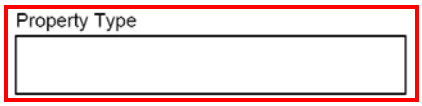


a) Leave this data section blank if Section 149-TRANSPORTED BY is blank or “REFUSED”.

b) Enter the name of the medical facility to which the injured person was transported. Abbreviations are allowed.

c) Enter the name of the facility to which the deceased was transported. Abbreviations are allowed.

151) PROPERTY TYPE:



a) Leave this data section blank if

i) Section 124-WITNESS indicates “Witness” or
ii) Section 125-PASSENGER indicates “Passenger” or
iii) Section 128-LAST NAME is blank.

b) Enter the name of the property damaged (other than a unit), i.e., house, building, bridge or other fixed object.

c) Enter the complete description of the property damaged in Section 221-REMARKS, if needed.

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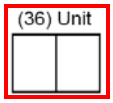
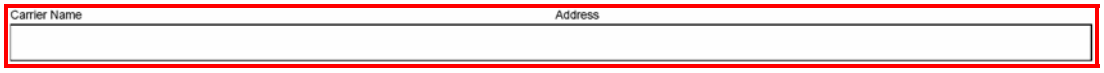
152) UNIT:



a) Leave this data section blank if Section 43-COMMERCIAL MOTOR VEHICLE does not indicate “CMV”.

b) Enter the unit number listed in Section 39-UNIT if Section 43-COMMERCIAL MOTOR VEHICLE indicates “CMV”.

153) CARRIER NAME:



a) Leave this data section blank if Section 152-UNIT is blank.

b) Enter “UNKNOWN” in this data section if the carrier name of unit listed in Section 152-UNIT is unknown

   i) This may be “UNKNOWN” if the unit listed in Section 152-UNIT is a unit that did not remain at the scene and information is unknown.

c) Enter the motor carrier name of the unit listed in Section 152-UNIT.

   i) A motor carrier is defined as “the business entity, individual, partnership, corporation, or religious organization responsible for the transportation of goods, property or people.” The identity of the carrier is often not the same as the owner of the truck. Carrier names are sometimes displayed on the side of the truck, but this information may or may not be correct. Officers should ask the driver the name of the carrier under whose authority the load is being transported.

      (1) Example: Driver John Smith owns the tractor that he is driving. Driver Smith has leased his truck to GoFast Trucking and is pulling a GoFast Trucking trailer, or one that he may have leased to GoFast Trucking as well, delivering goods for-hire. The tractor registration shows John Smith as the owner. The marking displayed on the side shows GoFast Trucking and their U.S. DOT Numbers.

         (a) A check of the logbook and load manifest indicates GoFast Trucking as the carrier. The Single State Registration shows GoFast Trucking. In such an instance, GoFast Trucking would be the carrier and should be shown as such on the crash report.

   ii) Review the following “How to find the correct U.S. DOT number and Carrier Name” document.

d) The name and address must be the same as in the SAFER web site: http://www.safersys.org/.

HOW TO FIND THE CORRECT U.S. DOT # AND CARRIER NAME

SIDE OF THE VEHICLE

This is good in 90% of the cases for name and number. Look for a # proceeded by the letters USDOT

…BUT…

DON'T STOP!

Keep on moving – the information on the side of the truck may not be the U.S. DOT #, name or address of the responsible motor carrier.

DRIVER INTERVIEW

1. Is the truck leased or rented?
2. Who is the motor carrier responsible for this load?
3. Who is directing & controlling the movement of this vehicle?
4. Where is the motor carrier's principle place of business?

BILLS OF LADING / SHIPPING PAPERS

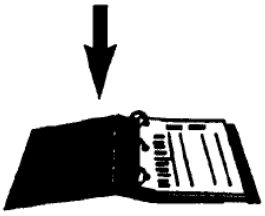
Provide the name of the motor carrier responsible for the load.

DRIVER'S LOG

Contains the name of the motor carrier, city, and state for the principal place of business.

LEASE AGREEMENT

Identifies the name of the lessee.



Vehicle Registration

Generally good for identifying the owner or registrant.

CAREFUL – This may not be the responsible carrier.

YOU CAN MAKE A DIFFERENCE!

All roadside inspection and accident reports are uploaded to SAFETYNET which monitors motor carrier Out-of-Service and crash rates.

By properly identifying the motor carrier on this report YOU will provide the important data needed to identify high risk motor carriers!

IMPORTANT

The more items that "match" or agree, the better chance of properly identifying the motor carrier!!

HOW TO FIND THE CORRECT U.S. DOT # AND CARRIER NAME
(Carrier Identification Reference Card)

This sheet has been designed as a quick reference to aid any Inspector or state officer in correctly identifying the motor carrier and/or U.S. DOT number for purposes of reporting accidents or inspections.

It was create so that when a commercial motor vehicle inspection report and/or accident report is filled out, the correct motor carrier will receive credit (good or bad) for the inspection and/or accident. The Federal Motor Carrier Safety Administration and States use the inspection and/or accident reports in determining safety fitness ratings of motor carriers and targeting unsafe motor carriers for in-depth investigations. To avoid improperly identifying the name and address of a motor carrier, you should rely on **more than a single document or item when identifying the motor carrier.** You should review as many of the following items as possible to determine the name and address of the motor carrier.

- ***SIDE OF THE VEHICLE*** – The correct name, address and US DOT# of the motor carrier may or may not be marked on the side of the vehicle. If the marking on the side of the vehicle matches the name on the other items, you've probably identified the correct motor carrier.

- ***DRIVER INTERVIEW*** – Ask questions such as:
  - Is the vehicle leased or rented?
  - Who is the motor carrier that is responsible for this load?
  - Who is directing and controlling the movement of this vehicle?
  - Where is the motor carrier's principal place of business? (generally the corporate headquarters)

- ***LEASE AGREEMENT*** – This document is excellent for identifying the name of the lessee.

- ***DRIVER'S LOG*** – When logs are required, they will contain the name of the motor carrier and the city and state where the motor carrier's principal place of business is located.

- ***BILLS OF LADING/SHIPPING PAPERS*** – Generally this document will provide you with the name of the motor carrier who is responsible for the load. The bills of lading/shipping papers are the written transportation contract between the shipper and the carrier. They identify the freight, who is to receive it, and the place of delivery and give the terms of the agreement.

- ***VEHICLE REGISTRATION*** – These documents are good for identifying the owner and/or registrant who may or may not be the responsible motor carrier. Even when the registration identifies the responsible motor carrier, it may or may not show the address of the motor carrier's principal place of business because carriers with terminals in multiple states generally register their vehicles in the state of domicile. Therefore, the address may be a terminal address.

YOU CAN MAKE A DIFFERENCE!

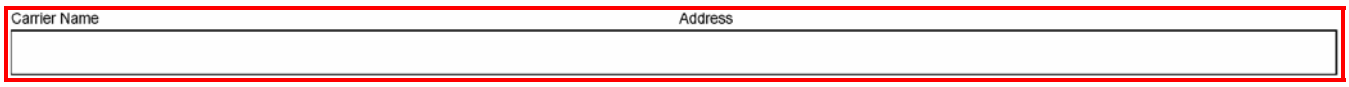
All roadside inspection and accident reports are uploaded to SAFETYNET which monitors motor carriers' Out-of-Service and Accident rates. By properly identifying the motor carrier on this report, YOU will provide the important data needed to assist in the identification of high risk motor carriers.

IF YOU HAVE QUESTIONS OR NEED FURTHER ASSISTANCE PLEASE CONTACT:

Federal Motor Carrier Safety Administration
300 N Meridian
Suite 106-S
Oklahoma City, Ok 73107
(405) 605-6047

Commerical Vehicle Enforcement Division
Troop S
220 NE 38th Terrace
Oklahoma City, OK 73105
(405) 521 6060

154) ADDRESS:



a) Leave this data section blank if Section 152-UNIT is blank.

b) Enter "UNKNOWN" if

i) the address of the carrier listed in Section 153-CARRIER NAME is unknown or
ii) Section 153-CARRIER NAME is "UNKNOWN".

c) Enter the current physical address of the carrier's headquarters of the carrier listed in Section 153-CARRIER NAME.

i) Do not use a local or regional office. Do not use a P.O. Box.
ii) A good source of obtaining carrier addresses is http://www.safersys.org.

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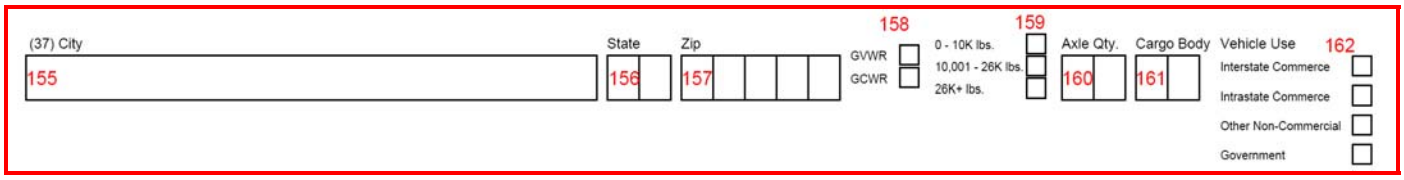
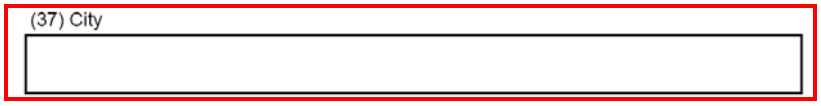


155) CITY:

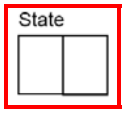


a) Leave this data section blank if

i) Section 152-UNIT is blank or
ii) Section 153-CARRIER NAME is "UNKNOWN" or
iii) City is unknown.

b) Enter the city name of the carrier listed in Section 153-CARRIER NAME. Abbreviations are not allowed.

156) STATE:



a) Leave this data section blank if Section 152-UNIT is blank.

b) Enter "99" if

i) Section 153-CARRIER NAME is "UNKNOWN" or
ii) State is unknown.

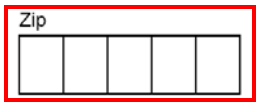
c) Enter the state abbreviation of the carrier listed in Section 153-CARRIER NAME, if known (See Appendix B).

i) Use abbreviations in Appendix B for Canadian provinces and Mexican states.
ii) Enter "CN" if Canadian province is unknown.

iii) Enter “MX” if Mexican state is unknown.

d) Enter “98” for countries other than the U.S., Canada and Mexico and explain in the remarks.

157) ZIP:



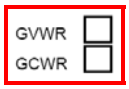
a) Leave this data section blank if

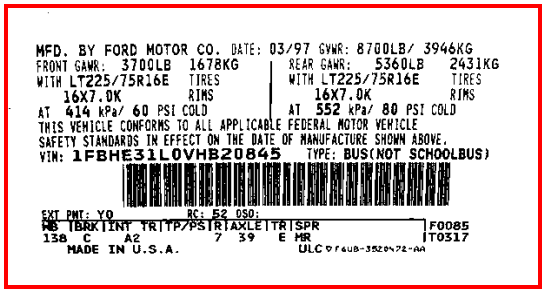
i) Section 152-UNIT is blank or
ii) Section 153-CARRIER NAME is “UNKNOWN” or
iii) Address is not in the U.S. or
iv) Zip Code is unknown.

b) Enter the five digit ZIP code for a U.S. address, if known.

i) A list of Oklahoma ZIP codes is provided in Appendix J.

158) GVWR/GCWR:





a) Leave this data section blank if Section 152-UNIT is blank.

b) Indicate “GVWR” of the unit listed in Section 152-UNIT if the unit is a single vehicle.

- **GVWR** - Gross Vehicle Weight Rating - The GVWR is the rating issued by the vehicle manufacturer and is the combination of the vehicles actual weight and the maximum recommended cargo weight.

  The GVWR of a vehicle can be located on most single unit or powered vehicles on a manufacturer’s plates or on the Nader sticker.

  The vehicle registration certificate **IS NOT** an appropriate source of the GVWR. The weight recorded on the registration certificate is the legal registered combined weight of the vehicle.

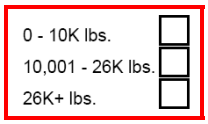
c) Indicate “GCWR” of the unit listed in Section 152-UNIT if the unit is a combination of vehicles.

- **GCWR** – Gross Combination Weight Rating - The GCWR is the combination of GVWRs from two or more vehicles which include the tow vehicle and the vehicles being towed.

  In the absence of a GCWR specified by the shipper, GCWR should be determined by adding the GVWR of the power (towing) unit and the total weight of the towed unit(s) and any load thereon.

d) Generally, a single (straight) truck has a GVWR; any combination of trucks and trailers has a GCWR, the manufacturer's Gross Vehicle Weight Rating for the trailer or trailers combined.

159) WEIGHT:



a) Leave this data section blank if Section 152-UNIT is blank.

b) Indicate "0-10K lbs." if the unit listed in Section 152-UNIT has a "GVWR" or "GCWR" of less than 10,001 lbs.

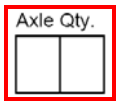
c) Indicate "10,001-26K lbs." if the unit listed in Section 152-UNIT has a "GVWR" or "GCWR" of greater than 10,000 lbs. and less than 26,001 lbs.

d) Indicate "26K+ lbs." if the unit listed in Section 152-UNIT has a "GVWR" or "GCWR" of greater than 26,000 lbs.

e) Guideline: Single axle utility trailers are normally rated for 3,250 pounds and above. In the event that the single axle unit is a homemade or shop made trailer without markings, the investigator shall use 3,250 pounds for the weight of the trailer being towed.

f) Guideline: Double-axle utility trailers are normally rated for 7,500 pounds and above. In the event that the double axle unit is a homemade or shop made trailer without markings, the investigator shall use 7,500 pounds for the weight of the trailer being towed.

160) AXLE QUANTITY:

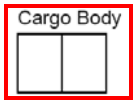


a) Leave the data section blank if

i) Section 152-UNIT is blank or
ii) The axle quantity of the unit listed in Section 152-UNIT is unknown.

b) Enter the number of load-bearing axles on the unit listed in Section 152-UNIT, including axles not in contact with the ground.

161) CARGO BODY:



a) Leave this data section blank if Section 152-UNIT is blank.

b) Enter "00" if the unit listed in Section 152-UNIT does not have a cargo body type, i.e. bobtail.

c) Enter "99" if the cargo body type of the unit listed in Section 152-UNIT is unknown.

d) Enter the appropriate number to describe the cargo body of the unit listed in Section 152-UNIT. See Table 161-1.

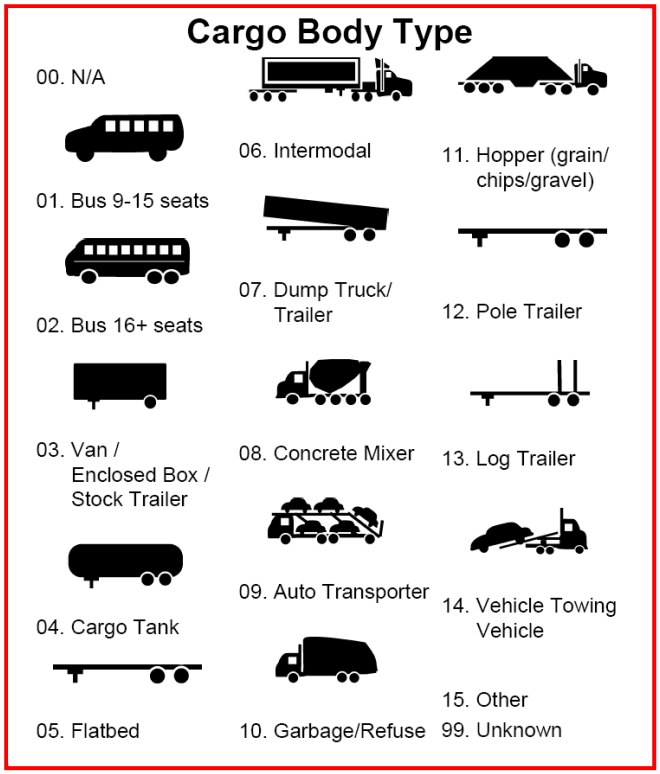
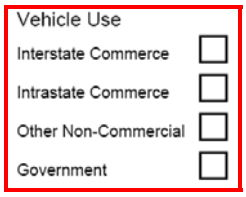


Table 161-1

162) VEHICLE USE:



a) Leave this data section blank if Section 152-UNIT is blank.

b) Indicate “VEHICLE USE” of the unit listed in Section 152-UNIT at the time of the collision. This may differ from carrier’s registered use (See Appendix D).

i) Indicate “Interstate Commerce” if the unit listed in Section 152-UNIT is involved in interstate commerce. Interstate commerce means trade, traffic or transportation in the United States:

(1) Between a place in a State and a place outside of such State (including a place outside of the United States);
(2) Between two places in a State through another State or a place outside of the United States; or
(3) Between two places in a State as part of trade, traffic, or transportation originating or terminating outside the State or the United States.
(4) Note: Required to have a USDOT number.

ii) Indicate “Intrastate Commerce” if the unit listed in Section 152-UNIT is involved in intrastate commerce. Intrastate commerce means any trade, traffic or transportation in any state which is not described in the term “interstate commerce”.

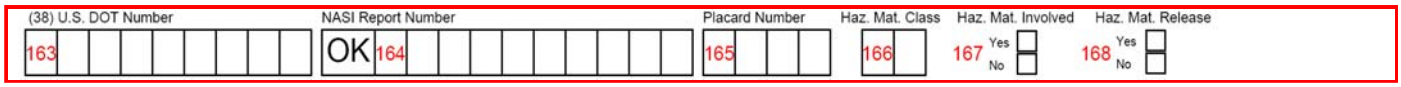
(1) Used for a carrier that is operating solely within the state
(2) May or may not have a USDOT number.

c) Indicate “Other Non-commercial” if the unit listed in Section 152-UNIT is a personal use vehicle over 10,000 lbs. GVWR/GCWR operated by a private individual.

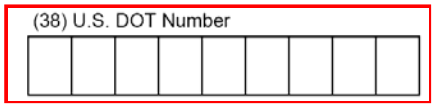
(1) Rental vehicles (U-Haul, Penske, etc.)
(2) Church vans, etc.

d) Indicate “Government” if the unit listed in Section 152-UNIT is a government vehicle whether operated by local, state or federal government. In most circumstances, it will not have a USDOT number.

Article XXIV.Page #2, Line 38



163) U.S. DOT NUMBER:



a) Leave this data section blank if

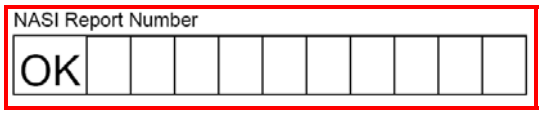
i) Section 152-UNIT is blank or
ii) Section 153-CARRIER NAME is “UNKNOWN”.

b) Enter “0” in the far left of the data section if the unit listed in Section 152-UNIT does not have a U.S. DOT Number.

c) Enter the U.S. DOT Number of the carrier listed in Section 153-CARRIER NAME.

i) The U.S. DOT Number is assigned by the United States Department of Transportation.
ii) The U.S. DOT Number is required to be displayed on vehicles operated by intrastate and interstate carriers.
iii) Do not enter spaces, hyphens or any other separators.

164) NASI REPORT NUMBER:

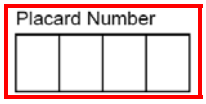


a) Leave this data section blank if Section 152-UNIT is blank or no NASI (North American Standard Inspection) is performed.

b) Enter the NASI report number if an NASI is performed.

i) The NASI report number is provided by a certified NASI inspector after a post-collision inspection. The NASI report number is assigned to a Level I, II, III or V report.

165) PLACARD NUMBER:



a) Leave this data section blank if

   i) Section 152-UNIT is blank or
   ii) The unit is not required to display a placard.

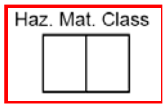
b) Enter “9” in the far left of the data section if the required placard number is unknown.

c) Enter the placard number of the unit listed in Section 152-UNIT, if one is required to be displayed.

   i) The placard number is the four digit number assigned by the U.S. DOT to identify chemicals and groups of chemicals for transportation. The placard number should be displayed on or near (on an orange panel) the Hazardous Material placard on bulk containers.
   ii) Freight containers, box trailers, etc. that have bulk containers inside will not have the placard number on the bulk container itself. The placard number should also be on the shipping papers.
   iii) If multiple placarded amounts of a hazardous material are transported on a single vehicle, FMCSA recommends that the placard number of the largest quantity be recorded on the collision report. However, if there is a release of hazardous materials, the placard number of that material should be recorded.

d) List additional placard numbers in the Section 221-REMARKS.

166) HAZARDOUS MATERIAL CLASS:



a) Leave this data section blank if Section 165-PLACARD NUMBER is blank.

b) Enter “99” if the Hazmat Class of the placard number in Section 165-PLACARD NUMBER is unknown.

c) Enter the Hazardous Material Classification number of the placard number listed in Section 165-PLACARD NUMBER.

   i) The Hazmat Class number can be located on the bottom of the Hazardous Material Placard and on the shipping papers.
   ii) Enter the Hazmat Class number of the largest quantity of Hazardous Material. However, if there is a release of hazardous materials, the Hazmat Class number of the material released should be recorded.
   iii) List additional Hazmat Classes in the Section 221-REMARKS.

HAZMAT Classes	
01	Explosives
02	Gases
03	Flammable liquids (includes combustible liquids)
04	Flammable solids; spontaneously combustible materials and dangerous when wet materials
05	Oxidizers and organic peroxides
06	Toxic materials and infectious substances
07	Radioactive materials
08	Corrosive materials
09	Miscellaneous dangerous goods
99	Unknown
Table 166-1	

Figure 166-1

167) HAZARDOUS MATERIALS INVOLVED:

Haz. Mat. Involved
Yes ☐
No ☐

a) Leave this data section blank if Section 152-UNIT is blank.

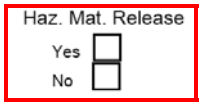
b) Indicate "Yes" if the unit is transporting hazardous materials or it is required to have a placard number.

i) Even though a tank may be empty and it has not been purged and cleaned, it is still counted as having a load.

ii) This should only be for the product transported, not items in use (fuel, etc.).

c) Indicate “No” if the unit is not transporting hazardous materials.

168) HAZARDOUS MATERIALS RELEASE:



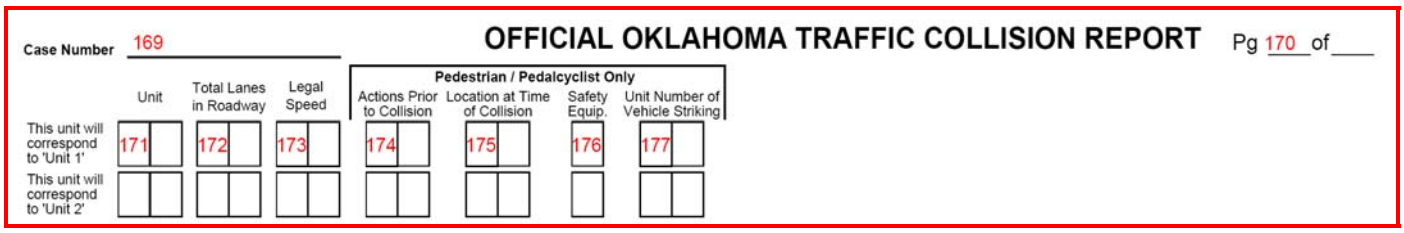
a) Leave this data section blank if Section 152-UNIT is blank.

b) Indicate “Yes” if hazardous materials were released (spilled, exhausted from tank, etc.) as a result of the collision from the unit listed in Section 152-UNIT.

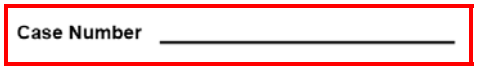
i) This should only be for the product transported, not items in use (fuel, etc.).

c) Indicate “No” if hazardous materials were not released from the unit listed in Section 152-UNIT.

Article XXV. Page #3, Top Section



169) CASE NUMBER:

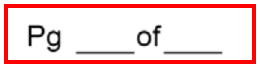


a) This data section shall not be left blank.

b) Enter the case number exactly as it appears in Section 10-CASE NUMBER.

c) This data section is auto-populated by TraCS and CRS.

170) PG ___ OF ___:



a) This data section shall not be left blank.

b) List each page in relation to the total number of pages of the COMPLETE report. Every collision report shall be a minimum of four (4) pages. Each side of a single sheet counts as one page.

i) There shall be a minimum of four (4) pages for every two units involved in the collision.
ii) For printed reports, duplex format (printing on both sides of each sheet) is preferred.

c) The collision report shall be sequenced as follows:

i) Pages for units involved in the collision (Example: Unit 1 & Unit 2 information shall consist of pages 1 through 4, Unit 3 information shall consist of page 5 through 8, etc.)

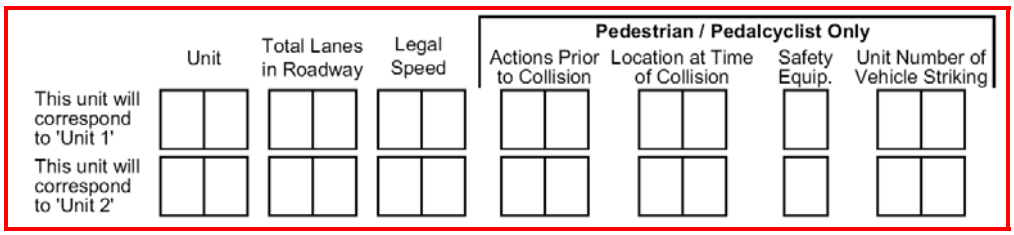
ii) Persons Supplemental after all the unit pages
iii) Diagram Supplemental
iv) Additional Narrative
v) Statement of Witness

d) "Statement of Witness" forms shall be numbered in sequence, only if submitted to the Department of Public Safety.

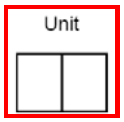
e) This data section is auto-populated by TraCS and CRS.

f) TraCS and CRS collision reports shall not include witness statements when submitted to the Department of Public Safety. Describe in Section 221-REMARKS where witness statements were stored if they were completed.

Article XXVI.Page #3, Unit Section



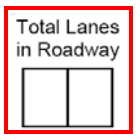
171) UNIT:



a) This data section shall not be left blank.

b) Enter the unit number listed in Section 39-UNIT of the unit being described.

172) TOTAL LANES IN ROADWAY:



a) This data section shall not be left blank.

b) Enter "00" if

i) The unit listed in Section 171-UNIT was not traveling on a roadway before impact or
ii) Section 41-UNIT TYPE of the unit listed in Section 171-UNIT is "C" or "T".

- EXAMPLES:

  - A vehicle runs off a two lane highway striking a tree. In this example the correct entry is "02".
  - A collision occurs on private property. In this example the correct entry is "00".
  - A vehicle (U1) runs off a two lane highway striking a vehicle (U2) parked off roadway. In this example, the correct entry for (U1) is "02" and the correct entry for (U2) is "00".

c) Enter the total number of lanes in the roadway on which the unit listed in Section 171-UNIT was traveling before impact.

i) For undivided highways/trafficways – total the "thru" lanes in both directions. Do not count designated turn lanes (left/right-turn only) or continuous turn lanes (center left-turn-only lane).

ii) For divided highways/trafficways – total number of "thru" lanes for the roadway on which the unit was traveling. Do not include on-ramps, off-ramps or acceleration/deceleration lanes in the total number of lanes.

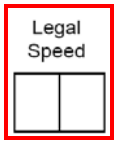
iii) For off ramps -- count the total number of lanes on which the unit was traveling. Do not count designated turn lanes (left/right-turn only) or continuous turn lanes (center left-turn-only lane).

d) For purposes of this data section, use the following definitions when considering whether the roadway/trafficway is divided or undivided and entering data for total number of lanes:

i) Roadway: That part of the trafficway designed, improved, and ordinarily used for motor vehicle travel… Separate roadways may be provided for northbound and southbound traffic (as well as eastbound and westbound). Bicycle paths and shoulders are not included…
ii) Median: An area of trafficway between parallel roads separating travel in opposite directions. A median should be four or more feet wide.
iii) Divided highway/trafficway: Roadway travel in the opposite directions that is physically separated by a median that is painted, raised, suppressed, etc. Excludes two-way continuous left turn lanes (center left-turn-only lane).

(1) If anything (paint, concrete, grass, etc, except center left-turn-only lane) that separates opposite lanes of traffic is four feet wide or larger, only count the number of "thru" lanes that go in the same direction of travel.
(2) If there is nothing that separates opposite lanes of traffic, or if the separation is less than four feet, then count the number of "thru" lanes in both directions.

173) LEGAL SPEED:



a) This data section shall not be left blank.

b) Enter "00" if

i) Section 41-UNIT TYPE of the unit listed in Section 171-UNIT is "P", "X", "A", "T" or
ii) The unit listed in Section 171-UNIT is on private property.

c) Enter "99" if the legal speed is unknown because the collision location cannot be determined for the vehicle listed in Section 171-UNIT. Explain in Section 221-REMARKS. (Example: The road that the vehicle came from cannot be determined, therefore, the speed limit cannot be determined.)

d) Enter the legal speed posted on the black on white speed limit signs if Section 41-UNIT TYPE of the unit listed in Section 171-UNIT is "D", "B", "Z" or "C", if known.

174) PEDESTRIAN/PEDALCYCLIST ACTIONS PRIOR TO COLLISION:

a) Leave this data section blank if Section 41-UNIT TYPE of the unit listed in Section 171-UNIT is “D”, “C”, “A” or “T”.

b) Enter “99” if

   i) Section 41-UNIT TYPE of the unit listed in Section 171-UNIT is “P”, “X”, “B” or “Z” and
   ii) The action prior to collision is unknown.

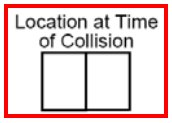
c) Enter the most applicable action from Table 174-1 if

   i) Section 41-UNIT TYPE of the unit listed in Section 171-UNIT is “P”, “X”, “B” or “Z” and
   ii) The action prior to collision is known.

d) Enter description of “Other” in Section 221-REMARKS.

Actions Prior to Collision	
01	Crossing at Intersection
02	Crossing Not at Intersection
03	Crossing at Other Crosswalk
04	Getting on Vehicle
05	Getting Off Vehicle
06	Walking or Riding with Traffic
07	Walking or Riding Against Traffic
08	Pushing on Vehicle
09	Playing or Working on Vehicle
10	Playing
11	Other Working
12	Entering or Crossing Specified Location
13	Entering or Crossing from Behind School Bus
14	Entering or Crossing from Behind Other Vehicle
15	Walking or Riding after Leaving or Returning to Disable Vehicle with Traffic
16	Walking or Riding after Leaving or Returning to Disable Vehicle against Traffic
17	Approaching or Leaving School Bus
18	Approaching or Leaving Other Vehicle
19	Standing
20	Lying, not in Roadway
22	Improper Crossing
23	Darting
24	In Roadway (Standing, on Knees, Lying, Etc.)
25	Failure to Yield Right-of Way
26	Not Visible (Dark Clothing)
27	Inattentive (Talking, Eating, Etc.)
28	Failure to Obey Traffic Signs, Signals, or Officer
29	Wrong Side of Road
30	Other
99	Unknown
Table 174-1	

175) PEDESTRIAN/PEDALCYCLIST LOCATION AT TIME OF COLLISION:



a) Leave this data section blank if Section 41-UNIT TYPE of the unit listed in Section 171-UNIT is “D”, “C”, “A” or “T”.

b) Enter “99” if

   i) Section 41-UNIT TYPE of the unit listed in Section 171-UNIT is “P”, “X”, “B” or “Z” and
   ii) The location at the time of the collision is unknown.

c) Enter the most applicable action from Table 175-1 if

   i) Section 41-UNIT TYPE of the unit listed in Section 171-UNIT is “P”, “X”, “B” or “Z” and
   ii) The location at the time of the collision is known.

d) Enter description of “Other” in Section 221-REMARKS.

Pedestrian/Pedalcyclist Location	
01	Marked crosswalk at Intersection
02	At intersection but no crosswalk
03	Non-intersection crosswalk
04	Driveway access crosswalk
05	In roadway (not in crosswalk or intersection)
06	Median (but not on shoulder)
07	Island
08	Shoulder
09	Sidewalk
10	Roadside
11	Outside trafficway
12	Dedicated bike lane
13	Shared-used path or trails
14	Inside building
15	Other
99	Unknown

Table 175-1

176) PEDESTRIAN/PEDALCYCLIST SAFETY EQUIPMENT:

a) Leave this data section blank if Section 41-UNIT TYPE of the unit listed in Section 171-UNIT is “D”, “C”, “A” or “T”.

b) Enter “9” if

   i) Section 41-UNIT TYPE of the unit listed in Section 171-UNIT is “P”, “X”, “B” or “Z” and
   ii) The safety equipment used is unknown.

c) Enter the most applicable action from Table 176-1 if

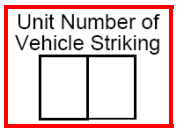
   i) Section 41-UNIT TYPE of the unit listed in Section 171-UNIT is “P”, “X”, “B” or “Z” and
   ii) The safety equipment used is known.

d) Enter the lowest number from the Table 176-1, if a combination of safety equipment is used.

e) Enter description of "Other" in Section 221-REMARKS.

Safety Equipment Types For Pedestrian/Pedalcyclist	
1	None
2	Helmet
3	Protective pads used (elbows, knees, shins, etc.)
4	Reflective clothing (jacket, backpack, etc.)
5	Lighting
6	Other
9	Unknown
Table 176-1	

177) UNIT NUMBER OF MOTOR VEHICLE STRIKING PEDESTRIAN/PEDALCYCLIST:



a) Leave this data section blank if Section 41-UNIT TYPE of the unit listed in Section 171-UNIT is "D", "C", "A" or "T".

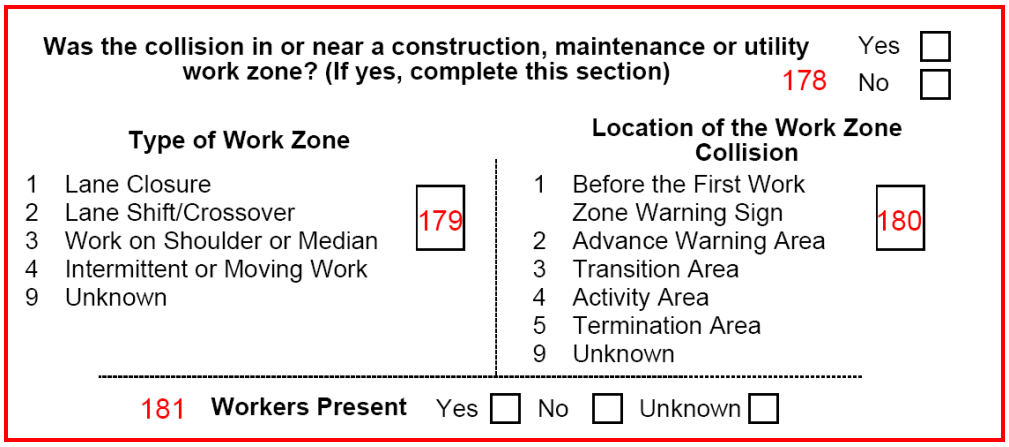
b) Enter "99" if

i) Section 41-UNIT TYPE of the unit listed in Section 171-UNIT is "P", "X", "B" or "Z" and
ii) The striking unit is unknown.

c) Enter the unit number from Section 39-UNIT of the unit which struck the pedestrian/pedalcyclist if

i) Section 41-UNIT TYPE of the unit listed in Section 171-UNIT is "P", "X", "B", or "Z" and
ii) The striking unit is known.

Article XXVII. Page #3, Work Zone Section



178) WAS COLLISION IN A WORK ZONE:

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

a) This data section shall not be left blank.

b) Indicate “Yes” if the collision occurred in or near a construction, maintenance or utility work zone.

i) Workers do not have to be present to mark “Yes”.
ii) Work zone related collisions may also include those involving motor vehicles slowing or stopped because of the work zone, even if the first harmful event was before the first warning sign.
iii) An extended definition of a Work Zone is in Appendix D.

c) Indicate “No” if the collision did not occur in or near a construction, maintenance or utility work zone.

179) TYPE OF WORK ZONE:

Type of Work Zone	
1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 9 Unknown	☐

a) Leave this data section blank if Section 178-WAS COLLISION IN A WORK ZONE indicates “No”.

b) Enter “9” if

i) Section 178-WAS COLLISION IN A WORK ZONE indicates “Yes” and
ii) The type of work zone is unknown.

c) Enter the appropriate type of work zone that most closely matches the collision location if

i) Section 178-WAS COLLISION IN A WORK ZONE indicates “Yes” and
ii) The type of work zone is known.

180) LOCATION OF THE WORK ZONE COLLISION:

Location of the Work Zone Collision	
1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area 9 Unknown	☐

a) Leave this data section blank if Section 178-WAS COLLISION IN A WORK ZONE indicates “No”.

b) Enter “9” if

i) Section 178-WAS COLLISION IN A WORK ZONE indicates “Yes” and
ii) The location of the work zone collision is unknown.

c) Enter the appropriate location of work zone collision that most closely matches the collision location if

i) Section 178-WAS COLLISION IN A WORK ZONE indicates “Yes” and
ii) The location of the collision is known.

181) WORKERS PRESENT:

a) Leave this data section blank if Section 178-WAS COLLISION IN A WORK ZONE indicates “No”.

b) Indicate “Unknown” if

i) Section 178-WAS COLLISION IN A WORK ZONE indicates “Yes” and
ii) The presence of workers is unknown.

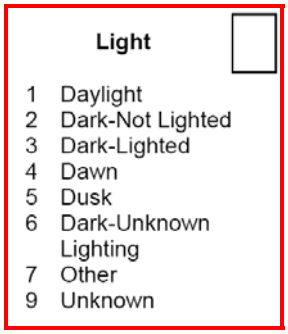
c) Indicate “Yes” if

i) Section 178-WAS COLLISION IN A WORK ZONE indicates “Yes” and
ii) The workers were present at the time of the collision.

d) Indicate “No” if

i) Section 178-WAS COLLISION IN A WORK ZONE indicates “Yes” and
ii) The workers were not present at the time of the collision.

182) LIGHT:



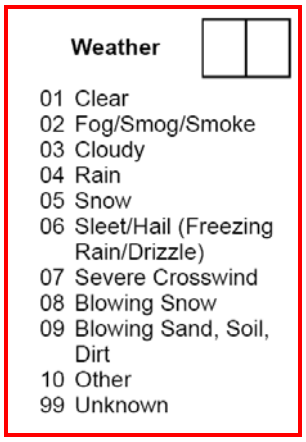
a) This data section shall not be left blank.

b) Enter “9” if the lighting condition at the time of the collision is unknown.

c) Enter the most applicable lighting condition at the time of the collision, if known.

d) Enter description of “Other” in Section 221-REMARKS.

183) WEATHER:



a) This data section shall not be left blank.

b) Enter "99" if the weather condition at the time of the collision is unknown.

c) Enter the most applicable weather condition at the time of the collision, if known.

d) Enter description of "Other" in Section 221-REMARKS.

184) LOCALITY:

a) This data section shall not be left blank.

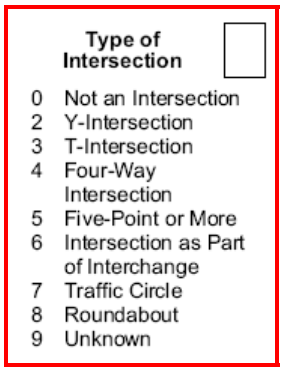
b) Enter "9" if the locality of the collision is unknown.

c) Enter the most applicable locality of the collision, if known.

i) Locality means the area within 500 feet of the collision.
ii) Mixed use is defined as the combination of two or more localities.

d) Enter description of "Other" in Section 221-REMARKS.

185) TYPE OF INTERSECTION:



a) This data section shall not be left blank.

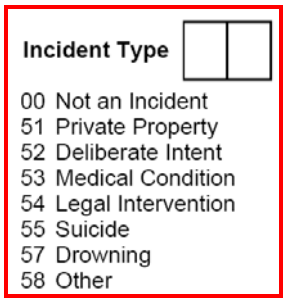
b) Enter "0" if the collision did not occur at an intersection.

c) Enter "9" if the type of intersection is unknown.

d) Enter the appropriate type of intersection ("2" through "8") if Section 34-AT indicates the collision occurred at an intersection. An intersection consists of two or more roadways that intersect at the same level.

- 2 – Y-Intersection - An intersection where three roadways connect and none of the roadways continue across the other roadways. The roadways form a "Y".
- 3 -- T-Intersection - An intersection where two roadways connect and one roadway does not continue across the other roadway. The roadways form a "T".
- 4 -- Four-Way Intersection - Where two roadways cross and continue across the other roadways.
- 5 -- Five-Point or More - An intersection where more than two roadways cross or connect.
- 6 -- Intersection as Part of Interchange - Where two roadways are connected by an interchange and includes area within 100 feet of the off and on ramps.
- 7 -- Traffic Circle - An intersection of roads where motor vehicles must travel around a circle to continue on the same road or leave on any intersecting road.
- 8 -- Roundabout - Circular traffic patterns in which yield control is used on all entries, circulating vehicles have the right-of-way, pedestrian access is allowed only across the legs of the roundabout behind the yield line and circulation is counter-clockwise and passes to the right of the central island.

186) INCIDENT TYPE:



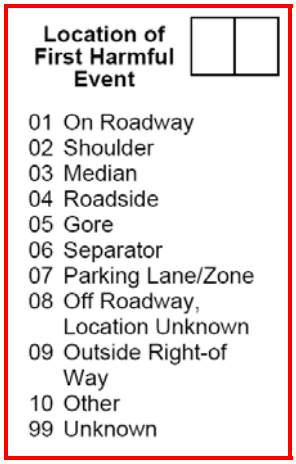
a) This data section shall not be left blank.

b) Enter "00" if Section 2-INCIDENT REPORT indicates "N".

c) Enter the appropriate incident type if Section 2-INCIDENT REPORT indicates "Y".

d) Enter description of “Other” in Section 221-REMARKS.

187) LOCATION OF FIRST HARMFUL EVENT:



a) This data section shall not be left blank.

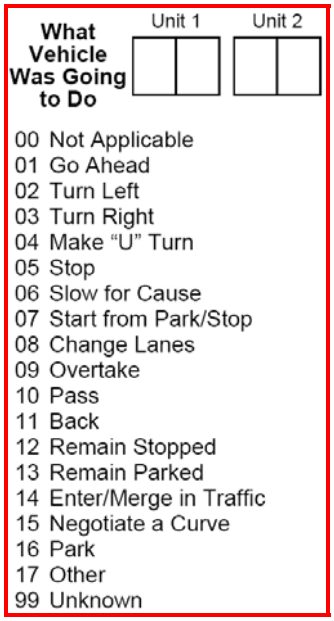
b) Enter “99” if the location of the first harmful event for the unit listed in Section 171-UNIT is unknown.

c) Enter the appropriate location of first harmful event for the unit listed in Section 171-UNIT, if known.

i) Enter “10” if this is an incident that occurs on private property.
ii) See Appendix D for definitions and diagrams of locations.

d) Enter description of “Other” in Section 221-REMARKS.

188) WHAT WAS VEHICLE GOING TO DO:



a) This data section shall not be left blank.

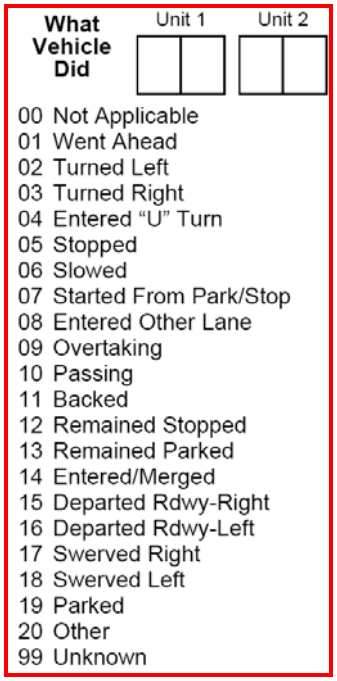
b) Enter “00” if Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “P”, “X”, “A” or “T”.

c) Enter “99” if Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D”, “B”, “Z” or “C” and what the vehicle was going to do is unknown.

d) Enter the number that best describes what the vehicle was going to do immediately prior to the collision if Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D”, “B”, “Z”, or “C” and what the vehicle was going to do is known.

e) Enter description of “Other” in Section 221-REMARKS.

189) WHAT VEHICLE DID:



a) This data section shall not be left blank.

b) Enter “00” if Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “P”, “X”, “A” or “T”.

c) Enter “99” if Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D”, “B”, “Z” or “C” and what the vehicle did is unknown.

d) Enter the number that best describes what the vehicle did at the time of the collision if Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D”, “B”, “Z”, or “C” and what the vehicle did at the time of the collision is known.

e) Enter description of “Other” in Section 221-REMARKS.

190) VISIBILITY OBSCURED BY:

Visibility Obscured by	Unit 1	Unit 2
00 Not Applicable		
01 Trees		
02 Embankment		
03 Building		
04 Signs		
05 Parked Vehicles		
06 High Weeds		
07 Fences		
08 Shrubbery		
09 Ice, Snow or Frost on Windows		
10 Smoke		
11 Fog		
12 Dust		
13 Rain		
14 Sun		
15 Other		
99 Unknown		

a) This data section shall not be left blank.

b) Enter “00” if

i) Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “A” or “C” or
ii) Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D”, “P”, “X”, “B”, “Z” or “T” and there was no visibility obstruction.

c) Enter “99” if Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D”, “P”, “X”, “B”, “Z” or ”T” and visibility obscured by is unknown.

d) Enter the number that best describes visibility obscured by if Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D”, “P”, “X”, “B”, “Z” or “T” and visibility obscured by is known.

e) Enter description of “Other” in Section 221-REMARKS.

191) DRIVER DISTRACTED BY:

Driver Distracted by	Unit 1	Unit 2
0 Not Applicable/None		
1 Electronic Communication Devices		
2 Other Electronic Device		
3 Other Inside Vehicle		
4 Other Outside Vehicle		
9 Unknown		

a) This data section shall not be left blank.

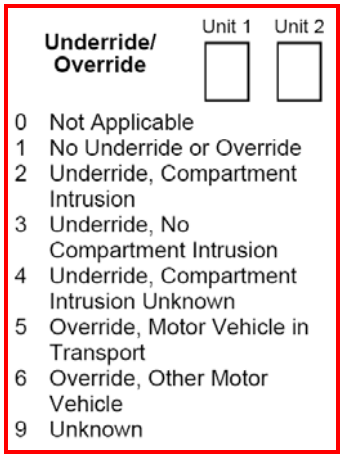
b) Enter “0” if

i) Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “P”, “X”, “B”, “Z”, “C”, “A” or “T” or
ii) Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D” and there was no driver distraction.

c) Enter “9” if Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D” and driver distraction is unknown.

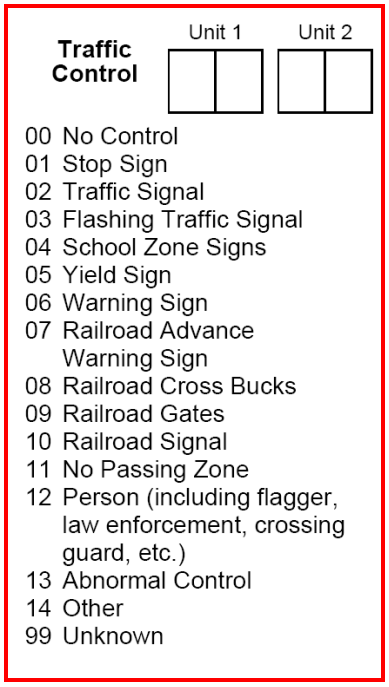
d) Enter the number that best describes driver distraction if Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D” and driver distraction is known.

192) UNDERRIDE/OVERRIDE:



- Leave this data section blank. It is no longer required.

193) TRAFFIC CONTROL:



a) This data section shall not be left blank.

b) Enter “00” if

i) Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “A” or “T” or
ii) Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D”, “P”, “X”, “B”, “Z” or “C” and there was no traffic control.

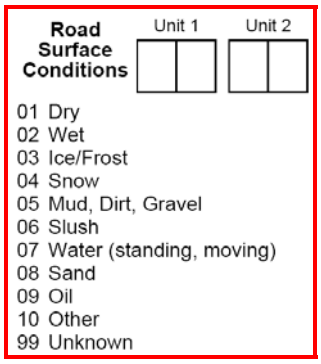
c) Enter “99” if Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D” “P”, “X”, “B”, “Z” or “C”, and traffic control is unknown.

d) Enter the number that best describes the traffic control if Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D”, “P”, “X”, “B”, “Z” or “C” and the traffic control is known.

i) Abnormal control - refers to a traffic control device that is present but not working properly (traffic light frozen in one position, stop sign knocked down or obscured by weeds).
ii) If a temporary traffic control has been established, then enter the temporary traffic control as the traffic control.

e) Enter description of “Other” in Section 221-REMARKS.

194) ROAD SURFACE CONDITIONS:



a) This data section shall not be left blank.

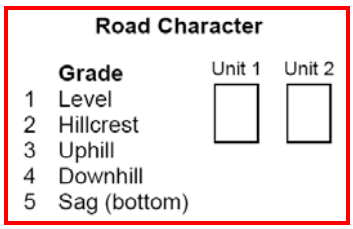
b) Enter “00” if Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “A” or “T”.

c) Enter “99” if Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D” “P”, “X”, “B”, “Z” or “C”, and road surface conditions before contact are unknown.

d) Enter the number that best describes road surface conditions before contact if Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D”, “P”, “X”, “B”, “Z” or “C” and the road surface conditions are known.

e) Enter description of “Other” in Section 221-REMARKS.

195) ROAD CHARACTER:



a) This data section shall not be left blank.

b) Enter “0” if

i) Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “A” or “T” or
ii) Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D”, “P”, “X”, “B”, “Z” or “C” and road character does not apply.

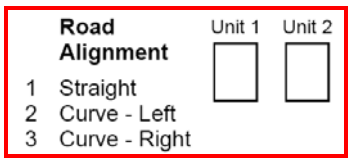
c) Enter “9” if Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D”, “P”, “X”, “B”, “Z” or “C” and road character before contact is unknown.

d) Enter the number that best describes the geometric layout or inclination characteristics of the roadway in the direction of travel of the unit before contact if

i) Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D”, “P”, “X”, “B”, “Z” or “C” and
ii) The road character is known.

e) A sag is the bottom of a hill.

196) ROAD ALIGNMENT:



a) This data section shall not be left blank.

b) Enter “0” if

i) Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “A” or “T” or
ii) Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D”, “P”, “X”, “B”, “Z” or “C” and road alignment does not apply.

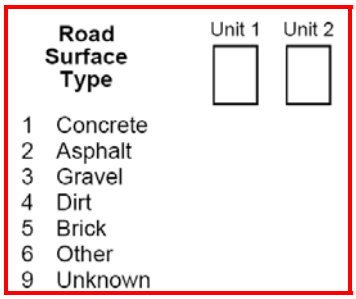
c) Enter “9” if Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D”, “P”, “X”, “B”, “Z” or “C” and road alignment before contact is unknown.

d) Enter the number that best describes the geometric layout or inclination characteristics of the roadway in the direction of travel of the unit before contact if

i) Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D”, “P”, “X”, “B”, “Z” or “C” and
ii) The road alignment is known.

e) Road alignment identifies the horizontal trend of the roadway.

197) ROAD SURFACE TYPE:



a) This data section shall not be left blank.

b) Enter “0” if Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “A” or “T”.

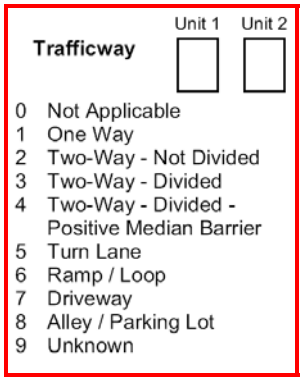
c) Enter “9” if Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D”, “P”, “X”, “B”, “Z” or “C” and road surface type before contact is unknown.

d) Enter the number that best describes the road surface type the unit was traveling upon before contact if

i) Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D”, “P”, “X”, “B”, “Z” or “C” and
ii) The road surface type is known.

e) Enter description of “Other” in Section 221-REMARKS.

198) TRAFFICWAY:



a) This data section shall not be left blank.

b) Enter “0” if

i) Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “A” or “T” or
ii) Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D”, “P”, “X”, “B”, ”Z” or “C” and the trafficway the unit was traveling upon before contact is not applicable.

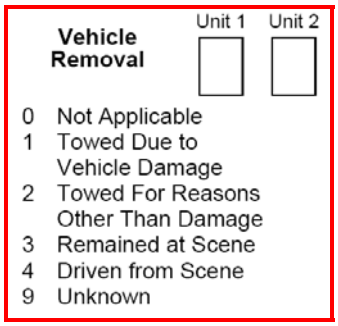
c) Enter “9” if Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D”, “P”, “X”, “B”, ”Z” or “C” and the trafficway the unit was traveling upon before contact is unknown.

d) Enter the number that best describes the trafficway the unit was traveling upon before contact, if Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D”, “P”, “X”, “B”, ”Z” or “C” and the trafficway is known.

i) A trafficway is any land way open to the public as a matter of right or custom for moving persons or property from one place to another (ANSI D16.1 Section 2.2.1, 2007 Edition).
ii) A Two-Way, Not Divided includes roadways with a continuous left turn lane that facilitates left turns by traffic from both directions.
iii) A Two-Way, Divided is usually divided by a median that is painted, raised, suppressed, etc. with no vertical physical barrier.
iv) A Two-Way, Divided with a Positive Median Barrier is a roadway with a vertical barrier, either temporary or permanent, between opposing lanes of traffic.

(1) A positive median barrier is a temporary or permanent vertical structure designed to prevent vehicles from entering the opposing traffic stream, either accidentally or intentionally.
(2) Positive median barriers may also be used to reduce the glare produced by oncoming vehicle headlights.

199) VEHICLE REMOVAL:



a) This data section shall not be left blank.

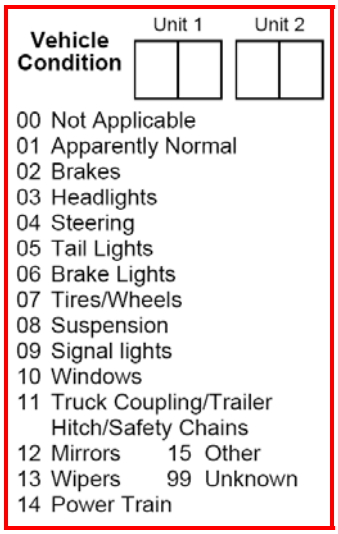
b) Enter “0” if Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “P”, “A” or “T”.

c) Enter “9” if Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D”, “X”, “B”, “Z” or “C” and vehicle removal is unknown.

d) Enter the number that best describes the vehicle removal if

   i) Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D”, “X”, “B”, “Z” or “C” and vehicle removal is known.
   ii) Enter "1", "3" or “9” if Section 90-EXTENT OF DAMAGE of the unit described in Section 171-UNIT is "4" (Disabling).

200) VEHICLE CONDITION:



a) This data section shall not be left blank.

b) Enter “00” if Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “P”, “A” or “T”.

c) Enter “99” if Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D”, “X”, “B”, “Z” or “C” and vehicle condition prior to impact is unknown.

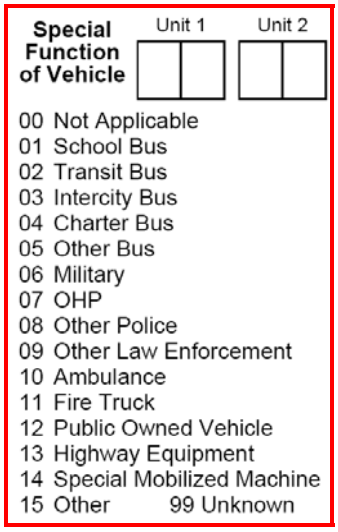
d) Enter the number that best describes a preexisting defect or maintenance condition that may have contributed to the collision if

   i) Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D”, “X”, “B”, “Z” or “C” and

ii) The vehicle condition prior to impact is known.

e) Enter description of “Other” in Section 221-REMARKS.

201) SPECIAL FUNCTION OF VEHICLE:



a) This data section shall not be left blank.

b) Enter “00” if

i) Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “P”, “A” or “T” or
ii) Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D”, “X”, “B”, “Z” or “C” and special function of the vehicle is not applicable.

c) Enter “99” if Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D”, “X”, “B”, “Z” or “C” and the special function of the vehicle is unknown.

d) Enter the number that best describes the special function of the vehicle described in Section 171-UNIT if

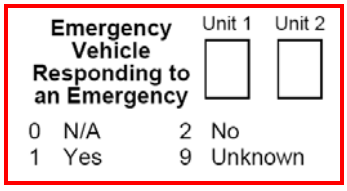
i) Section 41-UNIT TYPE of the unit described in Section 171-UNIT is “D”, “X”, “B”, “Z” or “C” and
ii) The vehicle has a special function regardless of whether the special function is marked on the vehicle.

e) “Other Police” includes county, municipal, tribal or campus law enforcement.

f) “Other Law Enforcement” includes other Federal and state law enforcement agencies.

g) Enter description of “Other” in Section 221-REMARKS.

202) EMERGENCY VEHICLE RESPONDING TO AN EMERGENCY:



a) This data section shall not be left blank.

b) Enter “0” if the unit is not an emergency vehicle.

c) Enter “9” if the unit is an emergency vehicle and it is unknown whether the vehicle is responding to an emergency.

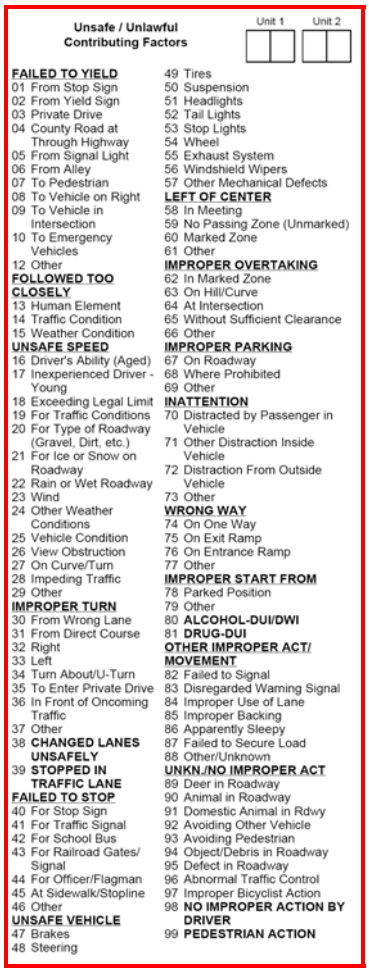
d) Enter “1” if the unit is an emergency vehicle responding to an emergency.

i) Emergency response refers to an official motor vehicle responding to an emergency regardless of whether the emergency equipment is actuated. However, usually the vehicle will be traveling with physical emergency signals in use, i.e. red light blinking, sirens sounding, etc.

e) Enter “2” if the unit is an emergency vehicle, but is not responding to an emergency.

f) Once an emergency vehicle has arrived at the scene, it is no longer considered to be responding to an emergency.

203) UNSAFE / UNLAWFUL CONTRIBUTING FACTORS:



Unsafe / Unlawful Contributing Factors — Unit 1 | Unit 2

FAILED TO YIELD
01 From Stop Sign
02 From Yield Sign
03 Private Drive
04 County Road at Through Highway
05 From Signal Light
06 From Alley
07 To Pedestrian
08 To Vehicle on Right
09 To Vehicle in Intersection
10 To Emergency Vehicles
12 Other

FOLLOWED TOO CLOSELY
13 Human Element
14 Traffic Condition
15 Weather Condition

UNSAFE SPEED
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

IMPROPER TURN
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
38 **CHANGED LANES UNSAFELY**
39 **STOPPED IN TRAFFIC LANE**

FAILED TO STOP
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

UNSAFE VEHICLE
47 Brakes
48 Steering
49 Tires
50 Suspension
51 Headlights
52 Tail Lights
53 Stop Lights
54 Wheel
55 Exhaust System
56 Windshield Wipers
57 Other Mechanical Defects

LEFT OF CENTER
58 In Meeting
59 No Passing Zone (Unmarked)
60 Marked Zone
61 Other

IMPROPER OVERTAKING
62 In Marked Zone
63 On Hill/Curve
64 At Intersection
65 Without Sufficient Clearance
66 Other

IMPROPER PARKING
67 On Roadway
68 Where Prohibited
69 Other

INATTENTION
70 Distracted by Passenger in Vehicle
71 Other Distraction Inside Vehicle
72 Distraction From Outside Vehicle
73 Other

WRONG WAY
74 On One Way
75 On Exit Ramp
76 On Entrance Ramp
77 Other

IMPROPER START FROM
78 Parked Position
79 Other
80 **ALCOHOL-DUI/DWI**
81 **DRUG-DUI**

OTHER IMPROPER ACT/ MOVEMENT
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

UNKN./NO IMPROPER ACT
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 **NO IMPROPER ACTION BY DRIVER**
99 **PEDESTRIAN ACTION**

a) This data section shall not be left blank.

b) Enter “00” if Section 2-INCIDENT REPORT indicates “Y”.

c) Enter the single action of the unit listed in Section 171-UNIT which the investigating officer determines was the main or primary action which contributed to the collision.

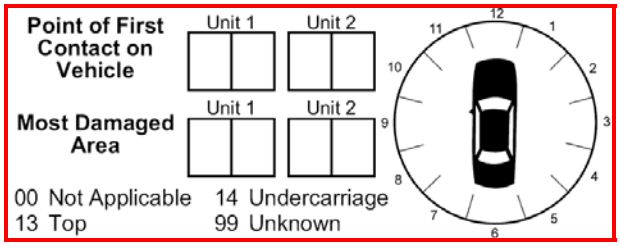
d) Enter "97" if Section 41-UNIT TYPE of the unit listed in Section 171-UNIT is "B" or "Z".

e) Enter “98” if Section 41-UNIT TYPE of the unit listed in Section 171-UNIT is “D”, “P”, ‘X”, “B”, “Z”, “C”, or “T” and there was no improper action.

f) Enter "99" if section 41-UNIT TYPE of the unit listed in Section 171-UNIT is "P" or "X'.

g) Describe other or unknown in Section 221-REMARKS.

204) POINT OF FIRST CONTACT ON VEHICLE:



a) This data section shall not be left blank.

b) Enter “00” if

i) Section 41-UNIT TYPE of the unit listed in Section 171-UNIT is “P”, “X”, “B”, “Z”, “A” or “T” or
ii) Section 41-UNIT TYPE of the unit listed in Section 171-UNIT is “D” or “C” and the unit loses its load and the load is the first point of contact or
iii) Section 171-UNIT is a non-contact unit (“0A”, “0B”, etc.) or

c) Enter “99” if Section 41-UNIT TYPE of the unit listed in Section 171-UNIT is “D” or “C” and the point of first contact is unknown.

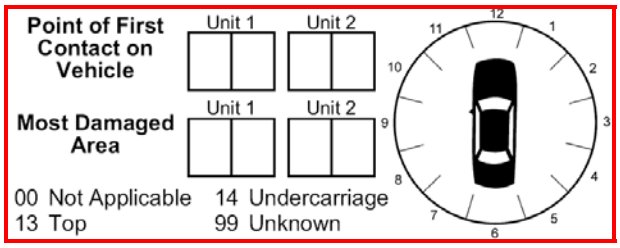
d) Enter the appropriate clock point to indicate point of first contact of unit listed in Section 171-UNIT. See Appendix F for additional clock point type diagrams for different vehicle configurations.

i) If a fire is the cause of the collision or incident, not a result of the collision or incident; enter the approximate ignition point of the fire.

e) Enter “13” if the top of the unit listed in Section 171-UNIT is the point of first contact.

f) Enter “14” if the undercarriage of the unit listed in Section 171-UNIT is the point of first contact.

205) MOST DAMAGED AREA:



a) This data section shall not be left blank.

b) Enter “00” if

i) Section 41-UNIT TYPE of the unit listed in Section 171-UNIT is “P”, “X”, “B”, “Z”, “A” or “T” or
ii) Section 171-UNIT is a non-contact unit (“0A”, “0B”, etc.) or
iii) There is no damage to the unit listed in Section 171-UNIT or
iv) The load of the unit listed in Section 171-UNIT is the most damaged area.

c) Enter “99” if Section 41-UNIT TYPE of the unit listed in Section 171-UNIT is “D” or “C” and the most damaged area is unknown.

d) Enter the appropriate clock point to indicate the most damaged area of unit listed in Section 171-UNIT. See Appendix F for additional clock point type diagrams for different vehicle configurations.

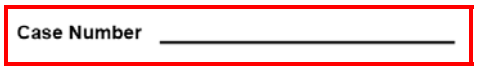
   i) If a fire is the cause of the collision or incident, not a result of the collision or incident; enter the approximate ignition point of the fire.

e) Enter “13” if the top of the unit listed in Section 171-UNIT is the most damaged area.

f) Enter “14” if the undercarriage of the unit listed in Section 171-UNIT is the most damaged area.

Article XXVIII. Page #4, Top Section

206) CASE NUMBER:

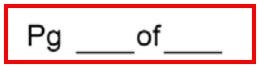


a) This data section shall not be left blank.

b) Enter the case number exactly as it appears in Section 10-CASE NUMBER.

c) This data section is auto-populated by TraCS and CRS.

207) PG ___ OF ___:



a) This data section shall not be left blank.

b) List each page in relation to the total number of pages of the COMPLETE report. Every collision report shall be a minimum of four (4) pages. Each side of a single sheet counts as one page.

   i) There shall be a minimum of four (4) pages for every two units involved in the collision.
   ii) For printed reports, duplex format (printing on both sides of each sheet) is preferred.

c) The collision report shall be sequenced as follows:

   i) Pages for units involved in the collision (Example: Unit 1 & Unit 2 information shall consist of pages 1 through 4, Unit 3 information shall consist of page 5 through 8, etc.)
   ii) Persons Supplemental after all the unit pages
   iii) Diagram Supplemental
   iv) Additional Narrative
   v) Statement of Witness

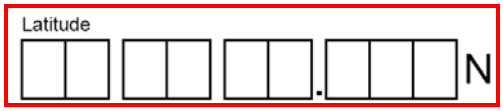
d) “Statement of Witness” forms shall be numbered in sequence, only if submitted to the Department of Public Safety.

e) This data section is auto-populated by TraCS and CRS.

f) TraCS and CRS collision reports shall not include witness statements when submitted to the Department of Public Safety. Describe in Section 221-REMARKS where witness statements were stored if they were completed.

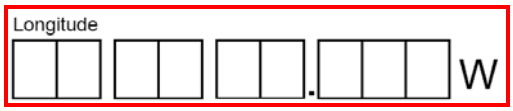
Article XXIX. Page 4, Line 1

208) LATITUDE:



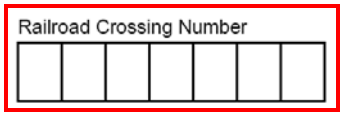
a) This Section is reserved for future use.

209) LONGITUDE:



a) This Section is reserved for future use.

210) RAILROAD CROSSING NUMBER:



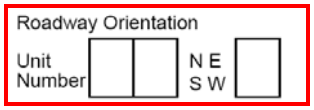
a) Leave this data section blank if no Section 41-UNIT TYPE is “T” or the collision did not occur at a grade crossing.

b) Enter the alphanumeric crossing identifier beginning in the far left of the data section if any Section 41-UNIT TYPE is “T” and the collision occurred at a grade crossing.

i) The identifier may be up to seven (7) characters.
ii) Railroad crossing numbers are found on the crossbuck or the pole mount.
iii) They may be printed on a permanent paper tag or metal plate.
iv) There may not be a railroad crossing number on a private road.

v) Do not enter spaces, hyphens or any other separators.

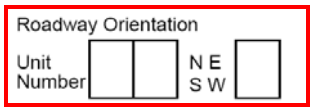
211) ROADWAY ORIENTATION - UNIT:



a) This data section shall not be left blank.

b) Enter the unit number of the unit listed in Section 39-UNIT of the unit being described.

212) ROADWAY ORIENTATION - NESW:



a) This data section shall not be left blank.

b) Enter "0" if

i) Section 41-UNIT TYPE of the unit listed in Section 211-ROADWAY ORIENTATION UNIT is "P", "X", "B", "Z", "A" or "T" or
ii) Section 41-UNIT TYPE of the unit listed in Section 211-ROADWAY ORIENTATION UNIT is "D" or "C", and the unit was on not on the roadway before contact.

c) Enter "9" if Section 41-UNIT TYPE of the unit listed in Section 211-ROADWAY ORIENTATION UNIT is "D" or "C" and roadway orientation is unknown.

d) Enter "N", "S", "E" or "W" if Section 41-UNIT TYPE of the unit listed in Section 211-ROADWAY ORIENTATION UNIT is "D" or "C" to indicate the roadway orientation of the unit before contact, if known.

i) Odd numbered Interstates and U.S. Highways are oriented North-South.
ii) Even numbered Interstates and U.S. Highways are oriented East-West.
iii) Odd numbered State Highways are oriented East-West.
iv) Even numbered State Highways are oriented North-South.
v) Enter the orientation of the roadway even if it is different from the trend of the roadway at the scene of the collision. For example, Interstate 35 orients North-South, but a collision could occur on a section that is trending East-West.

213) COLLISION DIAGRAM:

a) This data section shall not be left blank.

b) The diagram section is intended to show a visual representation of the collision. Diagrams should be completed for all collision or incident investigations. A properly completed diagram should always mirror the events described in Section 221-REMARKS, *i.e.* the facts of the collision should be clearly understood by looking at the diagram or reading the officers remarks independently.

c) When vehicles are moved prior to the officer's arrival, an investigation is still required. This makes it difficult to link physical evidence to the vehicles. You are encouraged to draw a diagram based on the investigation. This diagram should include the physical layout of the roadway and any physical evidence still at the scene. Include the probable position of the vehicles before, at and after impact as well as the probable path based on available evidence or statement(s). When a diagram is completed in this fashion, describe in Section 221-REMARKS, i.e. "Vehicles not observed in position after impact" or "Vehicles moved prior to arrival, diagram is estimated" or "Vehicles moved prior to arrival, unable to determine point/area of rest".

d) Draw the position of the vehicle(s) before impact, at impact and at final rest. If the vehicle does not travel more than twenty (20) feet after first impact to final rest, a final rest drawing is not required.

e) A diagram shall be created using a traffic type template or computer drawing program. Free-hand drawings are NOT acceptable. A photograph may NOT be used in lieu of a diagram. If a photograph is included in the report, it must be placed on the DIAGRAM SUPPLEMENTAL form. Scale diagrams are not necessary unless required by the reporting agency.

f) A diagram drawn using a traffic template or generated by a computer and printed or copied onto the *Official Oklahoma Traffic Collision Report* (Section 213-COLLISION DIAGRAM or the DIAGRAM SUPPLEMENTAL form) is acceptable

g) Number each unit with the same number listed in Section 39-UNIT.

h) Any vehicle that did not contribute to the collision but is needed only for diagramming purposes should be labeled as "W". If a unit "W" is included in the diagram, explain in Section 221-REMARKS why it is included. Unit "W" information is not needed unless it is pertinent to give certain descriptions.

i) Enter "NO DIAGRAM AVAILABLE" in the rare instance that a diagram is not generated and explain in Section 221-REMARKS.

j) Enter “SUPPLEMENT DIAGRAM UTILIZED” in Section 213-COLLISION DIAGRAM if the DIAGRAM SUPPLEMENTAL form is used.

k) Enter “SPECIALIZED DIAGRAM GENERATED-SEE REMARKS” in Section 213-COLLISION DIAGRAM if specialized mapping or diagramming software is used to generate a diagram that cannot be imported into or printed in Section 213-COLLISION DIAGRAM or the DIAGRAM SUPPLEMENTAL form. Describe the location where the specialized diagram may be found in Section 221-REMARKS.

l) Indicate the direction and path of travel before contact with a solid line with arrowhead behind each vehicle. Use a dash line with arrowhead to show the course of travel after contact, continuing to the final position.

m) If roll-over(s) occurred before impact, draw one solid loop where the roll-over(s) occurred and indicate the number of full and partial rolls in or near the loop. If roll-over(s) occurred after first impact draw one dash line loop where the roll-over(s) occurred and indicate the number of full and partial rolls in or near the loop. Describe roll-over(s) or partial roll-over(s) in Section 221-REMARKS.

n) Label the width of the roadway and the width of the shoulder. The shoulder should be described. Examples: 10’ Improved shoulder, 8 feet gravel shoulder, 12 ft. dirt shoulder, or no shoulder, etc.

o) Draw and label traffic control devices, such as stop signs and yield signs in the diagram.

p) Tire marks (including skid, yaw and scuffmarks) should be shown before impact and after impact, continuing until tire marks disappear or to final rest. Length of tire marks may be shown in diagram, but to keep from "cluttering" the diagram, they shall be described in the Section 221-REMARKS. If tire marks are shown in the diagram, they shall be labeled in Section 213-COLLISION DIAGRAM and described in Section 221-REMARKS.

q) Non-vehicle type objects (pedestrians, cows, boards in road, etc,) must be shown in the diagram, but may be shown as a circle with an X in the middle. Always label non-vehicle type objects.

r) Labeling lines/lanes of the roadway:

   i) Label the geometrical center of a two-way road that does not have visible markings as “C/R”.
   ii) Label the center line of a road that separates traffic traveling in opposite directions as “C/L”. (It need not be at the geometrical center of the road).
   iii) Label the lane lines that separate lanes of traffic traveling in the same direction as “L/L”.
   iv) If a center median is in the diagram, it shall be labeled and the approximate width shall be shown.

s) Fences, bridges, culverts, etc. must be drawn and labeled in the diagram if they were pertinent to the collision. See Figure 213-1 and Figure 213-2 for recommended report symbols.

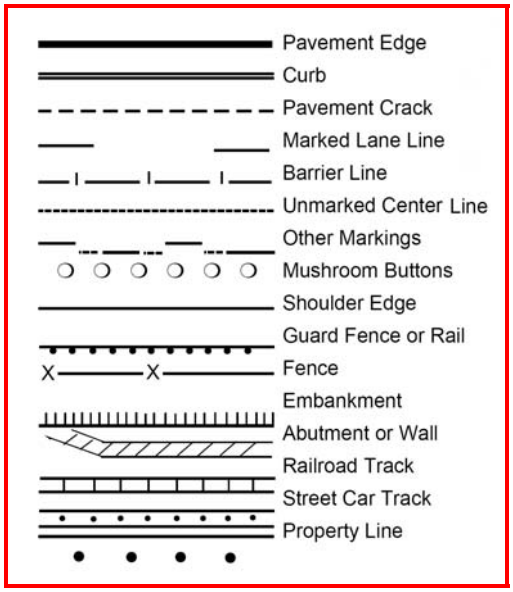


Figure 213-1

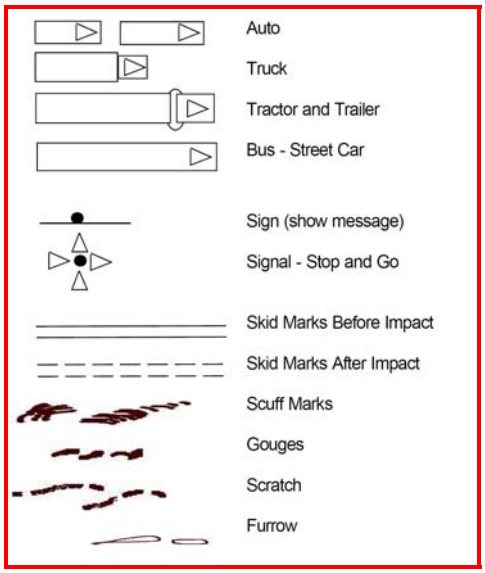


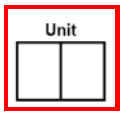
Figure 213-2

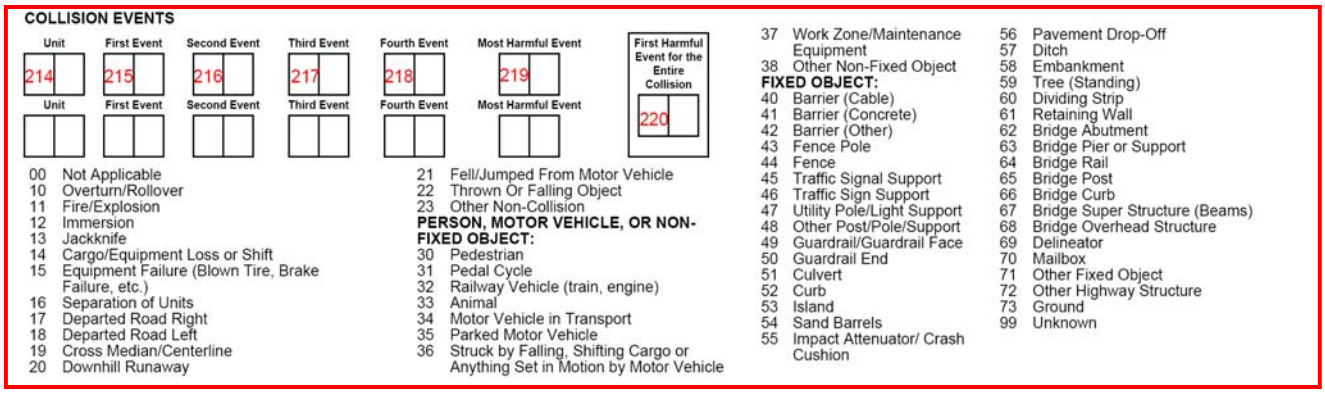
t) Draw an arrow to indicate the direction "North" in relation to the collision diagram. It is preferred that the top or right of the page be “North”. The “Indicate North by Arrow” circle may or may not be used.

u) Draw and label any view obstruction for any driver involved in the collision in Section 213-COLLISION DIAGRAM. An obstruction could be trees, embankment, building, sign, parked cars, etc.

Article XXX. Page #4, Collision Events Section

214) UNIT:

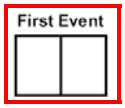




a) This data section shall not be left blank.

b) Enter the unit number listed in Section 211-UNIT of the unit being described.

215) FIRST EVENT:



a) This data section shall not be left blank.

b) Enter "00" if

i) Section 41-UNIT TYPE of the unit listed in Section 214-UNIT is "P", "X", "B", "Z", "A", or "T" or
ii) Section 41-UNIT TYPE of the unit listed in Section 214-UNIT is "D" or "C" and there is no applicable collision event. (Example: A non-contact vehicle).

c) Enter "99" if the first event is unknown and Section 41-UNIT TYPE of the unit listed in Section 214-UNIT is "D" or "C".

d) Enter the appropriate first event of the sequence of events if Section 41-UNIT TYPE of the unit listed in Section 214-UNIT is "D" or "C".

i) The intent of the Collision Events Data Sections is to collect collision events reported in Section 221-REMARKS as formatted data.
ii) The sequence of events will allow in-depth study of individual collisions by providing additional information to help analyze the collision.
iii) Avoid using the cause of the collision unless it is specifically listed as a choice in the sequence of events. Running a stop sign or failure to yield is collected in Section 203-UNSAFE/UNLAWFUL/CONTRIBUTING FACTORS.
iv) Running off road left or right or crossing center median is information that is helpful to ODOT engineers when looking at engineering factors that can improve road safety.
v) Entering the center median does not constitute crossing the center median.
vi) If there are multiple occurrences of the same event, list only one occurrence of the event unless a different event occurs between the multiple occurrences.
vii) See Appendix L for extended definitions of COLLISION EVENTS and MOST HARMFUL EVENTS.

viii) See Appendix G for pictures of common FIXED OBJECTS.

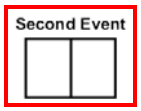
e) Enter only the first four events in Sections 215-218 - EVENTS, if more than four events occur.

f) Describe other in Section 221-REMARKS.

- EXAMPLES:

  - In a one vehicle collision “34” CANNOT be an event.
  - Vehicle #1 (a “D” unit) hits Vehicle #2 (a “C” unit). The first event for Vehicle # 1 is “35” and the first event for Vehicle #2 is “34”.
  - Vehicle #1 and Vehicle #2 are traveling down the road. Vehicle #1 rear ends Vehicle #2. The first event for both vehicles is “34”.
  - An example of "Other Non-Collision" event is a vehicle pulling a trailer with a safety chain that breaks and rear-ends the vehicle causing injury to a person inside the vehicle.
  - Vehicle #1 runs off the right side of the road, rolls two times, impacts a fence and rolls two more times, the sequence of events of events would be “17”, “10”, “44”, “10”.

216) SECOND EVENT:



a) This data section shall not be left blank.

b) Enter “00” if

i) Section 41-UNIT TYPE of the unit listed in Section 214-UNIT is “P”, “X”, “B”, “Z”, “A”, or “T” or
ii) Section 41-UNIT TYPE of the unit listed in Section 214-UNIT is “D” or “C” and there is no applicable collision event. (Example: A non-contact vehicle).
iii) There was no second collision event.

c) Enter “99” if the second event is unknown and Section 41-UNIT TYPE of the unit listed in Section 214-UNIT is “D” or “C”.

d) Enter the appropriate second event of the sequence of events if Section 41-UNIT TYPE of the unit listed in Section 214-UNIT is “D” or “C”.

i) The intent of the Collision Events Data Sections is to collect collision events reported in Section 221-REMARKS as formatted data.
ii) The sequence of events will allow in-depth study of individual collisions by providing additional information to help analyze the collision.
iii) Avoid using the cause of the collision unless it is specifically listed as a choice in the sequence of events. Running a stop sign or failure to yield is collected in Section 203-UNSAFE/UNLAWFUL/CONTRIBUTING FACTORS.
iv) Running off road left or right or crossing center median is information that is helpful to ODOT engineers when looking at engineering factors that can improve road safety.
v) Entering the center median does not constitute crossing the center median.
vi) If there are multiple occurrences of the same event, list only one occurrence of the event unless a different event occurs between the multiple occurrences.
vii) See Appendix L for extended definitions of COLLISION EVENTS and MOST HARMFUL EVENTS.
viii) See Appendix G for pictures of common FIXED OBJECTS.

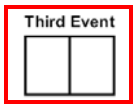
e) Enter only the first four events in Sections 215-218 - EVENTS, if more than four events occur.

f) Describe other in Section 221-REMARKS.

- EXAMPLES:

  - In a one vehicle collision “34” CANNOT be an event.
  - Vehicle #1 (a “D” unit) hits Vehicle #2 (a “C” unit). The first event for Vehicle # 1 is “35” and the first event for Vehicle #2 is “34”.
  - Vehicle #1 and Vehicle #2 are traveling down the road. Vehicle #1 rear ends Vehicle #2. The first event for both vehicles is “34”.
  - An example of "Other Non-Collision" event is a vehicle pulling a trailer with a safety chain that breaks and rear-ends the vehicle causing injury to a person inside the vehicle.
  - Vehicle #1 runs off the right side of the road, rolls two times, impacts a fence and rolls two more times, the sequence of events of events would be “17”, “10”, “44”, “10”.

217) THIRD EVENT:



a) This data section shall not be left blank.

b) Enter “00” if

   i) Section 41-UNIT TYPE of the unit listed in Section 214-UNIT is “P”, “X”, “B”, “Z”, “A”, or “T” or
   ii) Section 41-UNIT TYPE of the unit listed in Section 214-UNIT is “D” or “C” and there is no applicable collision event. (Example: A non-contact vehicle).
   iii) There was no third collision event.

c) Enter “99” if the third event is unknown and Section 41-UNIT TYPE of the unit listed in Section 214-UNIT is “D” or “C”.

d) Enter the appropriate third event of the sequence of events if Section 41-UNIT TYPE of the unit listed in Section 214-UNIT is “D” or “C”.

   i) The intent of the Collision Events Data Sections is to collect collision events reported in Section 221-REMARKS as formatted data.
   ii) The sequence of events will allow in-depth study of individual collisions by providing additional information to help analyze the collision.
   iii) Avoid using the cause of the collision unless it is specifically listed as a choice in the sequence of events. Running a stop sign or failure to yield is collected in Section 203-UNSAFE/UNLAWFUL/CONTRIBUTING FACTORS.
   iv) Running off road left or right or crossing center median is information that is helpful to ODOT engineers when looking at engineering factors that can improve road safety.
   v) Entering the center median does not constitute crossing the center median.
   vi) If there are multiple occurrences of the same event, list only one occurrence of the event unless a different event occurs between the multiple occurrences.
   vii) See Appendix L for extended definitions of COLLISION EVENTS and MOST HARMFUL EVENTS.
   viii) See Appendix G for pictures of common FIXED OBJECTS.

e) Enter only the first four events in Sections 215-218 - EVENTS, if more than four events occur.

f) Describe other in Section 221-REMARKS.

- EXAMPLES:

  - In a one vehicle collision “34” CANNOT be an event.
  - Vehicle #1 (a “D” unit) hits Vehicle #2 (a “C” unit). The first event for Vehicle # 1 is “35” and the first event for Vehicle #2 is “34”.
  - Vehicle #1 and Vehicle #2 are traveling down the road. Vehicle #1 rear ends Vehicle #2. The first event for both vehicles is “34”.
  - An example of "Other Non-Collision" event is a vehicle pulling a trailer with a safety chain that breaks and rear-ends the vehicle causing injury to a person inside the vehicle.
  - Vehicle #1 runs off the right side of the road, rolls two times, impacts a fence and rolls two more times, the sequence of events of events would be “17”, “10”, “44”, “10”.

218) FOURTH EVENT:

a) This data section shall not be left blank.

b) Enter “00” if

   i) Section 41-UNIT TYPE of the unit listed in Section 214-UNIT is “P”, “X”, “B”, “Z”, “A”, or “T” or
   ii) Section 41-UNIT TYPE of the unit listed in Section 214-UNIT is “D” or “C” and there is no applicable collision event. (Example: A non-contact vehicle).
   iii) There was no fourth collision event.

c) Enter “99” if the fourth event is unknown and Section 41-UNIT TYPE of the unit listed in Section 214-UNIT is “D” or “C”.

d) Enter the appropriate fourth event of the sequence of events if Section 41-UNIT TYPE of the unit listed in Section 214-UNIT is “D” or “C”.

   i) The intent of the Collision Events Data Sections is to collect collision events reported in Section 221-REMARKS as formatted data.
   ii) The sequence of events will allow in-depth study of individual collisions by providing additional information to help analyze the collision.
   iii) Avoid using the cause of the collision unless it is specifically listed as a choice in the sequence of events. Running a stop sign or failure to yield is collected in Section 203-UNSAFE/UNLAWFUL/CONTRIBUTING FACTORS.
   iv) Running off road left or right or crossing center median is information that is helpful to ODOT engineers when looking at engineering factors that can improve road safety.
   v) Entering the center median does not constitute crossing the center median.
   vi) If there are multiple occurrences of the same event, list only one occurrence of the event unless a different event occurs between the multiple occurrences.
   vii) See Appendix L for extended definitions of COLLISION EVENTS and MOST HARMFUL EVENTS.
   viii) See Appendix G for pictures of common FIXED OBJECTS.

e) Enter only the first four events in Sections 215-218 - EVENTS, if more than four events occur.

f) Describe other in Section 221-REMARKS.

   - EXAMPLES:

     - In a one vehicle collision “34” CANNOT be an event.
     - Vehicle #1 (a “D” unit) hits Vehicle #2 (a “C” unit). The first event for Vehicle # 1 is “35” and the first event for Vehicle #2 is “34”.

- Vehicle #1 and Vehicle #2 are traveling down the road. Vehicle #1 rear ends Vehicle #2. The first event for both vehicles is “34”.
- An example of "Other Non-Collision" event is a vehicle pulling a trailer with a safety chain that breaks and rear-ends the vehicle causing injury to a person inside the vehicle.
- Vehicle #1 runs off the right side of the road, rolls two times, impacts a fence and rolls two more times, the sequence of events of events would be “17”, “10”, “44”, “10”.

219) MOST HARMFUL EVENT:

a) This data section shall not be left blank.

b) Enter “00” if
   i) Section 41-UNIT TYPE of the unit listed in Section 214-UNIT is “P”, “X”, “B”, “Z”, “A”, or “T” or
   ii) Section 41-UNIT TYPE of the unit listed in Section 214-UNIT is “D” or “C” and there is no applicable collision event. (Example: A non-contact vehicle).

c) Enter “99” if Section 41-UNIT TYPE of the unit listed in Section 214-UNIT is “D” or “C” and the most harmful event is unknown.

d) Enter the most injury or damage producing event for the unit if Section 41-UNIT TYPE of the unit listed in Section 214-UNIT is “D” or “C”.

   i) The most harmful event may or may not be one of the first four events.
   ii) An injury producing event is more harmful than a damage producing event.

e) Describe other in Section 221-REMARKS.

220) FIRST HARMFUL EVENT FOR THE ENTIRE COLLISION:

a) This data section shall not be left blank.

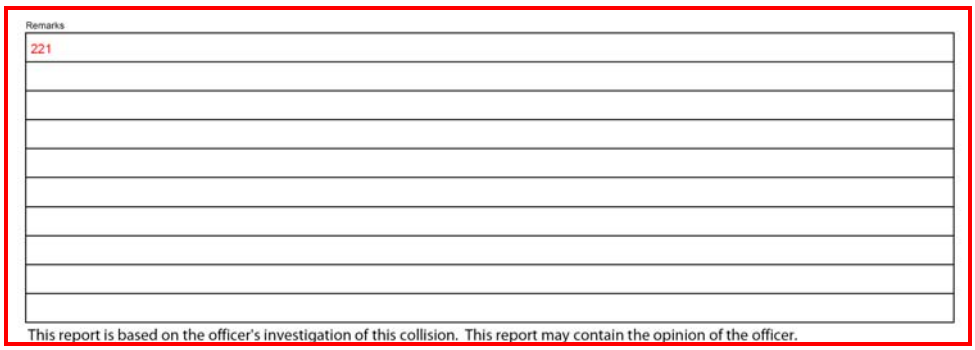
b) Enter “00” if none of the units involved in the collision have a Section 41-UNIT TYPE of “D” or “C”.

c) Enter “99” if any of the units involved in the collision have a Section 41-UNIT TYPE of “D” or “C” and the first harmful event for the collision is unknown.

d) Enter the first harmful event for the entire collision if any of the units involved in the collision have a Section 41-UNIT TYPE of “D” or “C”.

   i) The first harmful event may or may not be one of the first four events.
   ii) Enter the most applicable event if more than one first harmful event occurs simultaneously.
   iii) Describe other in Section 221-REMARKS.

221) REMARKS:



a) This data section shall not be left blank.

b) This data section is used to describe how the collision occurred

c) Refer to the unit(s) involved in the collision with the corresponding unit number(s) in Section 39-UNIT.

d) Identify each unit and begin with an explanation of the direction of travel of each unit, the road or street the unit was upon, and any other descriptive information that will explain the events leading to the collision.

e) Identify any actions or omissions prior to impact that led to the collision.

f) Identify the initial or primary point or area of impact. It is acceptable to use either "point of impact" (POI) or "area of impact" (AOI) as either expression refers to the general vicinity of the first impact. There may be secondary points or areas of impact in some collisions. All other points of impact should be described.

g) The first damage or injury producing event shall be measured from TWO different points, utilizing any of the following items:

i) Edge of roadway, i.e. federal or state highways, county roads, city streets, etc.

(1) For reporting purposes, public roadways include those in private developments and gated communities, etc. that allow public access of the roadway.
(2) The following abbreviations are acceptable in this data section:

(a) "SH" for State Highway (Example: SH33)
(b) "US" for United States Highway (Example: US75)
(c) "I" for Interstate (Example: I35)
(d) "TP" for Turnpike (Example: Turner TP)
(e) "CR" for County Road

ii) Centerline, center pin of intersection, or center of roadway.
iii) Bridges shown on state highway maps.

- Examples:

- Point of impact was approximately 4 ft. south of north edge of roadway and approximately .1 mi. west of Asp St.
- Point of impact was approximately 2 ft. east of C/L. and approximately 79 ft. south of south edge of Bear Creek Bridge.

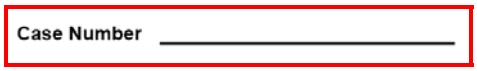
h) Identify the point or area of rest of all units involved in the collision. It is acceptable to use either "point of rest" (POR) or "area of rest" (AOR) as either expression refers to the general vicinity of the point or area of rest.

i) Include any and all details of the collision such as what each driver observed and any evasive actions taken. Include details about movements prior to impact and subsequent movement to the point of rest.

j) Use ADDITIONAL NARRATIVE form if additional space is required.

Article XXXI.STATEMENT OF WITNESS FORM, Top Section

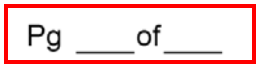
222) CASE NUMBER:



a) This data section shall not be left blank.

b) Enter the case number exactly as it appears in Section 10-CASE NUMBER.

223) PG ___ OF ___:



a) This data section shall not be left blank.

b) List each page in relation to the total number of pages of the COMPLETE report. Every collision report shall be a minimum of four (4) pages. Each side of a single sheet counts as one page.

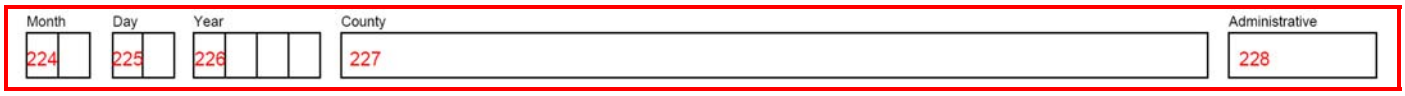
i) There shall be a minimum of four (4) pages for every two units involved in the collision.
ii) For printed reports, duplex format (printing on both sides of each sheet) is preferred.
iii) "Statement of Witness" forms shall be numbered in sequence, only if submitted to the Department of Public Safety.

c) The collision report shall be sequenced as follows:

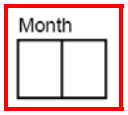
i) Pages for units involved in the collision (Example: Unit 1 & Unit 2 information shall consist of pages 1 through 4, Unit 3 information shall consist of page 5 through 8, etc.)
ii) Persons Supplemental after all the unit pages
iii) Diagram Supplemental
iv) Additional Narrative
v) Statement of Witness

d) TraCS and CRS collision reports shall not include witness statements when submitted to the Department of Public Safety. Describe in Section 221-REMARKS where witness statements were stored if they were completed.

Article XXXII. STATEMENT OF WITNESS FORM, Line 1

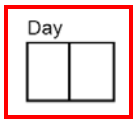


224) MONTH:



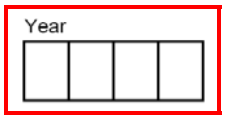
a) Enter the month the collision occurred. Enter two digits, using 01-09 for the 1st through the 9th months. Do not include spaces. Examples: 04, 10.

225) DAY:



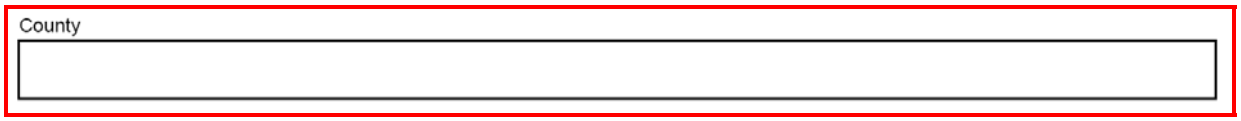
a) Enter the day the collision occurred. Enter two digits, using 01 -09 for the 1st through the 9th days of the month. Do not include spaces. Examples: 01, 08, 30.

226) YEAR:



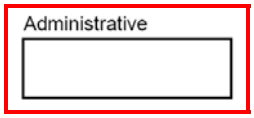
a) Enter the year the collision occurred. Enter four digits. Do not include spaces. Example: 2006.

227) COUNTY:



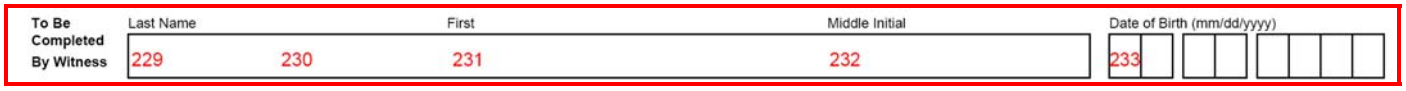
a) Enter the COMPLETE name of the county relevant to the witness report. NO ABBREVIATIONS.

228) ADMINISTRATIVE:

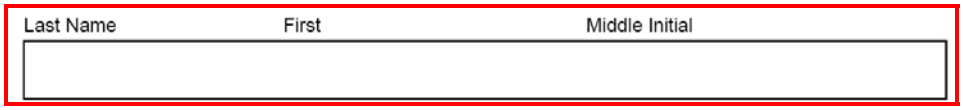


a) This space is reserved for Department of Transportation, Traffic Engineering Division.

Article XXXIII. STATEMENT OF WITNESS FORM, Line 2



229) LAST NAME:

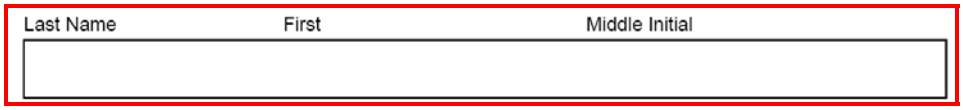


a) Enter the last name of the witness. Hyphenated names are allowed. Use name as it appears on the driver license or other form of legal identification.

230) SUFFIX:

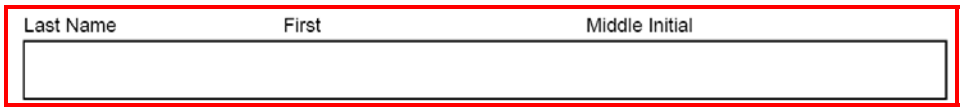
a) Enter the suffix (Jr., Sr., III, etc.) of the witness. If applicable, place the suffix after the middle initial or leave blank if there is no suffix.

231) FIRST NAME:



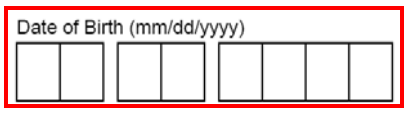
a) Enter the first name of the witness. Hyphenated names are allowed.

232) MIDDLE:



a) Enter the middle initial of the witness. Leave blank of there is no middle initial.

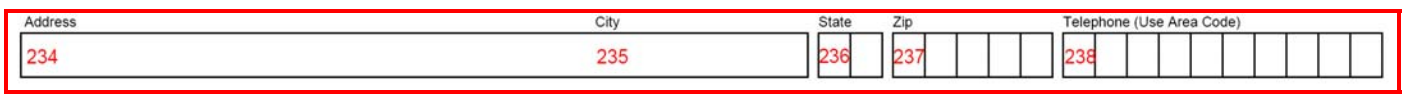
233) DATE OF BIRTH: MM/DD/YYYY:



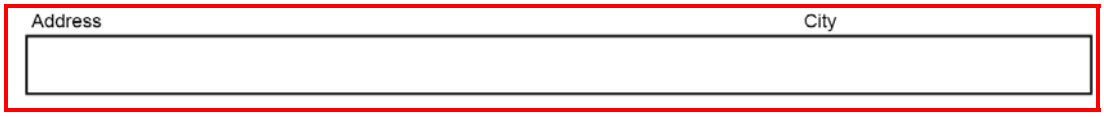
a) The month, day and year of birth of the witness. Enter in a two digit month (01-12), two digit date (01-31) and a **four digit year**.

b) Enter "9" in the leftmost block for an unknown date of birth.

Article XXXIV. STATEMENT OF WITNESS FORM, Line 3

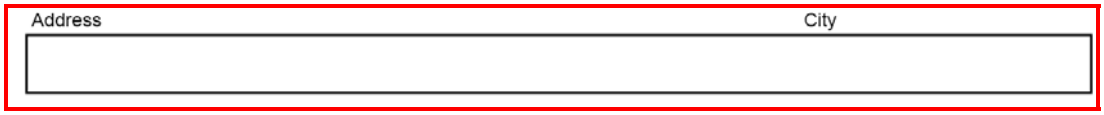


234) ADDRESS:



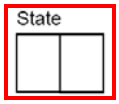
a) Enter the correct and current address of the witness. If unavailable, enter “UNKNOWN”.

235) CITY:



a) Enter the city name. Abbreviations are not allowed.

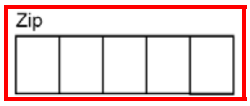
236) STATE:



a) Enter two-digit abbreviation for the state. See Appendix B for two letter abbreviations for U.S. states, Canada and Mexico.

b) Foreign countries other than Canada or Mexico enter “99” and explain in the remarks.

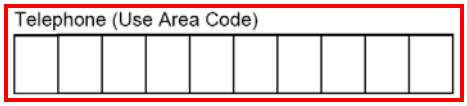
237) ZIP CODE:



a) Enter the five (5) digit ZIP code for a U.S. address. Leave blank if the address is not in the U.S.

b) A list of Oklahoma ZIP codes is provided in Appendix J.

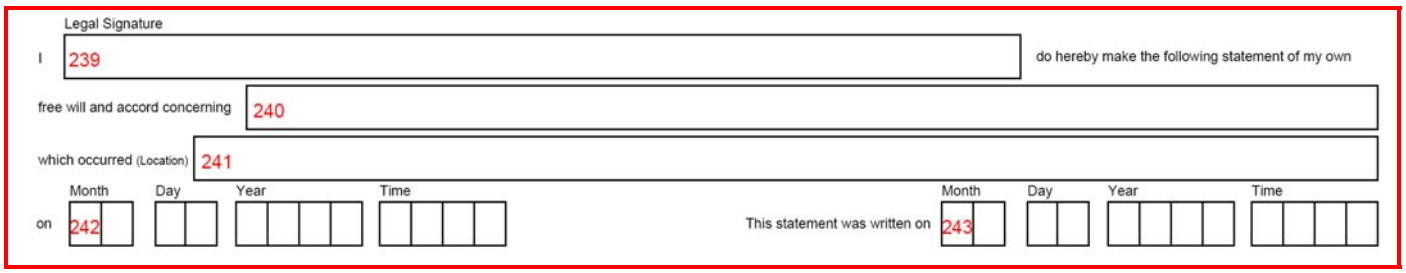
238) TELEPHONE NUMBER:



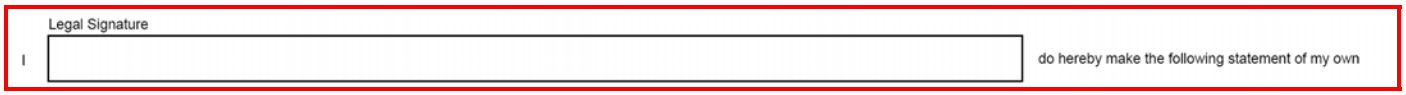
a) List the witness’s telephone number including the area code. In the U.S., the number should be 10 digits. If the person does not have a telephone number, enter a “0” in the leftmost block, or a “9” if unknown. Do not use dashes or spaces.

b) A list of Area code prefixes for Oklahoma cities is provided in Appendix K.

Article XXXV. STATEMENT OF WITNESS FORM, Witness Declaration

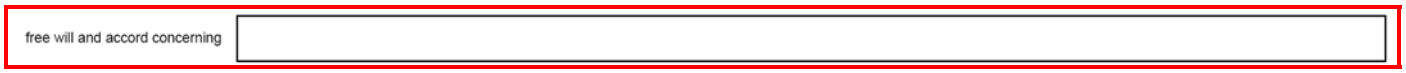


239) LEGAL SIGNATURE:



a) Have the witness enter their legal signature in this data section.

240) STATEMENT DESCRIPTION:

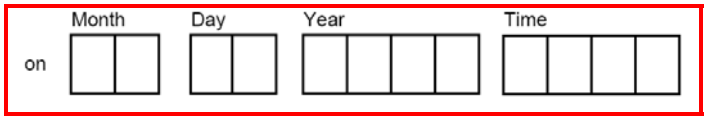


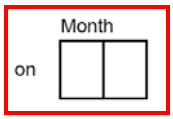
a) Have the witness enter in this data section a brief description of what they saw.

241) LOCATION:

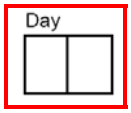
a) Have the witness enter in this data section where the incident occurred.

242) WHEN INCIDENT OCCURRED:



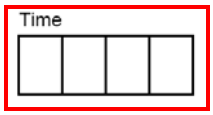


a) Have the witness enter the month the collision occurred. Enter two digits, using 01 -09 for the 1st through the 9th months. Do not include spaces. Examples: 04, 10.



a) Have the witness enter the day the collision occurred. Enter two digits, using 01 -09 for the 1st through the 9th days of the month. Do not include spaces. Examples: 01, 08, 30.

a) Have the witness enter the year the collision occurred. Enter four digits. Do not include spaces. Example: 2006.

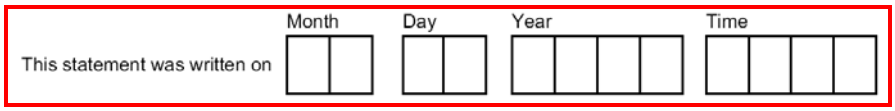


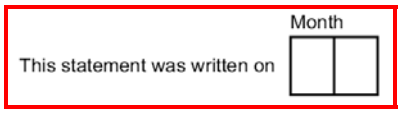
a) Have the witness enter the time collision occurred. Enter the hour of the day the collision occurred using 24 hour military time. Example: 0720, 1930. (See time scale below.) If the time is unknown, enter 9999.

Time Table

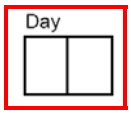
MILITARY TIME (Midnight to noon)	12 HOUR TIME (Midnight to noon)	MILITARY TIME (Noon to midnight)	12 HOUR TIME (Noon to midnight)
0000	MIDNIGHT	1200	NOON
0001	One minute after midnight	1201	One minute after noon
0015	Fifteen minutes past midnight	1215	Fifteen minutes past noon
0045	45 minutes past midnight	After noon, add the hour and minute to 1200	
0100	One o'clock in the morning	1300 (Add 100 to 1200)	1 p.m.
0130	One thirty in the morning	1345 (Add 145 to 1200)	1:45 p.m.
0200	2 a.m.	1400 (Add 200 to 1200)	2 p.m.
0300	3 a.m.	1500 (Add 300 to 1200)	3 p.m.
0400	4 a.m.	1600 (Add 400 to 1200)	4 p.m.
0500	5 a.m.	1700 (Add 500 to 1200)	5 p.m.
0600	6 a.m.	1800 (Add 600 to 1200)	6 p.m.
0700	7 a.m.	1900 (Add 700 to 1200)	7 p.m.
0800	8 a.m.	2000 (Add 800 to 1200)	8 p.m.
0900	9 a.m.	2100 (Add 900 to 1200)	9 p.m.
1000	10 a.m.	2200 (Add 1000 to 1200)	10 p.m.
1100	11 a.m.	2300 (Add 1100 to 1200)	11 p.m.

243) THIS STATEMENT WAS WRITTEN ON:

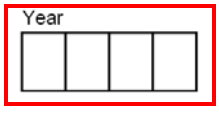




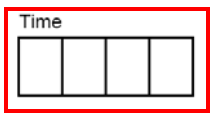
a) Enter the month the statement was taken. Enter two digits, using 01 -09 for the 1st through the 9th months. Do not include spaces. Examples: 04, 10.



a) Enter the day the statement was taken. Enter two digits, using 01 -09 for the 1st through the 9th days of the month. Do not include spaces. Examples: 01, 08, 30.



a) Enter the year the statement was taken. Enter four digits. Do not include spaces. Example: 2006.



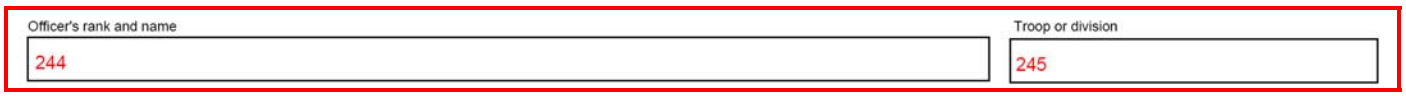
a) Enter the time the statement was taken. Enter the hour of the day the collision occurred using 24 hour military time. Example: 0720, 1930. (See military time scale in Section 242 – WHEN INCIDENT OCCURRED.) If the time is unknown, enter 9999.

Article XXXVI. STATEMENT OF WITNESS FORM, Written statement section

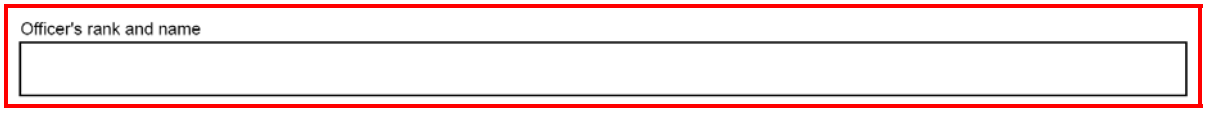
a) Have the witness write in their own words what they saw. You might want to review their statement and make sure it is legible and complete.

b) The witness needs to sign their account when they are finished.

Article XXXVII. STATEMENT OF WITNESS FORM, Officer Information

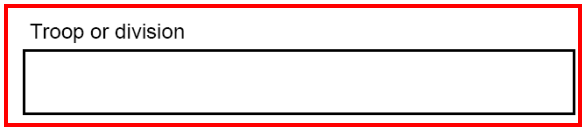


244) OFFICER'S RANK AND NAME:



a) The investigating officer shall sign the report, placing his/her rank before the name.

245) TROOP OR DIVISION:



a) Highway Patrol troopers must enter the following information in this Data Section:

i) The leftmost end of the block is to be used to denote the patrol troop of the officer completing the report.
ii) The rightmost end of the block is to be used to denote the troop location in which the collision occurred. If the officer's troop and the troop location are the same, leave the rightmost end of the block blank.

b) Other law enforcement agencies should use the space according to their individual department requirements or leave blank. Enter the letters starting in the leftmost end of the block.

Appendix A: County and City Numbers

County Number		City
01	**ADAIR**	
	05	Stilwell
	10	Watts
	15	Westville
	20	Baron
02	**ALFALFA**	
	05	Aline
	10	Amorita
	15	Burlington
	20	Byron
	25	Carmen
	30	Cherokee
	35	Goltry
	40	Helena
	45	Ingersoll
	50	Jet
	55	Lambert
03	**ATOKA**	
	05	Atoka
	10	Caney
	15	Stringtown
	20	Lane
	25	Tushka
	30	Farris
04	**BEAVER**	
	05	Beaver
	10	Forgan
	15	Gate
	20	Knowles
	25	Turpin
05	**BECKHAM**	
	05	Carter
	10	Elk City
	15	Erick
	20	Sayre
	25	Texola
	30	Sweetwater
06	**BLAINE**	
	05	Canton
	15	Greenfield
	20	Hitchcock
	25	Longdale
	30	Okeene
	35	Watonga
	40	Geary
	45	Southard
	60	Hydro

County Number		City
07	**BRYAN**	
	05	Achille
	10	Bennington
	15	Bokchito
	20	Caddo
	25	Calera
	30	Colbert
	35	Durant
	38	Hendrix
	40	Kemp
	45	Kenefic
	50	Mead
	53	Silo
	55	Cartwright
	60	Armstrong
	65	Albany
	70	Cobb
	75	Sand Point
08	**CADDO**	
	05	Anadarko
	10	Apache
	15	Binger
	20	Bridgeport
	25	Carnegie
	30	Cement
	35	Cyril
	40	Eakley
	45	Fort Cobb
	50	Gracemont
	55	Hinton
	60	Hydro
	65	Lookeba
	70	Alfalfa
09	**CANADIAN**	
	05	Calumet
	07	Canadian Club City
	10	El Reno
	15	Mustang
	20	Piedmont
	25	Union City
	30	Yukon
	35	Okarche
	40	Geary
	70	Oklahoma City
10	**CARTER**	
	05	Ardmore
	10	Gene Autry
	15	Healdton
	20	Springer
	25	Wilson
	30	Lone Grove
	35	Pruitt City
	40	Tatums
	45	Dickson
	50	Fox
	55	Graham
	60	Ratliff City

County Number		City
11	**CHEROKEE**	
	15	Tahlequah
	20	Peggs
	25	Hulbert
12	**CHOCTAW**	
	05	Boswell
	10	Fort Towson
	15	Hugo
	20	Soper
	25	Swink
	30	Sawyer
	35	Unger
	40	Grant
13	**CIMARRON**	
	05	Boise City
	10	Keyes
	15	Felt
14	**CLEVELAND**	
	05	Lexington
	10	Moore
	15	Noble
	20	Norman
	25	Ranchwood Manor
	30	Slaughterville
	35	Etowah
	70	Oklahoma City
15	**COAL**	
	02	Bromide
	05	Centrahoma
	10	Coalgate
	15	Lehigh
	20	Phillips
	25	Tupelo
	30	Cottonwood
16	**COMANACHE**	
	05	Cache
	10	Chattanooga
	15	Elgin
	20	Faxon
	25	Fletcher
	30	Geronimo
	35	Indiahoma
	40	Lawton
	42	Ft. Sill
	45	Sterling
	50	Medicine Park
17	**COTTON**	
	05	Devol
	10	Randlett
	15	Temple
	20	Walters
18	**CRAIG**	
	05	Big Cabin
	10	Blue Jacket
	15	Ketchum
	20	Vinita
	25	Welch

County Number		City
19	**CREEK**	
	05	Bristow
	10	Depew

	15	Drumright
	20	Kellyville
	25	Kiefer
	30	Mannford
	35	Mounds
	40	Oilton
	45	Sapulpa
	50	Shamrock
	55	Slick
	60	Tulsa
	65	Lawrence Creek
	70	Stroud
20	**CUSTER**	
	05	Arapaho
	10	Butler
	15	Clinton
	20	Custer City
	25	Thomas
	30	Weatherford
	35	Hammon
21	**DELAWARE**	
	05	Bernice
	10	Colcord
	15	Grove
	20	Jay
	25	Oaks
	30	W. Siloam Springs
	35	Kansas
	40	Leach
	45	Twin Oaks
	50	Cleora
22	**DEWEY**	
	05	Camargo
	10	Leedey
	15	Oakwood
	20	Putnam
	25	Seiling
	30	Taloga
	35	Vici
23	**ELLIS**	
	05	Arnett
	10	Fargo
	15	Gage
	20	Shattuck
	25	Harmon
24	**GARFIELD**	
	05	Breckenridge
	10	Covington
	15	Douglas
	20	Drummond
	25	Enid
	30	Fairmont
	35	Garber
	40	Hillsdale
	45	Hunter
	50	Kremlin
	55	Lahoma
	60	North Enid
	65	Waukomis
	70	Carrier
	10	Lindsey
	15	Maysville
	20	Paoli
	25	Pauls Valley
	30	Stratford
	35	Wynnewood
	40	Hennepin
	45	Pernell
26	**GRADY**	
	05	Alex
	10	Bradley
	15	Chickasha
	20	Minco
	25	Rush Springs
	30	Tuttle
	35	Verden
	40	Norge
	45	Amber
	50	Ninnekah
	55	Blanchard
27	**GRANT**	
	05	Deer Creek
	10	Jefferson
	15	Lamont
	20	Manchester
	25	Medford
	30	Nash
	35	Pond Creek
	40	Renfrow
	45	Wakita
	50	Salt Fork
28	**GREER**	
	05	Brinkman
	10	Granite
	15	Mangum
	20	Willow
29	**HARMON**	
	05	Gould
	10	Hollis
30	**HARPER**	
	05	Buffalo
	10	Laverne
	15	May
	20	Rosston
31	**HASKELL**	
	05	Keota
	10	Kinta
	15	McCurtain
	20	Stigler
	25	Tamaha
	30	Whitefield
	35	Enterprise
	40	Hoyt
	15	Gerty
	20	Holdenville
	22	Horntown
	25	Lamar
	27	Spaulding
	30	Stuart
	35	Wetumka
	40	Allen
	45	Atwood
	50	Yeager
33	**JACKSON**	
	05	Altus
	10	Blair
	15	Duke
	20	Eldorado
	25	Elmer
	30	Headrick
	35	Martha
	40	Olustee
34	**JEFFERSON**	
	05	Addington
	10	Hastings
	15	Ringling
	20	Ryan
	25	Sugden
	30	Terral
	35	Waurika
	40	Cornish
35	**JOHNSTON**	
	05	Bromide
	10	Mannsville
	15	Milburn
	20	Mill Creek
	25	Ravia
	30	Tishomingo
	35	Wapanucka
	40	Coleman
	45	Pontotoc
	50	Emet
	55	Nida
	60	Connerville
36	**KAY**	
	05	Blackwell
	10	Braman
	12	Hardy
	15	Kaw City
	20	Kildare
	25	Nardin
	30	Newkirk
	35	Ponca City
	40	Tonkawa
37	**KINGFISHER**	
	05	Cashion
	10	Hennessey
	15	Kingfisher
	20	Loyal
	35	Okarche
	40	Dover
	45	Piedmont

County Number	City
25	**GARVIN**
05	Elmore City
06	Erin Springs
32	**HUGHES**
05	Calvin
10	Dustin
38	**KIOWA**
05	Cooperton
10	Gotebo

	15	Hobart
	20	Lone Wolf
	25	Mountain Park
	30	Mountain View
	35	Roosevelt
	40	Snyder

39	**LATIMER**	
	05	Red Oak
	10	Wilburton
	50	Talihina

40	**LEFLORE**	
	05	Arkoma
	10	Bokoshe
	15	Cameron
	20	Cowlington
	23	Fanshawe
	24	Ft. Coffee
	25	Heavener
	30	Howe
	32	LeFlore
	35	Panama
	38	Pocola
	40	Poteau
	42	Rock Island
	45	Spiro
	50	Talihina
	55	Wister
	60	Shady Point
	65	Whitesboro
	70	Muse
	75	Tucker
	80	Hodgens

41	**LINCOLN**	
	05	Agra
	10	Carney
	15	Chandler
	20	Davenport
	25	Fallis
	30	Kendrick
	35	Meeker
	40	Prague
	45	Sparks
	50	Stroud
	55	Tryon
	58	Warwick
	60	Wellston

42	**LOGAN**	
	03	Cashion
	05	Coyle
	07	Cedar Valley
	10	Crescent
	15	Guthrie
	20	Langston
	25	Lovell
	30	Marshall
	35	Meridan
	40	Mulhall
	45	Orlando
	50	Cimarron City
	70	Oklahoma City

43	**LOVE**	
	05	Leon
	10	Marietta
	15	Thackerville

	11	Cole
	12	Dibble
	15	Purcell
	20	Rosedale
	25	Washington
	30	Wayne
	35	Newcastle
	40	Goldsby
	70	Oklahoma City

45	**McCURTAIN**	
	05	Broken Bow
	10	Garvin
	15	Haworth
	20	Idabel
	25	Valliant
	30	Tom
	35	Moon
	40	Millerton
	45	Watson
	50	Wright City
	55	Smithville
	60	Harris
	65	Eagletown

46	**McINTOSH**	
	05	Checotah
	10	Eufaula
	15	Hanna
	20	Hitchita
	25	Rentiesville
	30	Stidham
	35	Vivian
	40	Texanna

47	**MAJOR**	
	05	Ames
	10	Cleo Springs
	15	Fairview
	20	Meno
	25	Ringwood
	30	Orienta

48	**MARSHALL**	
	05	Kingston
	08	McBride
	10	Madill
	15	Oakland
	20	New Woodville
	25	Little City
	30	Lebanon
	35	Soldier Creek

49	**MAYES**	
	05	Adair
	10	Chouteau
	15	Disney
	16	Grand Lake Towne
	18	Hoot Owl
	20	Langley
	25	Locust Grove
	30	Pensacola
	35	Pryor
	40	Salina
	45	Spavinaw
	50	Strang
	55	Mazie
	60	Rose
	65	Sportsman Acres

	12	Hickory
	14	Scullin
	15	Sulphur

51	**MUSKOGEE**	
	05	Boynton
	10	Braggs
	15	Council Hill
	20	Fort Gibson
	25	Haskell
	30	Muskogee
	35	Oktaha
	40	Porum
	45	Taft
	50	Wainwright
	55	Warner
	60	Webbers Falls
	65	Keefeton
	70	Briartown
	75	Summit

52	**NOBLE**	
	05	Billings
	10	Marland
	15	Morrison
	20	Perry
	25	Red Rock
	30	Lucien
	35	Lela
	40	Sumner

53	**NOWATA**	
	05	Delaware
	10	Lenapah
	13	New Alluwe
	15	Nowata
	20	S. Coffeyville
	25	Wann

54	**OKFUSKEE**	
	03	Bearden
	05	Boley
	10	Castle
	12	Clearview
	15	Okemah
	20	Paden
	25	Weleetka

44	**McCLAIN**	
	05	Blanchard
	10	Byars

50	**MURRAY**	
	05	Davis
	10	Dougherty

55	**OKLAHOMA**	
	05	Bethany
	10	Choctaw

	15	Del City
	20	Edmond
	25	Forest Park
	30	Harrah
	35	Jones
	38	Lake Aluma
	40	Luther
	45	Arcadia
	55	Midwest City
	60	Nichols Hills
	65	Nicoma Park
	70	Oklahoma City
	80	Spencer
	82	Springlake Park
	85	Valley Brook
	90	The Village
	95	Warr Acres
	98	Woodlawn Park
	99	Smith Village
56	**OKMULGEE**	
	05	Beggs
	10	Bryant
	15	Dewar
	20	Grayson
	25	Henryetta
	26	Liberty
	30	Hoffman
	32	Kusa
	35	Morris
	40	Okmulgee
	43	Schulter
	45	Winchester
57	**OSAGE**	
	05	Bartlesville
	10	Barnsdall
	15	Burbank
	20	Fairfax
	25	Foraker
	30	Grainola
	35	Hominy
	40	Osage
	43	Pershing
	45	Pawhuska
	47	Prue
	49	Sand Springs
	50	Shidler
	55	Webber City
	60	Wynona
	70	Skiatook
	75	Avant
	80	Tulsa
	85	Ponca City
58	**OTTAWA**	
	05	Afton
	07	Cardin
	10	Commerce
	15	Fairland
	20	Miami
	25	North Miami
	30	Peoria
	35	Picher
	40	Quapaw
	45	Wyandotte
	15	Hallett
	20	Jennings
	27	Leander
	30	Maramec
	35	Pawnee
	40	Ralston
	42	Rigsby
	44	Shady Grove
	45	Skedee
	50	Terlton
	55	Quay
	60	Lela
	65	Westport
60	**PAYNE**	
	05	Cushing
	10	Glencoe
	14	Drumright
	15	Perkins
	20	Ripley
	25	Stillwater
	30	Yale
	45	Orlando
	55	Quay
61	**PITTSBURG**	
	05	Alderson
	10	Ashland
	15	Canadian
	20	Crowder
	25	Haileyville
	30	Hartshorne
	35	Indianola
	40	Kiowa
	45	Krebs
	50	McAlester
	55	Pittsburg
	60	Quinton
	65	Savanna
	70	Haywood
	75	Arpelar
	80	Bache
	85	Dow
62	**PONTOTOC**	
	05	Ada
	13	Fitzhugh
	15	Francis
	20	Roff
	25	Stonewall
	30	Byng
	35	Fittstown
	40	Allen
	08	Brooksville
	10	Earlsboro
	13	Johnson
	15	McLoud
	20	Macomb
	30	St. Louis
	35	Shawnee
	40	Tecumseh
	45	Wanette
	50	Pearson
	52	Tribbey
	55	Maud
	60	Dale
	65	Pink
	70	Oklahoma City
	80	Remus
64	**PUSHMATAHA**	
	05	Albion
	10	Antlers
	15	Clayton
	20	Rattan
	25	Snow
	30	Oleta
65	**ROGER MILLS**	
	05	Cheyenne
	10	Hammon
	15	Reydon
	20	Strong City
	25	Roll
	30	Sweetwater
66	**ROGERS**	
	05	Catoosa
	06	Fair Oaks
	10	Chelsea
	15	Claremore
	17	Foyil
	20	Inola
	22	Jamestown
	25	Oologah
	30	Talala
	32	Owasso
	35	Valley Park
	37	Verdigris
	40	Collinsville
	50	Tulsa
67	**SEMINOLE**	
	05	Cromwell
	10	Konawa
	12	Lima
	15	Sasakwa
	20	Seminole
	25	Wewoka
	30	Bowlegs
	35	Wolf
	55	Maud

County Number		City
59	**PAWNEE**	
	05	Blackburn
	10	Cleveland
63	**POTTAWATOMIE**	
	05	Asher
	07	Bethel Acres
68	**SEQUOYAH**	
	05	Gans
	10	Gore

	15	Marble City
	20	Moffet
	25	Muldrow
	28	Paradise Hills
	30	Roland
	35	Sallisaw
	40	Vian
	45	Aqua Park
69	**STEPHENS**	
	03	Bray
	04	Center High
	05	Comanche
	10	Duncan
	12	Empire City
	15	Loco
	20	Marlow
	25	Velma
	30	County Line
70	**TEXAS**	
	05	Goodwell
	10	Guymon
	15	Hardesty
	20	Hooker
	25	Optima
	30	Texhoma
	35	Tyrone
71	**TILLMAN**	
	03	Chattanooga
	05	Davidson
	10	Frederick
	15	Grandfield
	20	Hollister
	25	Loveland
	30	Manitou
	35	Tipton
72	**TULSA**	
	05	Bixby
	15	Collinsville
	20	Glenpool
	25	Jenks
	26	Liberty
	27	Lotsee
	30	Owasso
	35	Sand Springs
	45	Sperry
	46	Sapulpa
	50	Tulsa
	55	Leonard
	60	Broken Arrow
	70	Skiatook
	03	Bixby
	05	Coweta
	07	Fair Oaks
	09	New Tulsa
	10	Okay
	15	Porter
	20	Redbird
	25	Tullahassee
	30	Wagoner
	35	Stone Bluff
	40	Catoosa
	50	Tulsa
	60	Broken Arrow
74	**WASHINGTON**	
	05	Bartlesville
	10	Copan
	15	Dewey
	20	Ochelata
	25	Ramona
	30	Vera
	35	Wann
75	**WASHITA**	
	05	Bessie
	10	Burns Flat
	15	Canute
	16	Clinton
	20	Cordell
	25	Corn
	30	Dill City
	35	Foss
	40	Rocky
	45	Sentinel
	50	Colony
76	**WOODS**	
	05	Alva
	10	Avard
	15	Capron
	20	Dacoma
	25	Freedom
	30	Waynoka
	35	Hopeton
77	**WOODWARD**	
	05	Mooreland
	10	Mutual
	15	Quinlan
	20	Sharon
	25	Fort Supply
	30	Woodward

County Number	City
73	**WAGONER**

Appendix B: Two Letter State and Foreign Country Abbreviations

Listed below are the accepted State and country abbreviations to be used. To be uniform in reporting, no other abbreviations are permitted.

AL	Alabama	MT	Montana	CN	Canada	HL	Hidalgo
AK	Alaska	NE	Nebraska	AB	Alberta	JL	Jalisco
AZ	Arizona	NV	Nevada	BC	British Columbia	MX	Mexico
AR	Arkansas	NH	New Hampshire	MB	Manitoba	MC	Michoacan de Ocampo
CA	California	NJ	New Jersey	NB	New Brunswick	MR	Moreios
CO	Colorado	NM	New Mexico	NF	Newfoundland	NA	Nayarit
CT	Connecticut	NY	New York	NT	Northwest Territory	NL	Nuevo Leon
DE	Delaware	NC	North Carolina	NS	Nova Scotia	OA	Oaxaca
FL	Florida	ND	North Dakota	ON	Ontario	PB	Puebla
GA	Georgia	OH	Ohio	PE	Prince Edward Island	QU	Queretero de Arteaga
HI	Hawaii	OK	Oklahoma	QC	Quebec	QR	Quintana Roo
ID	Idaho	OR	Oregon	SK	Saskatchewan	SL	San Luis Potosi
IL	Illinois	PA	Pennsylvania	YT	Yukon Territory	SI	Sinaloa
IN	Indiana	RI	Rhode Island	NU	Nunavut	SO	Sonora
IA	Iowa	SC	South Carolina			TB	Tabasco
KS	Kansas	SD	South Dakota	MX	Mexico	TA	Tamaulipas
KY	Kentucky	TN	Tennessee	AG	Aguascalientes	TL	Tlaxcala
LA	Louisiana	TX	Texas	BA	Baja California Norte	VC	Veracruz-Llava
ME	Maine	UT	Utah	BJ	Baja California Sur	YU	Yucatan
MD	Maryland	VT	Vermont	CM	Campeche	ZA	Zacatecas
MA	Massachusetts	VA	Virginia	CI	Chiapas		
MI	Michigan	WA	Washington	CH	Chihuahua	AS	American Samoa
MN	Minnesota	WV	West Virginia	CU	Coahuila de Zaragoza	PR	Puerto Rico
MS	Mississippi	WI	Wisconsin	CL	Colima	US	United States Government
MO	Missouri	WY	Wyoming	DF	Distrito Federal	VI	U.S. Virgin Islands
				DO	Durango		
		DC	District of Columbia	GT	Guanajuato	98	Others not listed
				GR	Guerrero	99	Unknown

Appendix C: Vehicle Make Abbreviations

ACURA	ACUR
ALFA ROMEO	ALFA
AM GENERAL CORP	AMGC
AMERICAN EAGLE	AEAG
AMERICAN MOTORS	AMER
AMF	AMF
AMPHICAT	AMPT
ARTIC CAT	ARCA
ASPES	APES
ASSEMBLED VEHICLES	ASVE
ASTON-MARTIN	ASTO
ASUNA	ASUN
AUDI	AUDI
AUSTIN	AUST
AUSTIN-HEALY	AUHE
AUTOCAR	AUTO
AVANTI	AVTI
BANTAM	BANM
BENELLI	BENE
BENTLEY	BENT
BIG BEAR	FLEO
BMW	BMW
BOMBADIER	BOMB
BORELLA	BRLL
BRIGGS & STRATTON	BRST
BSA	BSA
BUELL MOTOR	BUEL
BUICK	BUIC
CADILLAC	CADI
CAPRI	CAP
CERTIFICATE OF ORIGIN	CERF
CHAPARRAL	CHAP
CHAPPY	YAMA
CHECKER	CHEC
CHEVROLET	CHEV
CHRYSLER	CHRY
CIAO	VESP
CITROEN	CITR
CLASSIC	MOTN
COLT	SUZI
CONSTRUCTION EQUIPMENT	CE
COOPER	COOP
CUSHMAN	CUSH
DAEWOO	DAEW
DAIHATSU	DAIH
DATSUN	DATS
DELOREAN	DELO
DESOTO	DESO
DETOMASO	DETO
DKW	DKW
DODGE	DODG
DUCATI	DUCA
DYNACYCLE	DYCY

EAGLE	EGLE
ECSTASY TRIKES OF ALLENTOWN	ECTA
EDSEL	EDSE
ENCORE	ENCR
ENGINE (WHEN MAKE NOT LISTED)	ENGN
E-Z Rider	ALEX
FERRARI	FERR
FIAT	FIAT
Five-Star	JUIL
FORD	FORD
FOXI	FOXI
FREIGHTLINER	FRHT
FWD	FWD
GARELLI	GARE
GEO	GEO
GM	GM
GMC	GMC
GO KART	GOKT
GOLFMOBILE	GOGO
GRANDE	VESP
HARLEY DAVIDSON	HD
HILLMAN	HILL
HINO	HINO
HODAKA	HODA
HOMEMADE MOTORCYCLES	HOMD
HONDA	HOND
HUFFY CORP.	HUFY
HUMMER	HUMM
HUSKY	HUSK
HUSQVARNA	HUSQ
HYUNDAI	HYUN
INDIAN	IND
INFINITI	INFI
INTERNATIONAL	INTL
ISUZU	ISU
IVECO	IVEC
JAGUAR	JAGU
JEEP	JEEP
JENSEN	JENS
KAISER	KAIS
KAWASAKI	KAWK
KENWORTH	KW
KIA	KIA
KTM	KTM
LADA	LADA
LAMBORGHINI	LAMO
LANCIA	LNCI
LAND ROVER	LNDR
LEXUS	LEXS
LINCOLN	LINC
LOTUS	LOTU
MACK	MACK
MARMON	MARM

MASERATI	MASE
MAZDA	MAZD
MERCEDES BENZ	MERZ
MERCURY	MERC
MERKUR	MERK
MG	MG
MINI	MNNI
MINISCOOTER	MINI
MITSUBISHI	MITS
MOJAVE	MOJA
MORRIS	MORR
MOTO GUZZI	MOGU
MOTORCYCLE (NO MAKE LISTED)	CYCL
NASH	NASH
NISSAN	NISS
NORTON	NORT
ODYSSEY	ODSS
OLDSMOBILE	OLDS
OPEL	OPEL
OSHKOSH	OSHK
OTHER	OTHE
PACKARD	PACK
PASSPORT	PASS
PETERBILT	PTRB
PEUGEOT	PEUG
PINIFARINA	PINI
PLYMOUTH	PLYM
PONTIAC	PONT
PORSCHE	PORS
PURE STEEL CUSTOM CYCLES	PSCC
RAMBLER	RAMB
RECONSTRUCTED MOTORCYCLE	RECO
RENAULT	RENA
REO	REO
ROADMASTER	AMF
ROLLS-ROYCE	ROL
ROVER	ROV

SAAB	SAA
SATURN	STRN
SCAMP	SCAM
SCION	SCIO
SHELBY AMERICAN	SHEB
SIMCA	SIM
SNOW TRI SCAT	SNOC
SPECIAL (GO-CART, GOLF CART)	SPEC
SPORTSMAN	SPOR
SSI	SSI
STERLING	STRG
STUDEBAKER	STU
SUBARU	SUBA
SUNBEAM	SUNB
SUPER GLIDE (MFD. H-DAVIDSON)	HD
SUPER-TRYKE (MFD. HEALD)	HEAL
SUZUKI	SUZI
TECUMSEH	TECU
TITAN CUSTOM MOTORCYCLE	TITN
TOYOTA	TOYT
TRAIL BLAZER	TRBZ
TRAIL BOSS	TRBO
TRAIL BREAKER	TRBR
TRANSMISSION (NO MAKE LISTED)	TRMN
TRIUMPH	TRIU
UNLISTED MOTORCYCLE MAKE	CYCL
VESPA	VESP
VICTORY MOTORCYCLES	VCTY
VOLKSWAGEN	VOLK
VOLVO	VOLV
WESTERN FLYER	COLB
WHITE	WHIT
WHITEGMC	WHGM
WINNEBAGO	WINN
YAMAHA	YAMA
YARD-MAN	COLB
YUGO	YUGO

Additional NCIC Vehicle Codes may be found at: http://www.leds.state.or.us/OSP/CJIS/docs/NCIC_Vehicle_Codes.pdf

Appendix D: Extended Definitions

Collision:
A collision is an unstabilized situation which includes at least one harmful event (ANSI D-16.1-Section 2.4.6, Edition 2007).

Contact vehicle:
A contact vehicle is any road vehicle which comes in contact with one or more road vehicles, non-motorists, or property in a collision. A contact vehicle is directly involved in a collision.

Deliberate intent:
Deliberate intent is the classification given to the cause of an event which occurs when a person acts deliberately to cause the event or deliberately refrains from prudent acts which would prevent occurrence of the event (ANSI D16.1 Section 2.4.2, Edition 2007).

Inclusions:

- Suicide
- Self-inflicted injury
- Homicide
- Injury or damage purposely inflicted
- And others

Exclusions:

- Injury or damage beyond that which was intended
- And others

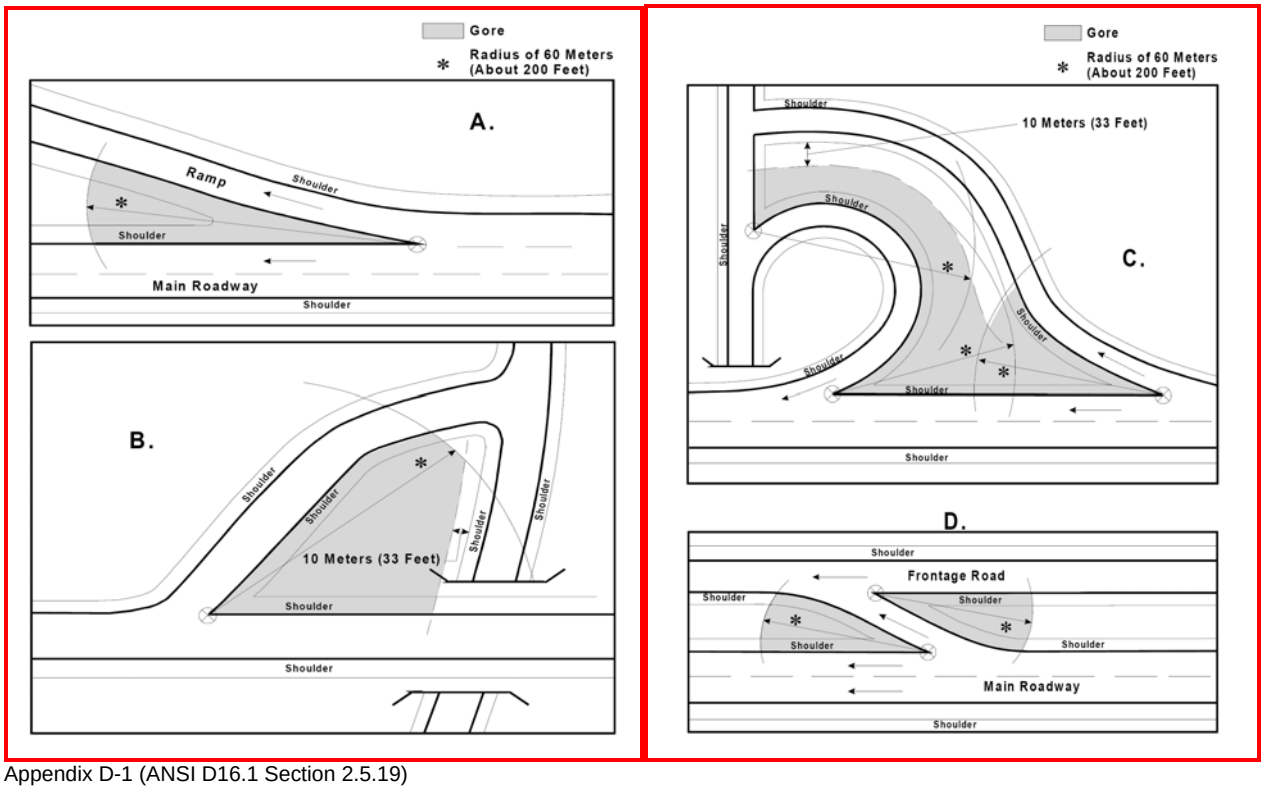
Examples:

1) When a driver intentionally kills or injures himself with a motor vehicle, by driving it against a fixed object or into a body of water, for example, the driver's death or injury is a result of deliberate intent.

2) When a driver intentionally kills or injures another person with a motor vehicle, by running into a pedestrian, for example, the death or injury is a result of deliberate intent.

3) When a driver intentionally causes damage with a motor vehicle, by ramming another vehicle, for example, the damage is a result of deliberate intent.

Gore
A gore is an area of land where two roadways diverge or converge. The area is bounded on two sides by the edges of the roadways, which join at the point of divergence or convergence. The direction of traffic must be the same on both sides of these roadways. The area includes shoulders or marked pavement, if any, between the roadways. The third side is 60 meters (approximately 200 feet) from the point of divergence or convergence or, if any other road is within 70 meters (230 feet) of that point, a line 10 meters (33 feet) from the nearest edge of such road (ANSI-D16.1 Section 2.5.19, Edition 2007).



Appendix D-1 (ANSI D16.1 Section 2.5.19)

Harmful event:
A harmful event is an occurrence of injury or damage (ANSI D16.1 Section 2.4.1, Edition 2007).

Inclusions:

An incident can be an injury or damage resulting when a driver dies, loses consciousness or control of the vehicle because of a medical condition such as a stroke, heart attack, diabetic coma, epileptic seizure, etc. In such case the immediate effect of the disease, such as the driver's death, loss of consciousness or control is not itself considered to be a harmful event.

Interstate Commerce:
Trade, traffic or transportation in the United States

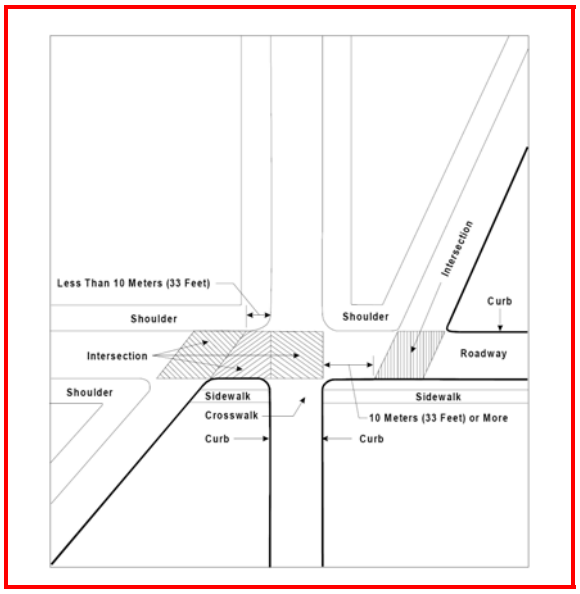
Between a place in a State and a place outside of such State (including a place outside of the U.S.)
Between two places in a State through another State or a place outside of the U.S.
Between two places in a State as part of trade, traffic or transportation originating or terminating outside the State or the U.S.
Required to have a USDOT number.

Intrastate Commerce:
Used for a carrier that operates entirely within the state

Not required to have USDOT number
USDOT numbers in the process of being assigned to intrastate motor carriers in a number of states
Should include state two-character abbreviation on the end (Example: USDOT 123456XX)

Intersection
An intersection is an area which (1) contains a crossing or connection of two or more roadways not classified as driveway access and (2) is embraced within the prolongation of the lateral curb lines or, if none, the lateral boundary lines of the roadways. This does not include a collision which occurs beneath an overpass or above an underpass.

Where the distance along multiple roadways between two areas meeting these criteria are less than 10 meters (33 feet), the two areas and the roadways connecting them are considered to be parts of a single intersection (ANSI D16.1 Section 2.5.10, 2007 Edition).



Legal intervention:
Legal intervention is a category of deliberate intent in which the person who acts or refrains from acting is a law-enforcing agent or other official (ANSI D16.1 Section 2.4.3, 2007 Edition).

Examples:

1) If a lawbreaker crashes either intentionally or unintentionally into a road block set up by police to stop him, the crash is considered a result of legal intervention. If a driver other than the lawbreaker crashes into the road block, the crash is not considered to be a result of legal intervention.

2) If a police car is intentionally driven into another vehicle with the intent of ending the pursuit, the result is considered to be a legal intervention. If a lawbreaker being pursued by the police loses control of his vehicle and crashes, the result is not considered to result be a legal intervention.

3) If during the course of the pursuit, the police vehicle strikes a road vehicle other than the subject of the pursuit, a non-motorist, or property, then that harmful event is not a legal intervention.

Median
A median is an area of a trafficway between parallel roads separating travel in opposite directions (see Figure 1). A median should be four or more feet wide (ANSI D16.1 Section 2.2.29, 2007 Edition).

Inclusions:

- Physical barriers separating roads with travel in opposite directions.
- Depressed, raised or flush areas between roads with travel in opposite directions.
- Painted medians of four or more feet between roads with travel in opposite directions, including continuous left-turn lanes.

Exclusions:

- Shoulders, separators

Motor Vehicle in Transport
A motor vehicle is any motorized (mechanically or electrically powered) road vehicle not operation on rails (ANSI D16-1996, 2.2.7). The term “in transport” denotes the state or condition of a transport vehicle which is in motion or within the portion of a transport way ordinarily used by similar transport vehicles. When applied to motor vehicles, “in transport” means in motion or on a roadway (ANSI D16-1996, 2.2.34, 2007 Edition).

Not In Commerce - Government
Any government vehicle whether operated by local, state or federal government. In most circumstances, a government vehicle will not have a USDOT number.

Not in Commerce - Other Trucks
Used for personal rental vehicles (U-Haul, Penske, etc.) over 10,000 pounds GVWR/GCWR operated by a private individual.

Positive Median Barrier:
A positive median barrier is a temporary or permanent vertical structure designed to prevent vehicles from entering the opposing traffic stream, either accidentally or intentionally. Positive median barriers may also be used to reduce the glare produced by oncoming vehicle headlights.

Railway Collision:
A railway collision is a transport collision that (1) involves a railway train in transport and (2) is not an aircraft collision, watercraft collision, or motor vehicle collision (ANSI D16.1 Section 2.4.13, 2007 Edition).

Roundabout:
A roundabout is a circular traffic pattern in which yield control is used on all entries, circulating vehicles have the right-of-way, pedestrian access is allowed only across the legs of the roundabout behind the yield line and circulation is counter-clockwise and passes to the right of the central island.

Sag
Sag is the bottom of the hill.

Special Mobilized Machine:
Special purpose machines, either self-propelled or drawn as trailers or semitrailers, which derive no revenue from the transportation of persons or property, whose use of the highway is only incidental, and whose useful revenue producing service is performed at destinations in an area away from the traveled surface of an established open highway (Source Title 47 1102.23).

Traffic Circle:
A traffic circle is an intersection of roads where motor vehicles must travel around a circle to continue on the same road or leave on any intersecting road.

Working Motor Vehicle

A working motor vehicle is a motor vehicle in the act of performing construction, maintenance or utility work related to the trafficway. This "work" may be located within open or closed portions of the trafficway and motor vehicles performing these activities can be within or outside of the trafficway boundaries (ANSI D16.1, Section 2.2.7.2).

Inclusions:

- Vehicle at work in a marked work zone
- Vehicle at work on the median, shoulder or roadside.
- Mobile maintenance convoy
- A law enforcement vehicle which is participating strictly in a stationary construction or mobile maintenance activity as a traffic slowing, control, signaling or calming influence

Examples:

1) Asphalt roller working in a highway construction zone
2) State highway maintenance crew mowing grass on roadside
3) Utility truck performing maintenance on the power lines along the roadway
4) A private excavating company contracted by the state digging the foundation for a new overpass

Exclusions:

- Vehicle performing a private construction/maintenance activity
- Law enforcement vehicle performing other work activities, such as traffic stops, accident investigation, patrolling and traffic control, which is not related to construction, maintenance or utility work on the trafficway
- Vehicle performing a work activity other than highway construction, maintenance or utility work
- Construction, maintenance, utility vehicle while moving from one job site to another

Examples:

1) An excavation company digging a foundation for a new building
2) Garbage truck, delivery truck, taxi, emergency vehicle or tow truck, etc.

Work Zone

A Work Zone is a segment of road that is currently being worked on for repairs or improvements. A “workspace” – a portion of the road (lanes, shoulder, etc.) is closed with repair workers and/or equipment present. Here are the relevant sections of a work zone:

Before the first Work Zone Warning Sign

This is the section of highway where road users have not yet entered the upcoming work zone or incident area. A collision that occurs before or after the Work Zone warning area or after the Termination Area may be counted as a Work Zone collision is traffic is congested before or after these areas.

Advance Warning Area

The advance warning area is the section of highway where road users are informed about the upcoming work zone or incident area. The advance warning area may vary from a single sign or high-intensity rotating, flashing, oscillating, or strobe lights on a vehicle to a series of signs in advance of the temporary traffic control (TTC) zone activity area (Source: Manual on Uniform Traffic Control Devices, Section 6C.04, 2009 Edition).

Transition Area

The transition area is that section of highway where road users are redirected out of their normal path (Source: Manual on Uniform Traffic Control Devices, Section 6C.05, 2009 Edition).

Activity Area

The activity area is the section of the highway where the work activity takes place. It is comprised of the workspace, the traffic space, and the buffer space. The workspace is that portion of the highway closed to road users and set aside for workers, equipment, and material, and a shadow vehicle if one is used upstream (Source: Manual on Uniform Traffic Control Devices, Section 6C.06, 2009 Edition).

Workspaces are usually delineated for road users by channelizing devices or, to exclude vehicles and pedestrians, by temporary barriers. The workspace may be stationary or may move as work progresses (Source: Manual on Uniform Traffic Control Devices, Section 6C.06, 2009 Edition).

The traffic space is the portion of the highway in which road users are routed through the activity area (Source: Manual on Uniform Traffic Control Devices, Section 6C.06, 2009 Edition).

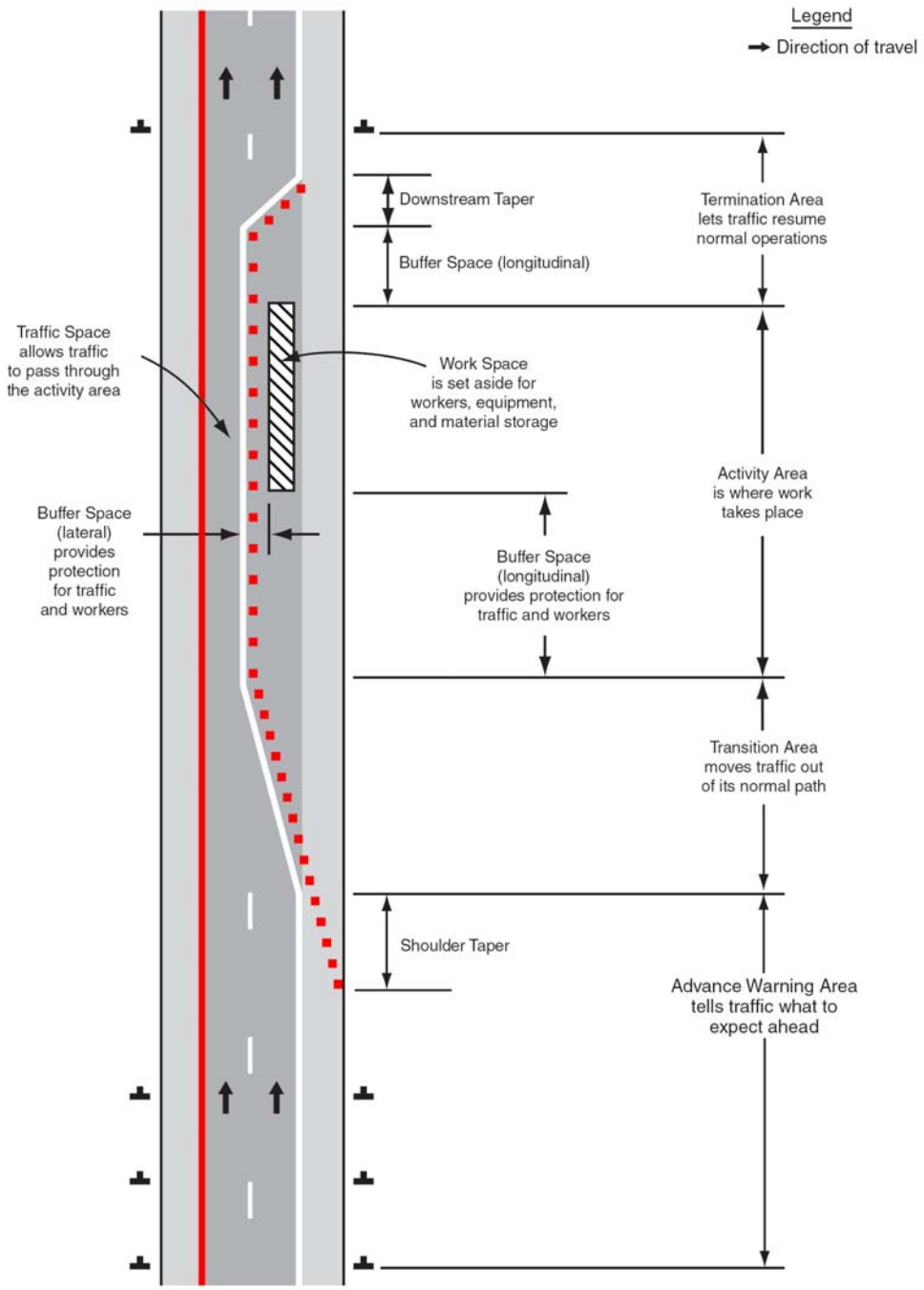
The buffer space is a lateral and/or longitudinal area that separates road user flow from the workspace or an unsafe area, and might provide some recovery space for an errant vehicle (Source: Manual on Uniform Traffic Control Devices, Section 6C.06, 2009 Edition).

.

Termination Area

The termination area shall be used to return road users to their normal path. The termination area shall extend from the downstream end of the work area to the last TTC device such as END ROAD WORK signs, if posted. An END ROAD WORK sign, a Speed Limit sign, or other signs may be used to inform road users that they can resume normal operations. A longitudinal buffer space may be used between the workspace and the beginning of the downstream taper (Source: Manual on Uniform Traffic Control Devices, Section 6C.07, 2009 Edition).

Component Parts of a Temporary Traffic Control Zone



Appendix E: Unit Definitions

ANSI D16.1 – 1996

2.2.4 Railway vehicle:

A railway vehicle is any land vehicle that is (1) designed primarily for, or in use for, moving persons or property from one place to another on rails and (2) not in use on a land way other than a railway.

Inclusions:

— Street car on private way
— And others

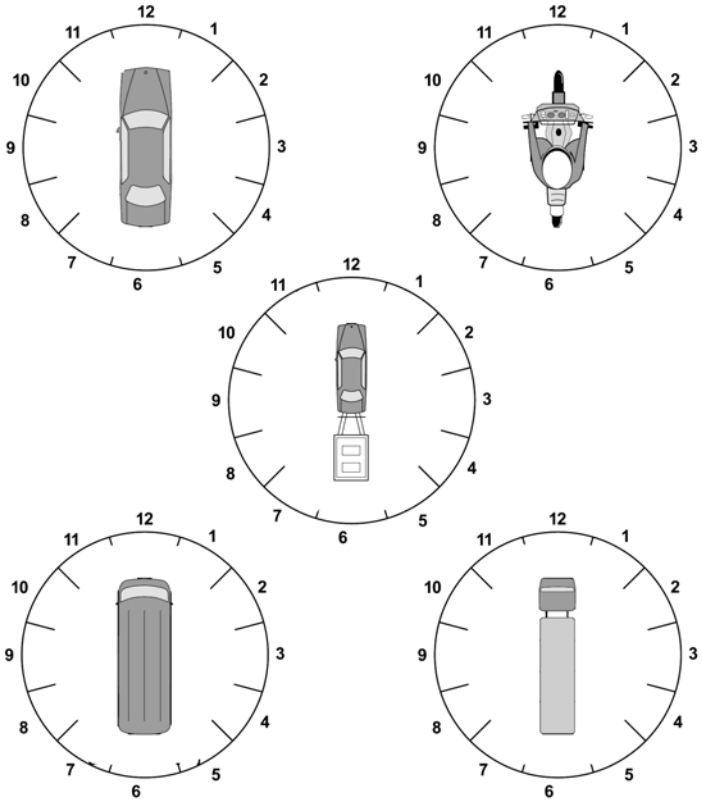
Exclusions:

— Street car operating on trafficway (See 2.2.8.)
— And others

2.2.5 Railway train:

A railway train is any motorized railway vehicle.

Appendix F: Additional Clock Contact Diagrams



Appendix G: Sequence of Events - Fixed Object Examples

40 – Barrier (Cable)

41 – Barrier (Concrete)

45 – Traffic Signal Support

46 –Traffic Sign Support

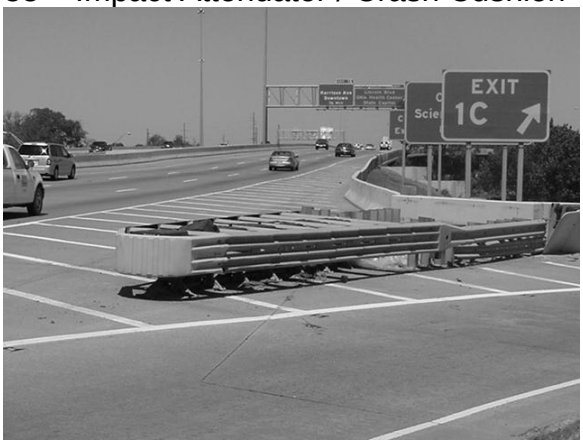
46 –Traffic Sign Support

51 – Culvert

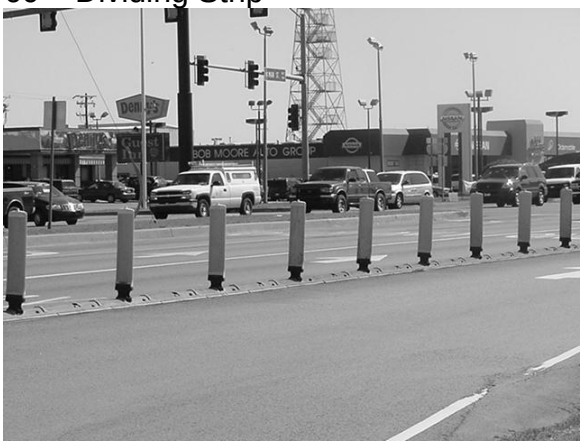
53 – Island

54 – Sand Barrel

55 – Impact Attenuator / Crash Cushion



60 – Dividing Strip



62 – Bridge Abutment

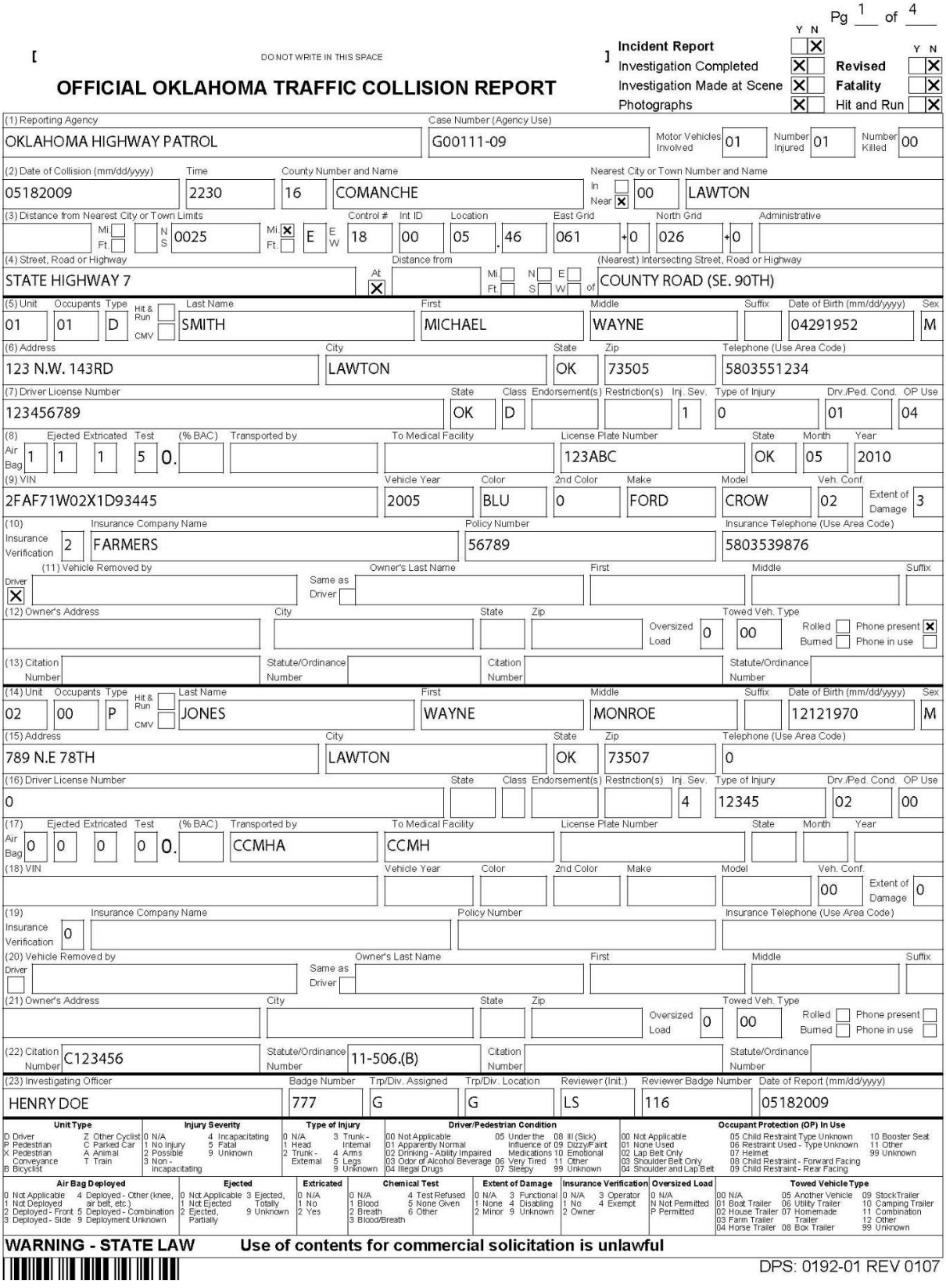
63 –Bridge Pier and Support

67 – Bridge Superstructure and Beams

69 – Delineator

Appendix H: Report Examples

Example collision report involving a car and a pedestrian (Page 1):



Pg 1 of 4

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

	Y	N
Incident Report		X
Investigation Completed	X	
Investigation Made at Scene	X	
Photographs	X	
Revised		X
Fatality		X
Hit and Run		X

(1) Reporting Agency: OKLAHOMA HIGHWAY PATROL | Case Number (Agency Use): G00111-09 | Motor Vehicles Involved: 01 | Number Injured: 01 | Number Killed: 00

(2) Date of Collision (mm/dd/yyyy): 05182009 | Time: 2230 | County Number and Name: 16 COMANCHE | Nearest City or Town Number and Name: In [ ] Near [X] 00 LAWTON

(3) Distance from Nearest City or Town Limits: Mi [ ] Ft [ ] N/S [ ] 0025 Mi [X] Ft [ ] E/W E | Control #: 18 | Int ID: 00 | Location: 05 . 46 | East Grid: 061 +0 | North Grid: 026 +0 | Administrative:

(4) Street, Road or Highway: STATE HIGHWAY 7 | Distance from: At [X] Mi [ ] Ft [ ] N [ ] S [ ] E [ ] W [ ] of | (Nearest) Intersecting Street, Road or Highway: COUNTY ROAD (SE. 90TH)

(5) Unit	Occupants	Type	Hit & Run / CMV	Last Name	First	Middle	Suffix	Date of Birth (mm/dd/yyyy)	Sex
01	01	D	[ ] / [ ]	SMITH	MICHAEL	WAYNE		04291952	M

(6) Address: 123 N.W. 143RD | City: LAWTON | State: OK | Zip: 73505 | Telephone (Use Area Code): 5803551234

(7) Driver License Number	State	Class	Endorsement(s)	Restriction(s)	Inj. Sev.	Type of Injury	Drv./Ped. Cond.	OP Use
123456789	OK	D			1	0	01	04

(8) Air Bag	Ejected	Extricated	Test	(% BAC)	Transported by	To Medical Facility	License Plate Number	State	Month	Year
1	1	1	5	0.			123ABC	OK	05	2010

(9) VIN	Vehicle Year	Color	2nd Color	Make	Model	Veh. Conf.	Extent of Damage
2FAF71W02X1D93445	2005	BLU	0	FORD	CROW	02	3

(10) Insurance Verification: 2 | Insurance Company Name: FARMERS | Policy Number: 56789 | Insurance Telephone (Use Area Code): 5803539876

(11) Vehicle Removed by: Driver [X] | Owner's Last Name: Same as Driver [ ] | First | Middle | Suffix

(12) Owner's Address | City | State | Zip | Oversized Load: 0 | Towed Veh. Type: 00 | Rolled [ ] Burned [ ] | Phone present [X] Phone in use [ ]

(13) Citation Number | Statute/Ordinance Number | Citation Number | Statute/Ordinance Number

(14) Unit	Occupants	Type	Hit & Run / CMV	Last Name	First	Middle	Suffix	Date of Birth (mm/dd/yyyy)	Sex
02	00	P	[ ] / [ ]	JONES	WAYNE	MONROE		12121970	M

(15) Address: 789 N.E 78TH | City: LAWTON | State: OK | Zip: 73507 | Telephone (Use Area Code): 0

(16) Driver License Number	State	Class	Endorsement(s)	Restriction(s)	Inj. Sev.	Type of Injury	Drv./Ped. Cond.	OP Use
0					4	12345	02	00

(17) Air Bag	Ejected	Extricated	Test	(% BAC)	Transported by	To Medical Facility	License Plate Number	State	Month	Year
0	0	0	0	0.	CCMHA	CCMH				

(18) VIN	Vehicle Year	Color	2nd Color	Make	Model	Veh. Conf.	Extent of Damage
						00	0

(19) Insurance Verification: 0 | Insurance Company Name | Policy Number | Insurance Telephone (Use Area Code)

(20) Vehicle Removed by: Driver [ ] | Owner's Last Name: Same as Driver [ ] | First | Middle | Suffix

(21) Owner's Address | City | State | Zip | Oversized Load: 0 | Towed Veh. Type: 00 | Rolled [ ] Burned [ ] | Phone present [ ] Phone in use [ ]

(22) Citation Number: C123456 | Statute/Ordinance Number: 11-506.(B) | Citation Number | Statute/Ordinance Number

(23) Investigating Officer	Badge Number	Trp/Div. Assigned	Trp/Div. Location	Reviewer (Init.)	Reviewer Badge Number	Date of Report (mm/dd/yyyy)
HENRY DOE	777	G	G	LS	116	05182009

Unit Type: D Driver; P Pedestrian; X Pedestrian Conveyance; B Bicyclist; Z Other Cyclist; C Parked Car; A Animal; T Train

Injury Severity: 0 N/A; 1 No Injury; 2 Possible; 3 Non-incapacitating; 4 Incapacitating; 5 Fatal; 9 Unknown

Type of Injury: 0 N/A; 1 Head; 2 Trunk-External; 3 Trunk-Internal; 4 Arms; 5 Legs; 9 Unknown

Driver/Pedestrian Condition: 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; 99 Unknown

Occupant Protection (OP) In Use: 00 Not Applicable; 01 None Used; 02 Lap Belt Only; 03 Shoulder Belt Only; 04 Shoulder and Lap Belt; 05 Child Restraint Type Unknown; 06 Restraint Used - Type Unknown; 07 Helmet; 08 Child Restraint - Forward Facing; 09 Child Restraint - Rear Facing; 10 Booster Seat; 11 Other; 99 Unknown

Air Bag Deployed: 0 Not Applicable; 1 Not Deployed; 2 Deployed - Front; 3 Deployed - Side; 4 Deployed - Other (knee, air bag, etc.); 5 Deployed - Combination; 9 Deployment Unknown

Ejected: 0 Not Applicable; 1 Not Ejected; 2 Ejected, Partially; 3 Ejected, Totally; 9 Unknown

Extricated: 0 N/A; 1 No; 2 Yes

Chemical Test: 0 N/A; 1 Blood; 2 Breath; 3 Blood/Breath; 4 Test Refused; 5 None Given; 6 Other

Extent of Damage: 0 N/A; 1 None; 2 Minor; 3 Functional; 4 Disabling; 9 Unknown

Insurance Verification: 0 N/A; 1 No; 2 Owner; 3 Operator; 4 Exempt

Oversized Load: 0 N/A; N Not Permitted; P Permitted

Towed Vehicle Type: 00 N/A; 01 Boat Trailer; 02 House Trailer; 03 Farm Trailer; 04 Horse Trailer; 05 Another Vehicle; 06 Utility Trailer; 07 Homemade Trailer; 08 Box Trailer; 09 StockTrailer; 10 Camping Trailer; 11 Combination; 12 Other; 99 Unknown

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

DPS: 0192-01 REV 0107

Example collision report involving a car and a pedestrian (Page 2):

Case Number G00111-09 Pg 2 of 4

(24) Unit | Pos in Veh. | Last Name | First | Middle | Suffix | DOB(mm/dd/yyyy) | Sex
Injured ☐ Passenger ☐ Witness ☐ Prop. Owner ☐
(25) Address | City | State | Zip | Telephone (Use Area Code)
Same as Driver ☐
(26) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | To Medical Facility | Property Type

(27) Unit | Pos in Veh. | Last Name | First | Middle | Suffix | DOB (mm/dd/yyyy) | Sex
Injured ☐ Passenger ☐ Witness ☐ Prop. Owner ☐
(28) Address | City | State | Zip | Telephone (Use Area Code)
Same as Driver ☐
(29) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | To Medical Facility | Property Type

(30) Unit | Pos in Veh. | Last Name | First | Middle | Suffix | DOB (mm/dd/yyyy) | Sex
Injured ☐ Passenger ☐ Witness ☐ Prop. Owner ☐
(31) Address | City | State | Zip | Telephone (Use Area Code)
Same as Driver ☐
(32) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | To Medical Facility | Property Type

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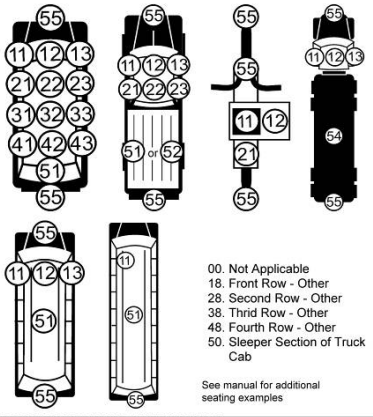
Injured ☐ Passenger ☐ Witness ☐ Prop. Owner ☐
(34) Address | City | State | Zip | Telephone (Use Area Code)
Same as Driver ☐
(35) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | To Medical Facility | Property Type

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

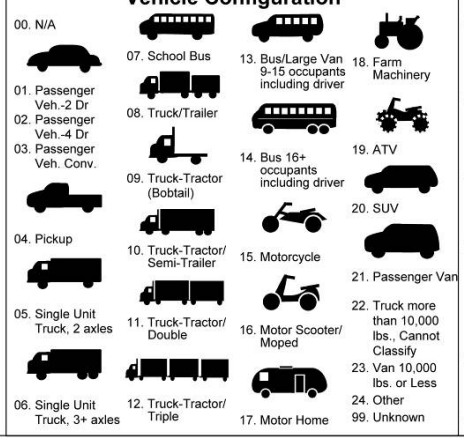
(36) Unit | Carrier Name | Address
(37) City | State | Zip | GVWR ☐ GCWR ☐ 0 - 10K lbs. ☐ 10,001 - 26K lbs. ☐ 26K+ lbs. ☐ | Axle Qty. | Cargo Body | Vehicle Use: Interstate Commerce ☐ Intrastate Commerce ☐ Other Non-Commercial ☐ Government ☐
(38) U.S. DOT Number | NASI Report Number | Placard Number | Haz. Mat. Class | Haz. Mat. Involved Yes ☐ No ☐ | Haz. Mat. Release Yes ☐ No ☐

(39) Unit | Carrier Name | Address
(40) City | State | Zip | GVWR ☐ GCWR ☐ 0 - 10K lbs. ☐ 10,001 - 26K lbs. ☐ 26K+ lbs. ☐ | Axle Qty. | Cargo Body | Vehicle Use: Interstate Commerce ☐ Intrastate Commerce ☐ Other Non-Commercial ☐ Government ☐
(41) U.S. DOT Number | NASI Report Number | Placard Number | Haz. Mat. Class | Haz. Mat. Involved Yes ☐ No ☐ | Haz. Mat. Release Yes ☐ No ☐

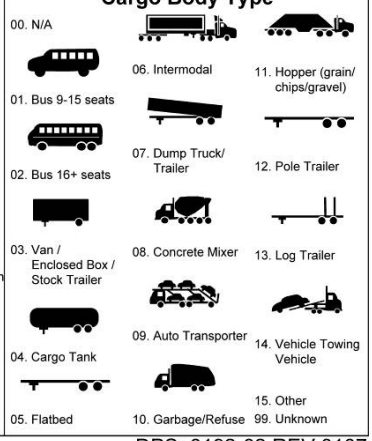
Position in Vehicle



Vehicle Configuration



Cargo Body Type



DPS: 0192-02 REV 0107

Example collision report involving a car and a pedestrian (Page 3):

Case Number G00111-09

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT Pg 3 of 4

	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'	01	02	70				
This unit will correspond to 'Unit 2'	02	02	00	06	02	1	01

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

Type of Work Zone
1 Lane Closure
2 Lane Shift/Crossover
3 Work on Shoulder or Median
4 Intermittent or Moving Work
9 Unknown

Location of the Work Zone Collision
1 Before the First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area
5 Termination Area
9 Unknown

Workers Present Yes ☐ No ☐ Unknown ☐

Light 2
1 Daylight
2 Dark-Not Lighted
3 Dark-Lighted
4 Dawn
5 Dusk
6 Dark-Unknown Lighting
7 Other
9 Unknown

Weather 01
01 Clear
02 Fog/Smog/Smoke
03 Cloudy
04 Rain
05 Snow
06 Sleet/Hail (Freezing Rain/Drizzle)
07 Severe Crosswind
08 Blowing Snow
09 Blowing Sand, Soil, Dirt
10 Other
99 Unknown

Locality 5
1 Residential
2 Business
3 Industrial
4 School
5 Not Built-up
6 Mixed Use
7 Other
9 Unknown

Type of Intersection 4
0 Not an Intersection
2 Y-Intersection
3 T-Intersection
4 Four-Way Intersection
5 Five-Point or More
6 Intersection as Part of Interchange
7 Traffic Circle
8 Roundabout
9 Unknown

Incident Type 00
00 Not an Incident
51 Private Property
52 Deliberate Intent
53 Medical Condition
54 Legal Intervention
55 Suicide
57 Drowning
58 Other

Location of First Harmful Event 01
01 On Roadway
02 Shoulder
03 Median
04 Roadside
05 Gore
06 Separator
07 Parking Lane/Zone
08 Off Roadway, Location Unknown
09 Outside Right-of Way
10 Other
99 Unknown

What Vehicle Was Going to Do Unit 1: 01 Unit 2: 00
00 Not Applicable
01 Go Ahead
02 Turn Left
03 Turn Right
04 Make "U" Turn
05 Stop
06 Slow for Cause
07 Start from Park/Stop
08 Change Lanes
09 Overtake
10 Pass
11 Back
12 Remain Stopped
13 Remain Parked
14 Enter/Merge in Traffic
15 Negotiate a Curve
16 Park
17 Other
99 Unknown

What Vehicle Did Unit 1: 06 Unit 2: 00
00 Not Applicable
01 Went Ahead
02 Turned Left
03 Turned Right
04 Entered "U" Turn
05 Stopped
06 Slowed
07 Started From Park/Stop
08 Entered Other Lane
09 Overtaking
10 Passing
11 Backed
12 Remained Stopped
13 Remained Parked
14 Entered/Merged
15 Departed Rdwy-Right
16 Departed Rdwy-Left
17 Swerved Right
18 Swerved Left
19 Parked
20 Other
99 Unknown

Visibility Obscured by Unit 1: 00 Unit 2: 00
00 Not Applicable
01 Trees
02 Embankment
03 Building
04 Signs
05 Parked Vehicles
06 High Weeds
07 Fences
08 Shrubbery
09 Ice, Snow or Frost on Windows
10 Smoke
11 Fog
12 Dust
13 Rain
14 Sun
15 Other
99 Unknown

Driver Distracted by Unit 1: 0 Unit 2: 0
0 Not Applicable/None
1 Electronic Communication Devices
2 Other Electronic Device
3 Other Inside Vehicle
4 Other Outside Vehicle
9 Unknown

Underride/ Override Unit 1: Unit 2:
0 Not Applicable
1 No Underride or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle in Transport
6 Override, Other Motor Vehicle
9 Unknown

Traffic Control Unit 1: 00 Unit 2: 00
00 No Control
01 Stop Sign
02 Traffic Signal
03 Flashing Traffic Signal
04 School Zone Signs
05 Yield Sign
06 Warning Sign
07 Railroad Advance Warning Sign
08 Railroad Cross Bucks
09 Railroad Gates
10 Railroad Signal
11 No Passing Zone
12 Person (including flagger, law enforcement, crossing guard, etc.)
13 Abnormal Control
14 Other
99 Unknown

Road Surface Conditions Unit 1: 01 Unit 2: 01
01 Dry
02 Wet
03 Ice/Frost
04 Snow
05 Mud, Dirt, Gravel
06 Slush
07 Water (standing, moving)
08 Sand
09 Oil
10 Other
99 Unknown

Road Character

Grade Unit 1: 1 Unit 2: 1
1 Level
2 Hillcrest
3 Uphill
4 Downhill
5 Sag (bottom)

Road Alignment Unit 1: 1 Unit 2: 1
1 Straight
2 Curve - Left
3 Curve - Right

Road Surface Type Unit 1: 2 Unit 2: 2
1 Concrete
2 Asphalt
3 Gravel
4 Dirt
5 Brick
6 Other
9 Unknown

Trafficway Unit 1: 3 Unit 2: 3
0 Not Applicable
1 One Way
2 Two-Way - Not Divided
3 Two-Way - Divided
4 Two-Way - Divided - Positive Median Barrier
5 Turn Lane
6 Ramp / Loop
7 Driveway
8 Alley / Parking Lot
9 Unknown

Vehicle Removal Unit 1: 4 Unit 2: 0
0 Not Applicable
1 Towed Due to Vehicle Damage
2 Towed For Reasons Other Than Damage
3 Remained at Scene
4 Driven from Scene
9 Unknown

Vehicle Condition Unit 1: 01 Unit 2: 00
00 Not Applicable
01 Apparently Normal
02 Brakes
03 Headlights
04 Steering
05 Tail Lights
06 Brake Lights
07 Tires/Wheels
08 Suspension
09 Signal lights
10 Windows
11 Truck Coupling/Trailer Hitch/Safety Chains
12 Mirrors 15 Other
13 Wipers 99 Unknown
14 Power Train

Special Function of Vehicle Unit 1: 00 Unit 2: 00
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 99 Unknown

Emergency Vehicle Responding to an Emergency Unit 1: 0 Unit 2: 0
0 N/A 2 No
1 Yes 9 Unknown

Unsafe / Unlawful Contributing Factors Unit 1: 98 Unit 2: 99

FAILED TO YIELD
01 From Stop Sign
02 From Yield Sign
03 Private Drive
04 County Road at Through Highway
05 From Signal Light
06 From Alley
07 To Pedestrian
08 To Vehicle on Right
09 To Vehicle in Intersection
10 To Emergency Vehicles
12 Other

FOLLOWED TOO CLOSELY
13 Human Element
14 Traffic Condition
15 Weather Condition

UNSAFE SPEED
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

IMPROPER TURN
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
38 **CHANGED LANES UNSAFELY**
39 **STOPPED IN TRAFFIC LANE**

FAILED TO STOP
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

UNSAFE VEHICLE
47 Brakes
48 Steering
49 Tires
50 Suspension
51 Headlights
52 Tail Lights
53 Stop Lights
54 Wheel
55 Exhaust System
56 Windshield Wipers
57 Other Mechanical Defects

LEFT OF CENTER
58 In Meeting
59 No Passing Zone (Unmarked)
60 Marked Zone
61 Other

IMPROPER OVERTAKING
62 In Marked Zone
63 On Hill/Curve
64 At Intersection
65 Without Sufficient Clearance
66 Other

IMPROPER PARKING
67 On Roadway
68 Where Prohibited
69 Other

INATTENTION
70 Distracted by Passenger in Vehicle
71 Other Distraction Inside Vehicle
72 Distraction From Outside Vehicle
73 Other

WRONG WAY
74 On One Way
75 On Exit Ramp
76 On Entrance Ramp
77 Other

IMPROPER START FROM
78 Parked Position
79 Other

80 **ALCOHOL-DUI/DWI**
81 **DRUG-DUI**

OTHER IMPROPER ACT/ MOVEMENT
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

UNKN./NO IMPROPER ACT
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 **NO IMPROPER ACTION BY DRIVER**
99 **PEDESTRIAN ACTION**

Point of First Contact on Vehicle Unit 1: 12 Unit 2: 00

Most Damaged Area Unit 1: 12 Unit 2: 00

00 Not Applicable 14 Undercarriage
13 Top 99 Unknown

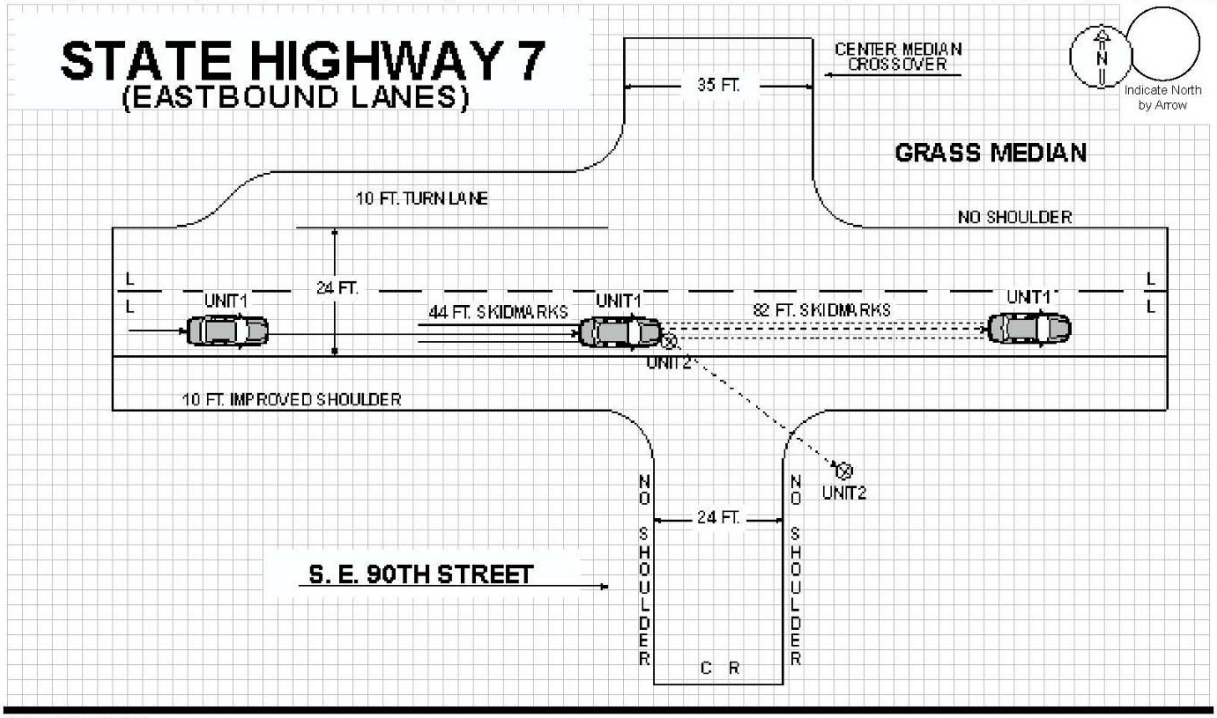
DPS: 0192-03 REV 0107

Example collision report involving a car and a pedestrian (Page 4):

Case Number G00111-09 Pg 4 of 4

Latitude N Longitude W Railroad Crossing Number Roadway Orientation

Unit Number 01 NE SW E Unit Number 02 NE SW 0



COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
01	30	00	00	00	30	30
02	00	00	00	00	00	

00 Not Applicable
10 Overturn/Rollover
11 Fire/Explosion
12 Immersion
13 Jackknife
14 Cargo/Equipment Loss or Shift
15 Equipment Failure (Blown Tire, Brake Failure, etc.)
16 Separation of Units
17 Departed Road Right
18 Departed Road Left
19 Cross Median/Centerline
20 Downhill Runaway
21 Fell/Jumped From Motor Vehicle
22 Thrown Or Falling Object
23 Other Non-Collision

PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:

30 Pedestrian
31 Pedal Cycle
32 Railway Vehicle (train, engine)
33 Animal
34 Motor Vehicle in Transport
35 Parked Motor Vehicle
36 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
37 Work Zone/Maintenance Equipment
38 Other Non-Fixed Object

FIXED OBJECT:

40 Barrier (Cable)
41 Barrier (Concrete)
42 Barrier (Other)
43 Fence Pole
44 Fence
45 Traffic Signal Support
46 Traffic Sign Support
47 Utility Pole/Light Support
48 Other Post/Pole/Support
49 Guardrail/Guardrail Face
50 Guardrail End
51 Culvert
52 Curb
53 Island
54 Sand Barrels
55 Impact Attenuator/ Crash Cushion
56 Pavement Drop-Off
57 Ditch
58 Embankment
59 Tree (Standing)
60 Dividing Strip
61 Retaining Wall
62 Bridge Abutment
63 Bridge Pier or Support
64 Bridge Rail
65 Bridge Post
66 Bridge Curb
67 Bridge Super Structure (Beams)
68 Bridge Overhead Structure
69 Delineator
70 Mailbox
71 Other Fixed Object
72 Other Highway Structure
73 Ground
99 Unknown

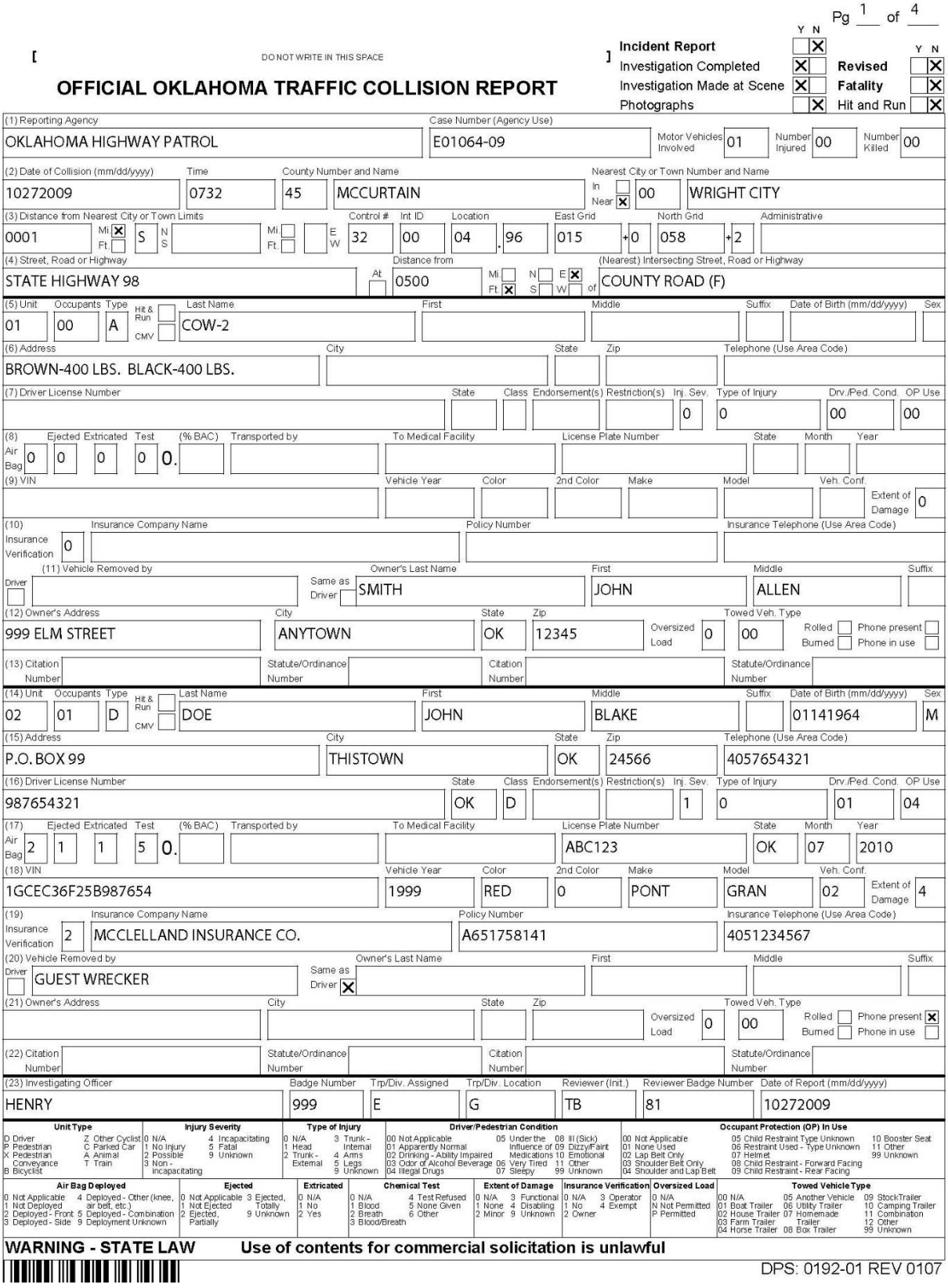
Remarks

BOTH UNIT #1 AND UNIT #2 (PEDESTRIAN) WERE TRAVELING EASTBOUND ON S.H. 7. DRIVER OF UNIT #1 DID NOT SEE UNIT #2 WALKING IN THE ROADWAY DUE TO DARKNESS. UNIT #1 THEN STRUCK UNIT #2. P.O.I. WAS APPROX. 10 FEET SOUTH OF THE L/L OF S.H. 7 EASTBOUND AND APPROX. 10 FEET WEST OF THE C/R OF S.E. 90TH. P.O.R. FOR UNIT #1 WAS APPROX. 82 FEET EAST OF THE P.O.I. AND P.O.R. FOR UNIT #2 WAS APPROX. 34 FEET EAST AND 28 FEET SOUTH OF THE P.O.I. UNIT #1 LEFT APPROX. 44 FEET OF SKID MARKS BEFORE IMPACT AND APPROX. 82 FEET OF SKID MARKS AFTER IMPACT. PHOTOGRAPHS WERE TAKEN AT THE SCENE BY JOHN DOE WHICH ARE IN HIS POSSESSION STORED AT HIS RESIDENTIAL STUDIO.

This report is based on the officer's investigation of this collision. This report may contain the opinion of the officer.

DPS: 0192-04 REV 0107

Example collision report involving a car and an animal (Cow) (Page 1):



Pg 1 of 4

[DO NOT WRITE IN THIS SPACE]

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

	Y	N
Incident Report		X
Investigation Completed	X	
Investigation Made at Scene	X	
Photographs		X
Revised		X
Fatality		X
Hit and Run		X

(1) Reporting Agency: OKLAHOMA HIGHWAY PATROL | Case Number (Agency Use): E01064-09 | Motor Vehicles Involved: 01 | Number Injured: 00 | Number Killed: 00

(2) Date of Collision (mm/dd/yyyy): 10272009 | Time: 0732 | County Number and Name: 45 MCCURTAIN | Nearest City or Town Number and Name: In [ ] Near [X] 00 WRIGHT CITY

(3) Distance from Nearest City or Town Limits: 0001 Mi [X] Ft [ ] | S | N [ ] S [ ] | Mi [ ] Ft [ ] | E [ ] W [ ] | Control #: 32 | Int ID: 00 | Location: 04 . 96 | East Grid: 015 +0 | North Grid: 058 +2 | Administrative:

(4) Street, Road or Highway: STATE HIGHWAY 98 | At [ ] | Distance from: 0500 Mi [ ] Ft [X] | N [ ] S [ ] E [X] W [ ] of | (Nearest) Intersecting Street, Road or Highway: COUNTY ROAD (F)

(5) Unit	Occupants	Type	Hit & Run	CMV	Last Name	First	Middle	Suffix	Date of Birth (mm/dd/yyyy)	Sex
01	00	A	[ ]	[ ]	COW-2					

(6) Address: BROWN-400 LBS. BLACK-400 LBS. | City | State | Zip | Telephone (Use Area Code)

(7) Driver License Number	State	Class	Endorsement(s)	Restriction(s)	Inj. Sev.	Type of Injury	Drv./Ped. Cond.	OP Use
					0	0	00	00

(8) Air Bag	Ejected	Extricated	Test	(% BAC)	Transported by	To Medical Facility	License Plate Number	State	Month	Year
0	0	0	0	0.						

(9) VIN	Vehicle Year	Color	2nd Color	Make	Model	Veh. Conf.	Extent of Damage
							0

(10) Insurance Verification: 0 | Insurance Company Name | Policy Number | Insurance Telephone (Use Area Code)

(11) Vehicle Removed by: Driver [ ] | Same as Driver [ ] | Owner's Last Name: SMITH | First: JOHN | Middle: ALLEN | Suffix

(12) Owner's Address: 999 ELM STREET | City: ANYTOWN | State: OK | Zip: 12345 | Oversized Load: 0 | Towed Veh. Type: 00 | Rolled [ ] Burned [ ] | Phone present [ ] Phone in use [ ]

(13) Citation Number | Statute/Ordinance Number | Citation Number | Statute/Ordinance Number

(14) Unit	Occupants	Type	Hit & Run	CMV	Last Name	First	Middle	Suffix	Date of Birth (mm/dd/yyyy)	Sex
02	01	D	[ ]	[ ]	DOE	JOHN	BLAKE		01141964	M

(15) Address: P.O. BOX 99 | City: THISTOWN | State: OK | Zip: 24566 | Telephone (Use Area Code): 4057654321

(16) Driver License Number	State	Class	Endorsement(s)	Restriction(s)	Inj. Sev.	Type of Injury	Drv./Ped. Cond.	OP Use
987654321	OK	D			1	0	01	04

(17) Air Bag	Ejected	Extricated	Test	(% BAC)	Transported by	To Medical Facility	License Plate Number	State	Month	Year
2	1	1	5	0.			ABC123	OK	07	2010

(18) VIN	Vehicle Year	Color	2nd Color	Make	Model	Veh. Conf.	Extent of Damage
1GCEC36F25B987654	1999	RED	0	PONT	GRAN	02	4

(19) Insurance Verification: 2 | Insurance Company Name: MCCLELLAND INSURANCE CO. | Policy Number: A651758141 | Insurance Telephone (Use Area Code): 4051234567

(20) Vehicle Removed by: Driver [ ] GUEST WRECKER | Same as Driver [X] | Owner's Last Name | First | Middle | Suffix

(21) Owner's Address | City | State | Zip | Oversized Load: 0 | Towed Veh. Type: 00 | Rolled [ ] Burned [ ] | Phone present [X] Phone in use [ ]

(22) Citation Number | Statute/Ordinance Number | Citation Number | Statute/Ordinance Number

(23) Investigating Officer	Badge Number	Trp/Div. Assigned	Trp/Div. Location	Reviewer (Init.)	Reviewer Badge Number	Date of Report (mm/dd/yyyy)
HENRY	999	E	G	TB	81	10272009

Unit Type: D Driver; P Pedestrian; X Pedestrian Conveyance; B Bicyclist; Z Other Cyclist; C Parked Car; A Animal; T Train

Injury Severity: 0 N/A; 1 No Injury; 2 Possible; 3 Non-incapacitating; 4 Incapacitating; 5 Fatal; 9 Unknown

Type of Injury: 0 N/A; 1 Head; 2 Trunk - External; 3 Trunk - Internal; 4 Arms; 5 Legs; 9 Unknown

Driver/Pedestrian Condition: 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; 99 Unknown

Occupant Protection (OP) In Use: 00 Not Applicable; 01 None Used; 02 Lap Belt Only; 03 Shoulder Belt Only; 04 Shoulder and Lap Belt; 05 Child Restraint Type Unknown; 06 Restraint Used - Type Unknown; 07 Helmet; 08 Child Restraint - Forward Facing; 09 Child Restraint - Rear Facing; 10 Booster Seat; 11 Other; 99 Unknown

Air Bag Deployed: 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

Ejected: 0 Not Applicable; 1 Not Ejected; 2 Ejected, Partially; 3 Ejected, Totally; 9 Unknown

Extricated: 0 N/A; 1 No; 2 Yes

Chemical Test: 0 N/A; 1 Blood; 2 Breath; 3 Blood/Breath; 4 Test Refused; 5 None Given; 6 Other

Extent of Damage: 0 N/A; 1 None; 2 Minor; 3 Functional; 4 Disabling; 9 Unknown

Insurance Verification: 0 N/A; 1 No; 2 Owner; 3 Operator; 4 Exempt

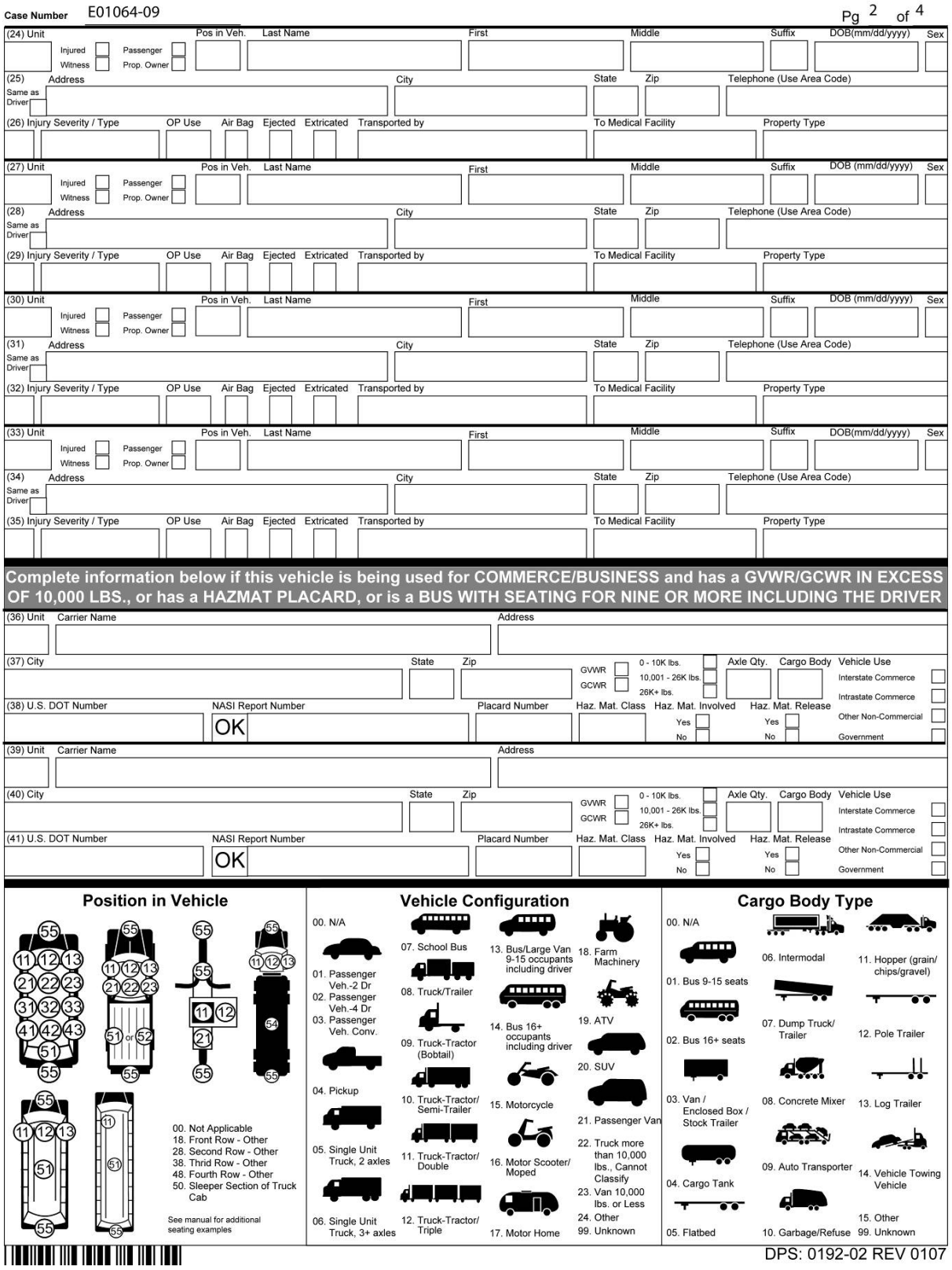
Oversized Load: 0 N/A; N Not Permitted; P Permitted

Towed Vehicle Type: 00 N/A; 01 Boat Trailer; 02 House Trailer; 03 Farm Trailer; 04 Horse Trailer; 05 Another Vehicle; 06 Utility Trailer; 07 Homemade Trailer; 08 Box Trailer; 09 Stock Trailer; 10 Camping Trailer; 11 Combination; 12 Other; 99 Unknown

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

DPS: 0192-01 REV 0107

Example collision report involving a car and an animal (Cow) (Page 2):



Case Number E01064-09 Pg 2 of 4

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(39) Unit | Carrier Name | Address
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(41) U.S. DOT Number | NASI Report Number: OK | Placard Number | Haz. Mat. Class | Haz. Mat. Involved Yes ☐ No ☐ | Haz. Mat. Release Yes ☐ No ☐

Position in Vehicle

00. Not Applicable
18. Front Row - Other
28. Second Row - Other
38. Thrid Row - Other
48. Fourth Row - Other
50. Sleeper Section of Truck Cab

See manual for additional seating examples

Vehicle Configuration

00. N/A
01. Passenger Veh.-2 Dr
02. Passenger Veh.-4 Dr
03. Passenger Veh. Conv.
04. Pickup
05. Single Unit Truck, 2 axles
06. Single Unit Truck, 3+ axles
07. School Bus
08. Truck/Trailer
09. Truck-Tractor (Bobtail)
10. Truck-Tractor/ Semi-Trailer
11. Truck-Tractor/ Double
12. Truck-Tractor/ Triple
13. Bus/Large Van 9-15 occupants including driver
14. Bus 16+ occupants including driver
15. Motorcycle
16. Motor Scooter/ Moped
17. Motor Home
18. Farm Machinery
19. ATV
20. SUV
21. Passenger Van
22. Truck more than 10,000 lbs., Cannot Classify
23. Van 10,000 lbs. or Less
24. Other
99. Unknown

Cargo Body Type

00. N/A
01. Bus 9-15 seats
02. Bus 16+ seats
03. Van / Enclosed Box / Stock Trailer
04. Cargo Tank
05. Flatbed
06. Intermodal
07. Dump Truck/ Trailer
08. Concrete Mixer
09. Auto Transporter
10. Garbage/Refuse
11. Hopper (grain/ chips/gravel)
12. Pole Trailer
13. Log Trailer
14. Vehicle Towing Vehicle
15. Other
99. Unknown

DPS: 0192-02 REV 0107

Example collision report involving a car and an animal (Cow) (Page 3):

Case Number E01064-09

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT Pg 3 of 4

	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'	01	02	00				
This unit will correspond to 'Unit 2'	02	02	55				

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

Type of Work Zone
1 Lane Closure
2 Lane Shift/Crossover
3 Work on Shoulder or Median
4 Intermittent or Moving Work
9 Unknown

Location of the Work Zone Collision
1 Before the First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area
5 Termination Area
9 Unknown

Workers Present Yes ☐ No ☐ Unknown ☐

Light 1
1 Daylight
2 Dark-Not Lighted
3 Dark-Lighted
4 Dawn
5 Dusk
6 Dark-Unknown Lighting
7 Other
9 Unknown

Weather 01
01 Clear
02 Fog/Smog/Smoke
03 Cloudy
04 Rain
05 Snow
06 Sleet/Hail (Freezing Rain/Drizzle)
07 Severe Crosswind
08 Blowing Snow
09 Blowing Sand, Soil, Dirt
10 Other
99 Unknown

Locality 5
1 Residential
2 Business
3 Industrial
4 School
5 Not Built-up
6 Mixed Use
7 Other
9 Unknown

Type of Intersection 0
0 Not an Intersection
2 Y-Intersection
3 T-Intersection
4 Four-Way Intersection
5 Five-Point or More
6 Intersection as Part of Interchange
7 Traffic Circle
8 Roundabout
9 Unknown

Incident Type 00
00 Not an Incident
51 Private Property
52 Deliberate Intent
53 Medical Condition
54 Legal Intervention
55 Suicide
57 Drowning
58 Other

Location of First Harmful Event 01
01 On Roadway
02 Shoulder
03 Median
04 Roadside
05 Gore
06 Separator
07 Parking Lane/Zone
08 Off Roadway, Location Unknown
09 Outside Right-of Way
10 Other
99 Unknown

What Vehicle Was Going to Do Unit 1: 00 Unit 2: 01
00 Not Applicable
01 Go Ahead
02 Turn Left
03 Turn Right
04 Make "U" Turn
05 Stop
06 Slow for Cause
07 Start from Park/Stop
08 Change Lanes
09 Overtake
10 Pass
11 Back
12 Remain Stopped
13 Remain Parked
14 Enter/Merge in Traffic
15 Negotiate a Curve
16 Park
17 Other
99 Unknown

What Vehicle Did Unit 1: 00 Unit 2: 06
00 Not Applicable
01 Went Ahead
02 Turned Left
03 Turned Right
04 Entered "U" Turn
05 Stopped
06 Slowed
07 Started From Park/Stop
08 Entered Other Lane
09 Overtaking
10 Passing
11 Backed
12 Remained Stopped
13 Remained Parked
14 Entered/Merged
15 Departed Rdwy-Right
16 Departed Rdwy-Left
17 Swerved Right
18 Swerved Left
19 Parked
20 Other
99 Unknown

Visibility Obscured by Unit 1: 00 Unit 2: 00
00 Not Applicable
01 Trees
02 Embankment
03 Building
04 Signs
05 Parked Vehicles
06 High Weeds
07 Fences
08 Shrubbery
09 Ice, Snow or Frost on Windows
10 Smoke
11 Fog
12 Dust
13 Rain
14 Sun
15 Other
99 Unknown

Driver Distracted by Unit 1: 0 Unit 2: 0
0 Not Applicable/None
1 Electronic Communication Devices
2 Other Electronic Device
3 Other Inside Vehicle
4 Other Outside Vehicle
9 Unknown

Underride/ Override Unit 1: Unit 2:
0 Not Applicable
1 No Underride or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle in Transport
6 Override, Other Motor Vehicle
9 Unknown

Traffic Control Unit 1: 00 Unit 2: 00
00 No Control
01 Stop Sign
02 Traffic Signal
03 Flashing Traffic Signal
04 School Zone Signs
05 Yield Sign
06 Warning Sign
07 Railroad Advance Warning Sign
08 Railroad Cross Bucks
09 Railroad Gates
10 Railroad Signal
11 No Passing Zone
12 Person (including flagger, law enforcement, crossing guard, etc.)
13 Abnormal Control
14 Other
99 Unknown

Road Surface Conditions Unit 1: 00 Unit 2: 01
01 Dry
02 Wet
03 Ice/Frost
04 Snow
05 Mud, Dirt, Gravel
06 Slush
07 Water (standing, moving)
08 Sand
09 Oil
10 Other
99 Unknown

Road Character

Grade Unit 1: 0 Unit 2: 1
1 Level
2 Hillcrest
3 Uphill
4 Downhill
5 Sag (bottom)

Road Alignment Unit 1: 0 Unit 2: 1
1 Straight
2 Curve - Left
3 Curve - Right

Road Surface Type Unit 1: 0 Unit 2: 1
1 Concrete
2 Asphalt
3 Gravel
4 Dirt
5 Brick
6 Other
9 Unknown

Trafficway Unit 1: 0 Unit 2: 2
0 Not Applicable
1 One Way
2 Two-Way - Not Divided
3 Two-Way - Divided
4 Two-Way - Divided - Positive Median Barrier
5 Turn Lane
6 Ramp / Loop
7 Driveway
8 Alley / Parking Lot
9 Unknown

Vehicle Removal Unit 1: 0 Unit 2: 1
0 Not Applicable
1 Towed Due to Vehicle Damage
2 Towed For Reasons Other Than Damage
3 Remained at Scene
4 Driven from Scene
9 Unknown

Vehicle Condition Unit 1: 00 Unit 2: 01
00 Not Applicable
01 Apparently Normal
02 Brakes
03 Headlights
04 Steering
05 Tail Lights
06 Brake Lights
07 Tires/Wheels
08 Suspension
09 Signal lights
10 Windows
11 Truck Coupling/Trailer Hitch/Safety Chains
12 Mirrors 15 Other
13 Wipers 99 Unknown
14 Power Train

Special Function of Vehicle Unit 1: 00 Unit 2: 00
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 99 Unknown

Emergency Vehicle Responding to an Emergency Unit 1: 0 Unit 2: 0
0 N/A 2 No
1 Yes 9 Unknown

Unsafe / Unlawful Contributing Factors Unit 1: 91 Unit 2: 98

FAILED TO YIELD
01 From Stop Sign
02 From Yield Sign
03 Private Drive
04 County Road at Through Highway
05 From Signal Light
06 From Alley
07 To Pedestrian
08 To Vehicle on Right
09 To Vehicle in Intersection
10 To Emergency Vehicles
12 Other

FOLLOWED TOO CLOSELY
13 Human Element
14 Traffic Condition
15 Weather Condition

UNSAFE SPEED
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

IMPROPER TURN
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
38 **CHANGED LANES UNSAFELY**
39 **STOPPED IN TRAFFIC LANE**

FAILED TO STOP
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

UNSAFE VEHICLE
47 Brakes
48 Steering
49 Tires
50 Suspension
51 Headlights
52 Tail Lights
53 Stop Lights
54 Wheel
55 Exhaust System
56 Windshield Wipers
57 Other Mechanical Defects

LEFT OF CENTER
58 In Meeting
59 No Passing Zone (Unmarked)
60 Marked Zone
61 Other

IMPROPER OVERTAKING
62 In Marked Zone
63 On Hill/Curve
64 At Intersection
65 Without Sufficient Clearance
66 Other

IMPROPER PARKING
67 On Roadway
68 Where Prohibited
69 Other

INATTENTION
70 Distracted by Passenger in Vehicle
71 Other Distraction Inside Vehicle
72 Distraction From Outside Vehicle
73 Other

WRONG WAY
74 On One Way
75 On Exit Ramp
76 On Entrance Ramp
77 Other

IMPROPER START FROM
78 Parked Position
79 Other

80 **ALCOHOL-DUI/DWI**
81 **DRUG-DUI**

OTHER IMPROPER ACT/ MOVEMENT
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

UNKN./NO IMPROPER ACT
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 **NO IMPROPER ACTION BY DRIVER**
99 **PEDESTRIAN ACTION**

Point of First Contact on Vehicle Unit 1: 00 Unit 2: 12

Most Damaged Area Unit 1: 00 Unit 2: 12

00 Not Applicable 14 Undercarriage
13 Top 99 Unknown

DPS: 0192-03 REV 0107

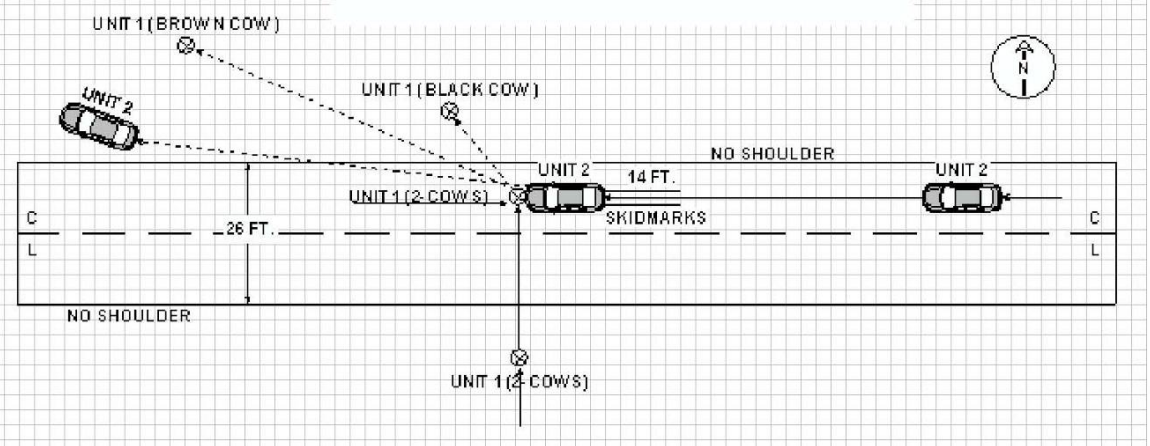
Example collision report involving a car and an animal (Cow) (Page 4):

Case Number E01064-09 Pg 4 of 4

Latitude ____.____ N Longitude ____.____ W Railroad Crossing Number ____ Roadway Orientation

Unit Number 01 NE SW 0 Unit Number 02 NE SW W

Indicate North by Arrow



COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
01	00	00	00	00	00	33
02	33	17	00	00	33	

00 Not Applicable
10 Overturn/Rollover
11 Fire/Explosion
12 Immersion
13 Jackknife
14 Cargo/Equipment Loss or Shift
15 Equipment Failure (Blown Tire, Brake Failure, etc.)
16 Separation of Units
17 Departed Road Right
18 Departed Road Left
19 Cross Median/Centerline
20 Downhill Runaway
21 Fell/Jumped From Motor Vehicle
22 Thrown Or Falling Object
23 Other Non-Collision

PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:

30 Pedestrian
31 Pedal Cycle
32 Railway Vehicle (train, engine)
33 Animal
34 Motor Vehicle in Transport
35 Parked Motor Vehicle
36 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
37 Work Zone/Maintenance Equipment
38 Other Non-Fixed Object

FIXED OBJECT:

40 Barrier (Cable)
41 Barrier (Concrete)
42 Barrier (Other)
43 Fence Pole
44 Fence
45 Traffic Signal Support
46 Traffic Sign Support
47 Utility Pole/Light Support
48 Other Post/Pole/Support
49 Guardrail/Guardrail Face
50 Guardrail End
51 Culvert
52 Curb
53 Island
54 Sand Barrels
55 Impact Attenuator/ Crash Cushion
56 Pavement Drop-Off
57 Ditch
58 Embankment
59 Tree (Standing)
60 Dividing Strip
61 Retaining Wall
62 Bridge Abutment
63 Bridge Pier or Support
64 Bridge Rail
65 Bridge Post
66 Bridge Curb
67 Bridge Super Structure (Beams)
68 Bridge Overhead Structure
69 Delineator
70 Mailbox
71 Other Fixed Object
72 Other Highway Structure
73 Ground
99 Unknown

Remarks

UNIT #1 (2-COWS) WERE NORTHBOUND CROSSING S.H. 98. UNIT #2 WAS WESTBOUND ON S.H. 98. UNIT #1 TRAVELED INTO THE PATH OF UNIT #2. UNIT #2 LEFT APPROX. 14 FEET OF SKIDMARKS PRIOR TO IMPACT AND APPROX. 20 FEET OF SKIDMARKS AFTER IMPACT. THE P.O.I. WAS APPROX. 500 FEET EAST OF COUNTY ROAD "F" AND APPROX. 6 FEET SOUTH OF THE NORTH EDGE OF S.H. 98. AFTER IMPACT, UNIT #1 (BLACK COW) CAME TO REST APPROX. 16 FEET NORTH AND APPROX. 8 FEET WEST OF P.O.I. AND WAS FOUND DECEASED IN THE RIGHT-OF-WAY. UNIT #1 (BROWN COW) WAS INJURED AND WANDERED OFF THE HIGHWAY INTO A TREELINE. THE P.OR. FOR UNIT #2 WAS APPROX. 36 FEET NORTHWEST OF THE P.O.I. UNIT #1 WAS RELEASED TO THE OWNER.

This report is based on the officer's investigation of this collision. This report may contain the opinion of the officer.

DPS: 0192-04 REV 0107

Example collision report involving a car and a train (Page 1):

Pg 1 of 4

[DO NOT WRITE IN THIS SPACE]

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

	Y	N
Incident Report		X
Investigation Completed	X	
Investigation Made at Scene	X	
Photographs		X
Revised		X
Fatality		X
Hit and Run		X

(1) Reporting Agency: OKLAHOMA HIGHWAY PATROL | Case Number (Agency Use): E01322-09 | Motor Vehicles Involved: 01 | Number Injured: 01 | Number Killed: 00

(2) Date of Collision (mm/dd/yyyy): 06252009 | Time: 1430 | County Number and Name: 45 MCCURTAIN | Nearest City or Town Number and Name: In [ ] Near [X] 00 WRIGHT CITY

(3) Distance from Nearest City or Town Limits: 0001 Mi [X] Ft [ ] | S | N S | Mi [ ] Ft [ ] | E W | Control #: 32 | Int ID: 00 | Location: 04 . 96 | East Grid: 015 +0 | North Grid: 058 +2 | Administrative:

(4) Street, Road or Highway: STATE HIGHWAY 98 | At [ ] | Distance from: 0162 Mi [ ] Ft [X] | N [X] S [ ] E [ ] W [ ] | of (Nearest) Intersecting Street, Road or Highway: COUNTY ROAD (NS 15)

Unit 01 (Driver)

Unit	Occupants	Type	Hit & Run	CMV	Last Name	First	Middle	Suffix	Date of Birth (mm/dd/yyyy)	Sex
01	01	D			DOE	JANE	MARY		09191972	F

(6) Address: 11212 1ST ST. | City: VALLIANT | State: OK | Zip: 74764 | Telephone (Use Area Code): 5809876543

(7) Driver License Number: H987123654 | State: OK | Class: D | Endorsement(s): | Restriction(s): 1 | Inj. Sev.: 4 | Type of Injury: 13 | Drv./Ped. Cond.: 06 | OP Use: 04

(8) Air Bag: 2 | Ejected: 1 | Extricated: 2 | Test: 5 | (% BAC): 0. | Transported by: VALLIANT EMS | To Medical Facility: BROKEN BOW REGION. | License Plate Number: ABC123 | State: OK | Month: 09 | Year: 2010

(9) VIN: 1FTCF73H87B456789 | Vehicle Year: 1999 | Color: GRN | 2nd Color: WHI | Make: FORD | Model: F150 | Veh. Conf.: 04 | Extent of Damage: 4

(10) Insurance Verification: 2 | Insurance Company Name: ROE INSURANCE CO. | Policy Number: 170147244 | Insurance Telephone (Use Area Code): 5809877543

(11) Vehicle Removed by: Driver [ ] MCCLELLAND TOWING | Same as Driver [X] | Owner's Last Name: | First: | Middle: | Suffix:

(12) Owner's Address: | City: | State: | Zip: | Oversized Load: 0 | Towed Veh. Type: 00 | Rolled [ ] Burned [X] | Phone present [X] Phone in use [ ]

(13) Citation Number: F923871 | Statute/Ordinance Number: 11-701.A. | Citation Number: | Statute/Ordinance Number:

Unit 02 (Train)

Unit	Occupants	Type	Hit & Run	CMV	Last Name	First	Middle	Suffix	Date of Birth (mm/dd/yyyy)	Sex
02	01	T			SMITH	ROBERT	LEE	JR	07141964	M

(15) Address: 1234 RAIL WORLD DRIVE | City: MUSKOGEE | State: OK | Zip: 74403 | Telephone (Use Area Code): 9186831234

(16) Driver License Number: | State: | Class: | Endorsement(s): | Restriction(s): | Inj. Sev.: 1 | Type of Injury: 0 | Drv./Ped. Cond.: 01 | OP Use: 00

(17) Air Bag: 0 | Ejected: 0 | Extricated: 0 | Test: 0 | (% BAC): 0. | Transported by: | To Medical Facility: | License Plate Number: BNSF9837 | State: | Month: | Year:

(18) VIN: B123456789235 | Vehicle Year: | Color: | 2nd Color: | Make: FRGT | Model: 36 | Veh. Conf.: 00 | Extent of Damage: 0

(19) Insurance Verification: 0 | Insurance Company Name: | Policy Number: | Insurance Telephone (Use Area Code):

(20) Vehicle Removed by: Driver [ ] | Same as Driver [ ] | Owner's Last Name: BURLINGTON NORTHERN | First: | Middle: | Suffix:

(21) Owner's Address: 999 ANYSTREET | City: ANYTOWN | State: OK | Zip: 12345 | Oversized Load: 0 | Towed Veh. Type: 00 | Rolled [ ] Burned [ ] | Phone present [ ] Phone in use [ ]

(22) Citation Number: | Statute/Ordinance Number: | Citation Number: | Statute/Ordinance Number:

(23) Investigating Officer	Badge Number	Trp/Div. Assigned	Trp/Div. Location	Reviewer (Init.)	Reviewer Badge Number	Date of Report (mm/dd/yyyy)
JOHN JAKE	999	E	E	DEH	119	06252009

Unit Type: D Driver; P Pedestrian; X Pedestrian Conveyance; B Bicyclist; Z Other Cyclist; C Parked Car; A Animal; T Train

Injury Severity: 0 N/A; 1 No Injury; 2 Possible; 3 Non-incapacitating; 4 Incapacitating; 5 Fatal; 9 Unknown

Type of Injury: 0 N/A; 1 Head; 2 Trunk - External; 3 Trunk - Internal; 4 Arms; 5 Legs; 9 Unknown

Driver/Pedestrian Condition: 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; 99 Unknown

Occupant Protection (OP) In Use: 00 Not Applicable; 01 None Used; 02 Lap Belt Only; 03 Shoulder Belt Only; 04 Shoulder and Lap Belt; 05 Child Restraint Type Unknown; 06 Restraint Used - Type Unknown; 07 Helmet; 08 Child Restraint - Forward Facing; 09 Child Restraint - Rear Facing; 10 Booster Seat; 11 Other; 99 Unknown

Air Bag Deployed: 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

Ejected: 0 Not Applicable; 1 Not Ejected; 2 Ejected, Partially; 3 Ejected, Totally; 9 Unknown

Extricated: 0 N/A; 1 No; 2 Yes

Chemical Test: 0 N/A; 1 Blood; 2 Breath; 3 Blood/Breath; 4 Test Refused; 5 None Given; 6 Other

Extent of Damage: 0 N/A; 1 None; 2 Minor; 3 Functional; 4 Disabling; 9 Unknown

Insurance Verification: 0 N/A; 1 No; 2 Owner; 3 Operator; 4 Exempt

Oversized Load: 0 N/A; N Not Permitted; P Permitted

Towed Vehicle Type: 00 N/A; 01 Boat Trailer; 02 House Trailer; 03 Farm Trailer; 04 Horse Trailer; 05 Another Vehicle; 06 Utility Trailer; 07 Homemade Trailer; 08 Box Trailer; 09 Stock Trailer; 10 Camping Trailer; 11 Combination; 12 Other; 99 Unknown

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

DPS: 0192-01 REV 0107

Example collision report involving a car and a train (Page 2):

Case Number E01322-09 Pg 2 of 4

(24) Unit | Pos in Veh. | Last Name | First | Middle | Suffix | DOB(mm/dd/yyyy) | Sex
Injured ☐ Passenger ☐ Witness ☐ Prop. Owner ☐
(25) Address | City | State | Zip | Telephone (Use Area Code)
Same as Driver ☐
(26) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | To Medical Facility | Property Type

(27) Unit | Pos in Veh. | Last Name | First | Middle | Suffix | DOB (mm/dd/yyyy) | Sex
Injured ☐ Passenger ☐ Witness ☐ Prop. Owner ☐
(28) Address | City | State | Zip | Telephone (Use Area Code)
Same as Driver ☐
(29) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | To Medical Facility | Property Type

(30) Unit | Pos in Veh. | Last Name | First | Middle | Suffix | DOB (mm/dd/yyyy) | Sex
Injured ☐ Passenger ☐ Witness ☐ Prop. Owner ☐
(31) Address | City | State | Zip | Telephone (Use Area Code)
Same as Driver ☐
(32) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | To Medical Facility | Property Type

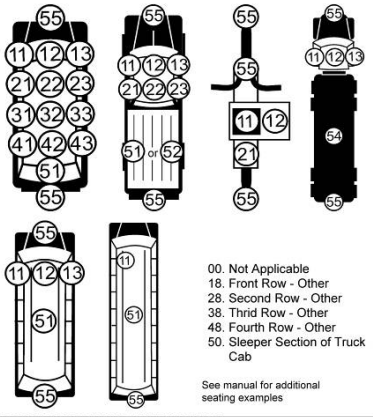
(33) Unit | Pos in Veh. | Last Name | First | Middle | Suffix | DOB(mm/dd/yyyy) | Sex
Injured ☐ Passenger ☐ Witness ☐ Prop. Owner ☐
(34) Address | City | State | Zip | Telephone (Use Area Code)
Same as Driver ☐
(35) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | To 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

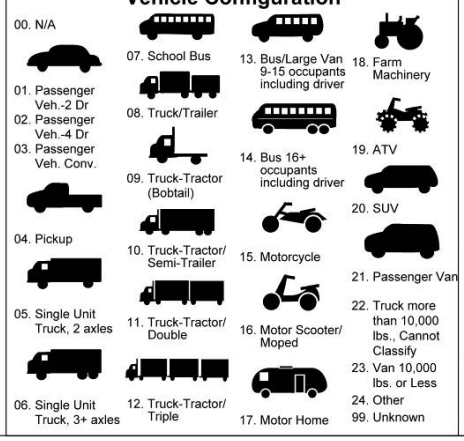
(36) Unit | Carrier Name | Address
(37) City | State | Zip | GVWR ☐ GCWR ☐ 0 - 10K lbs. ☐ 10,001 - 26K lbs. ☐ 26K+ lbs. ☐ | Axle Qty. | Cargo Body | Vehicle Use: Interstate Commerce ☐ Intrastate Commerce ☐ Other Non-Commercial ☐ Government ☐
(38) U.S. DOT Number | NASI Report Number: OK | Placard Number | Haz. Mat. Class | Haz. Mat. Involved Yes ☐ No ☐ | Haz. Mat. Release Yes ☐ No ☐

(39) Unit | Carrier Name | Address
(40) City | State | Zip | GVWR ☐ GCWR ☐ 0 - 10K lbs. ☐ 10,001 - 26K lbs. ☐ 26K+ lbs. ☐ | Axle Qty. | Cargo Body | Vehicle Use: Interstate Commerce ☐ Intrastate Commerce ☐ Other Non-Commercial ☐ Government ☐
(41) U.S. DOT Number | NASI Report Number: OK | Placard Number | Haz. Mat. Class | Haz. Mat. Involved Yes ☐ No ☐ | Haz. Mat. Release Yes ☐ No ☐

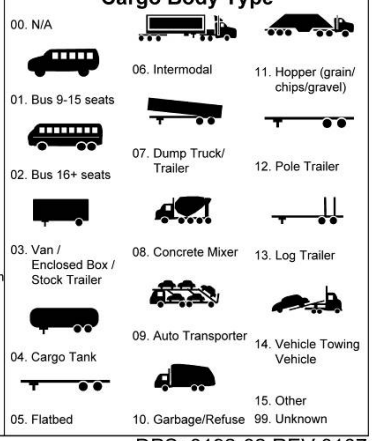
Position in Vehicle



Vehicle Configuration



Cargo Body Type



DPS: 0192-02 REV 0107

Example collision report involving a car and a train (Page 3):

Case Number E01322-09

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT Pg 3 of 4

	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'	01	02	65				
This unit will correspond to 'Unit 2'	02	00	00				

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

Type of Work Zone
1 Lane Closure
2 Lane Shift/Crossover
3 Work on Shoulder or Median
4 Intermittent or Moving Work
9 Unknown

Location of the Work Zone Collision
1 Before the First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area
5 Termination Area
9 Unknown

Workers Present Yes ☐ No ☐ Unknown ☐

Light 1
1 Daylight
2 Dark-Not Lighted
3 Dark-Lighted
4 Dawn
5 Dusk
6 Dark-Unknown Lighting
7 Other
9 Unknown

Weather 03
01 Clear
02 Fog/Smog/Smoke
03 Cloudy
04 Rain
05 Snow
06 Sleet/Hail (Freezing Rain/Drizzle)
07 Severe Crosswind
08 Blowing Snow
09 Blowing Sand, Soil, Dirt
10 Other
99 Unknown

Locality 5
1 Residential
2 Business
3 Industrial
4 School
5 Not Built-up
6 Mixed Use
7 Other
9 Unknown

Type of Intersection 0
0 Not an Intersection
2 Y-Intersection
3 T-Intersection
4 Four-Way Intersection
5 Five-Point or More
6 Intersection as Part of Interchange
7 Traffic Circle
8 Roundabout
9 Unknown

Incident Type 00
00 Not an Incident
51 Private Property
52 Deliberate Intent
53 Medical Condition
54 Legal Intervention
55 Suicide
57 Drowning
58 Other

Location of First Harmful Event 01
01 On Roadway
02 Shoulder
03 Median
04 Roadside
05 Gore
06 Separator
07 Parking Lane/Zone
08 Off Roadway, Location Unknown
09 Outside Right-of Way
10 Other
99 Unknown

	Unit 1	Unit 2
What Vehicle Was Going to Do	01	00
What Vehicle Did	01	00
Visibility Obscured by	00	00
Driver Distracted by	0	0

00 Not Applicable
01 Go Ahead
02 Turn Left
03 Turn Right
04 Make "U" Turn
05 Stop
06 Slow for Cause
07 Start from Park/Stop
08 Change Lanes
09 Overtake
10 Pass
11 Back
12 Remain Stopped
13 Remain Parked
14 Enter/Merge in Traffic
15 Negotiate a Curve
16 Park
17 Other
99 Unknown

0 Not Applicable/None
1 Electronic Communication Devices
2 Other Electronic Device
3 Other Inside Vehicle
4 Other Outside Vehicle
9 Unknown

	Unit 1	Unit 2
Underride/ Override		
Traffic Control	08	00
Road Surface Conditions	01	00
Road Character: Grade	1	0
Road Character: Road Alignment	1	0
Road Surface Type	2	0

Underride/ Override
0 Not Applicable
1 No Underride or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle in Transport
6 Override, Other Motor Vehicle
9 Unknown

Traffic Control
00 No Control
01 Stop Sign
02 Traffic Signal
03 Flashing Traffic Signal
04 School Zone Signs
05 Yield Sign
06 Warning Sign
07 Railroad Advance Warning Sign
08 Railroad Cross Bucks
09 Railroad Gates
10 Railroad Signal
11 No Passing Zone
12 Person (including flagger, law enforcement, crossing guard, etc.)
13 Abnormal Control
14 Other
99 Unknown

Road Surface Conditions
01 Dry
02 Wet
03 Ice/Frost
04 Snow
05 Mud, Dirt, Gravel
06 Slush
07 Water (standing, moving)
08 Sand
09 Oil
10 Other
99 Unknown

Road Character

Grade
1 Level
2 Hillcrest
3 Uphill
4 Downhill
5 Sag (bottom)

Road Alignment
1 Straight
2 Curve - Left
3 Curve - Right

Road Surface Type
1 Concrete
2 Asphalt
3 Gravel
4 Dirt
5 Brick
6 Other
9 Unknown

Trafficway Unit 1: 2 Unit 2: 0
0 Not Applicable
1 One Way
2 Two-Way - Not Divided
3 Two-Way - Divided
4 Two-Way - Divided - Positive Median Barrier
5 Turn Lane
6 Ramp / Loop
7 Driveway
8 Alley / Parking Lot
9 Unknown

Vehicle Removal Unit 1: 1 Unit 2: 0
0 Not Applicable
1 Towed Due to Vehicle Damage
2 Towed For Reasons Other Than Damage
3 Remained at Scene
4 Driven from Scene
9 Unknown

Vehicle Condition Unit 1: 01 Unit 2: 00
00 Not Applicable
01 Apparently Normal
02 Brakes
03 Headlights
04 Steering
05 Tail Lights
06 Brake Lights
07 Tires/Wheels
08 Suspension
09 Signal lights
10 Windows
11 Truck Coupling/Trailer Hitch/Safety Chains
12 Mirrors 15 Other
13 Wipers 99 Unknown
14 Power Train

Special Function of Vehicle Unit 1: 00 Unit 2: 00
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 99 Unknown

Emergency Vehicle Responding to an Emergency Unit 1: 0 Unit 2: 0
0 N/A 2 No
1 Yes 9 Unknown

Unsafe / Unlawful Contributing Factors Unit 1: 43 Unit 2: 98

FAILED TO YIELD
01 From Stop Sign
02 From Yield Sign
03 Private Drive
04 County Road at Through Highway
05 From Signal Light
06 From Alley
07 To Pedestrian
08 To Vehicle on Right
09 To Vehicle in Intersection
10 To Emergency Vehicles
12 Other
FOLLOWED TOO CLOSELY
13 Human Element
14 Traffic Condition
15 Weather Condition
UNSAFE SPEED
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
IMPROPER TURN
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
38 **CHANGED LANES UNSAFELY**
39 **STOPPED IN TRAFFIC LANE**
FAILED TO STOP
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
UNSAFE VEHICLE
47 Brakes
48 Steering
49 Tires
50 Suspension
51 Headlights
52 Tail Lights
53 Stop Lights
54 Wheel
55 Exhaust System
56 Windshield Wipers
57 Other Mechanical Defects
LEFT OF CENTER
58 In Meeting
59 No Passing Zone (Unmarked)
60 Marked Zone
61 Other
IMPROPER OVERTAKING
62 In Marked Zone
63 On Hill/Curve
64 At Intersection
65 Without Sufficient Clearance
66 Other
IMPROPER PARKING
67 On Roadway
68 Where Prohibited
69 Other
INATTENTION
70 Distracted by Passenger in Vehicle
71 Other Distraction Inside Vehicle
72 Distraction From Outside Vehicle
73 Other
WRONG WAY
74 On One Way
75 On Exit Ramp
76 On Entrance Ramp
77 Other
IMPROPER START FROM
78 Parked Position
79 Other
80 **ALCOHOL-DUI/DWI**
81 **DRUG-DUI**
OTHER IMPROPER ACT/ MOVEMENT
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
UNKN./NO IMPROPER ACT
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 **NO IMPROPER ACTION BY DRIVER**
99 **PEDESTRIAN ACTION**

Point of First Contact on Vehicle Unit 1: 12 Unit 2: 00

Most Damaged Area Unit 1: 12 Unit 2: 00

00 Not Applicable 14 Undercarriage
13 Top 99 Unknown

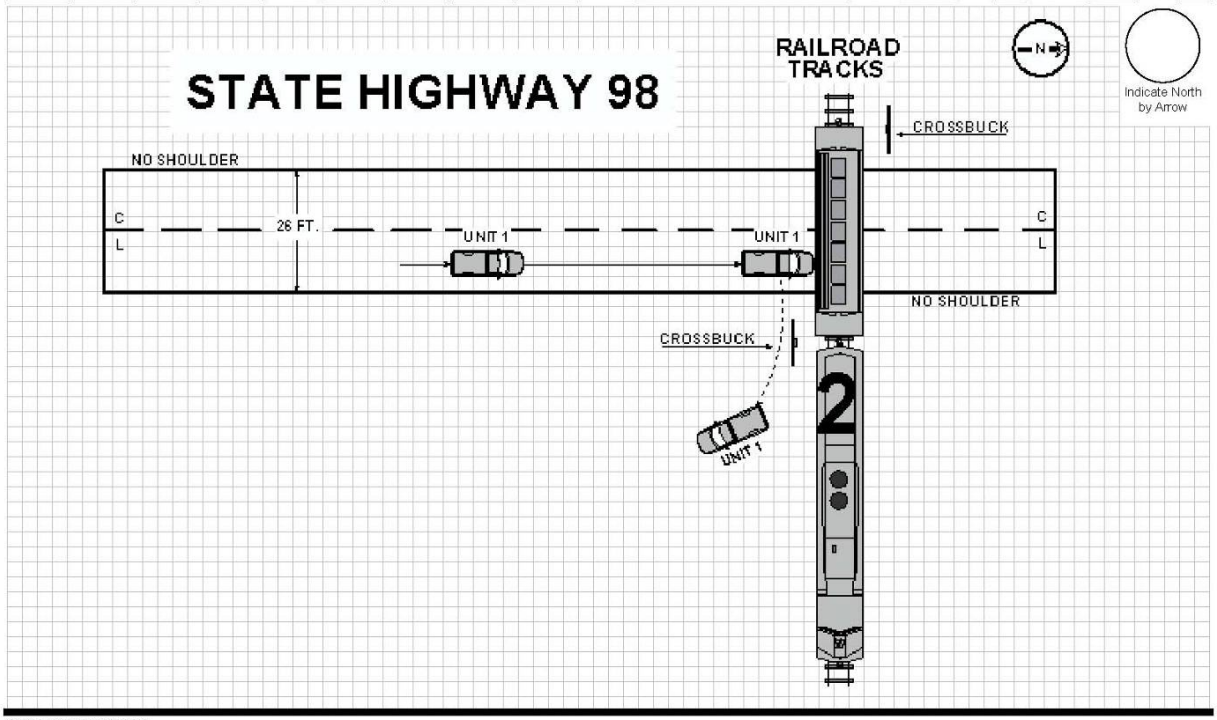
DPS: 0192-03 REV 0107

Example collision report involving a car and a train (Page 4):

Case Number E01322-09 Pg 4 of 4

Latitude ____.____ N Longitude ____.____ W Railroad Crossing Number

Roadway Orientation: Unit Number 01 NE SW N | Unit Number 02 NE SW 0



COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
01	32	11	00	00	32	32
02	00	00	00	00	00	

00 Not Applicable
10 Overturn/Rollover
11 Fire/Explosion
12 Immersion
13 Jackknife
14 Cargo/Equipment Loss or Shift
15 Equipment Failure (Blown Tire, Brake Failure, etc.)
16 Separation of Units
17 Departed Road Right
18 Departed Road Left
19 Cross Median/Centerline
20 Downhill Runaway
21 Fell/Jumped From Motor Vehicle
22 Thrown Or Falling Object
23 Other Non-Collision

PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:
30 Pedestrian
31 Pedal Cycle
32 Railway Vehicle (train, engine)
33 Animal
34 Motor Vehicle in Transport
35 Parked Motor Vehicle
36 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
37 Work Zone/Maintenance Equipment
38 Other Non-Fixed Object

FIXED OBJECT:
40 Barrier (Cable)
41 Barrier (Concrete)
42 Barrier (Other)
43 Fence Pole
44 Fence
45 Traffic Signal Support
46 Traffic Sign Support
47 Utility Pole/Light Support
48 Other Post/Pole/Support
49 Guardrail/Guardrail Face
50 Guardrail End
51 Culvert
52 Curb
53 Island
54 Sand Barrels
55 Impact Attenuator/ Crash Cushion
56 Pavement Drop-Off
57 Ditch
58 Embankment
59 Tree (Standing)
60 Dividing Strip
61 Retaining Wall
62 Bridge Abutment
63 Bridge Pier or Support
64 Bridge Rail
65 Bridge Post
66 Bridge Curb
67 Bridge Super Structure (Beams)
68 Bridge Overhead Structure
69 Delineator
70 Mailbox
71 Other Fixed Object
72 Other Highway Structure
73 Ground
99 Unknown

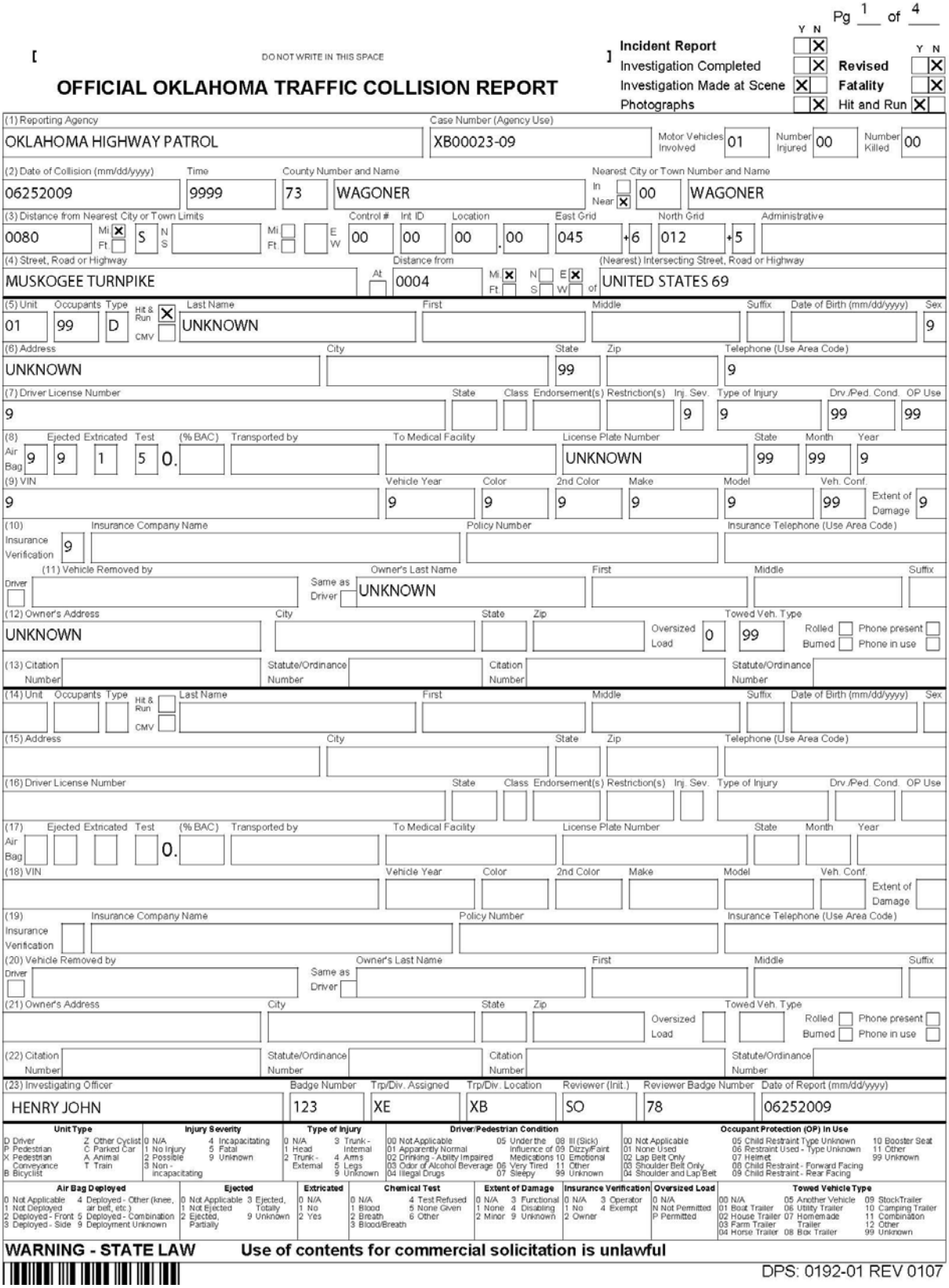
Remarks

UNIT #1 WAS NORTHBOUND ON S.H. 98 AND UNIT #2 (RAILROAD TRAIN) WAS EASTBOUND. UNIT #1 FAILED TO STOP FOR RAIL CROSSING SIGN (CROSS BUCKS) AND STRUCK UNIT #2. P.O.I. WAS APPROX. 162 FEET NORTH OF COUNTY ROAD "NS 15" AND APPROX. 6 FEET WEST OF THE EAST EDGE OF S.H. 98. AFTER IMPACT, UNIT #1 ROTATED CLOCKWISE AND CAME TO REST APPROX. 29 FEET EAST OF P.O.I. UNIT #2 CONTINUED EAST APPROX. 0.2 MILES AND CAME TO AN EMERGENCY STOP. THE CONDUCTOR OF THE TRAIN AT THE TIME OF COLLISION WAS A MR. JOHN A. DOE.

This report is based on the officer's investigation of this collision. This report may contain the opinion of the officer.

DPS: 0192-04 REV 0107

Example collision report involving a hit & run with a fixed object (Page 1):



Pg 1 of 4

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

	Y	N
Incident Report		X
Investigation Completed		X
Investigation Made at Scene	X	
Photographs		X
Revised		X
Fatality		X
Hit and Run	X	

(1) Reporting Agency: OKLAHOMA HIGHWAY PATROL | Case Number (Agency Use): XB00023-09 | Motor Vehicles Involved: 01 | Number Injured: 00 | Number Killed: 00

(2) Date of Collision (mm/dd/yyyy): 06252009 | Time: 9999 | County Number and Name: 73 WAGONER | Nearest City or Town Number and Name: In [ ] Near [X] 00 WAGONER

(3) Distance from Nearest City or Town Limits: 0080 Mi [X] Ft [ ] | S | N/S | Mi [ ] Ft [ ] | E/W | Control #: 00 | Int ID: 00 | Location: 00.00 | East Grid: 045 +6 | North Grid: 012 +5 | Administrative:

(4) Street, Road or Highway: MUSKOGEE TURNPIKE | At [ ] | Distance from: 0004 Mi [X] Ft [ ] N/S E/W [X] | of | (Nearest) Intersecting Street, Road or Highway: UNITED STATES 69

(5) Unit	Occupants	Type	Hit & Run	CMV	Last Name	First	Middle	Suffix	Date of Birth (mm/dd/yyyy)	Sex
01	99	D	X		UNKNOWN					9

(6) Address	City	State	Zip	Telephone (Use Area Code)
UNKNOWN		99		9

(7) Driver License Number	State	Class	Endorsement(s)	Restriction(s)	Inj. Sev.	Type of Injury	Drv./Ped. Cond.	OP Use
9					9	9	99	99

(8) Air Bag	Ejected	Extricated	Test	(% BAC)	Transported by	To Medical Facility	License Plate Number	State	Month	Year
9	9	1	5	0.			UNKNOWN	99	99	9

(9) VIN	Vehicle Year	Color	2nd Color	Make	Model	Veh. Conf.	Extent of Damage
9	9	9	9	9	9	99	9

(10) Insurance Verification	Insurance Company Name	Policy Number	Insurance Telephone (Use Area Code)
9			

(11) Vehicle Removed by	Owner's Last Name	First	Middle	Suffix
Driver [ ]	Same as Driver [ ] UNKNOWN			

(12) Owner's Address	City	State	Zip	Towed Veh. Type	Oversized Load	Rolled	Phone present	Burned	Phone in use
UNKNOWN				99	0	[ ]	[ ]	[ ]	[ ]

(13) Citation Number	Statute/Ordinance Number	Citation Number	Statute/Ordinance Number

(14) Unit	Occupants	Type	Hit & Run	CMV	Last Name	First	Middle	Suffix	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.	Type of Injury	Drv./Ped. Cond.	OP Use

(17) Air Bag	Ejected	Extricated	Test	(% BAC)	Transported by	To Medical Facility	License Plate Number	State	Month	Year
				0.						

(18) VIN	Vehicle Year	Color	2nd Color	Make	Model	Veh. Conf.	Extent of Damage

(19) Insurance Verification	Insurance Company Name	Policy Number	Insurance Telephone (Use Area Code)

(20) Vehicle Removed by	Owner's Last Name	First	Middle	Suffix
Driver [ ]	Same as Driver [ ]			

(21) Owner's Address	City	State	Zip	Towed Veh. Type	Oversized Load	Rolled	Phone present	Burned	Phone in use
						[ ]	[ ]	[ ]	[ ]

(22) Citation Number	Statute/Ordinance Number	Citation Number	Statute/Ordinance Number

(23) Investigating Officer	Badge Number	Trp/Div. Assigned	Trp/Div. Location	Reviewer (Init.)	Reviewer Badge Number	Date of Report (mm/dd/yyyy)
HENRY JOHN	123	XE	XB	SO	78	06252009

Unit Type
D Driver; P Pedestrian; X Pedestrian Conveyance; B Bicyclist; Z Other Cyclist; C Parked Car; A Animal; T Train

Injury Severity
0 N/A; 1 No Injury; 2 Possible; 3 Non-incapacitating; 4 Incapacitating; 5 Fatal; 9 Unknown

Type of Injury
0 N/A; 1 Head; 2 Trunk - External; 3 Trunk - Internal; 4 Arms; 5 Legs; 9 Unknown

Driver/Pedestrian Condition
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; 99 Unknown

Occupant Protection (OP) In Use
00 Not Applicable; 01 None Used; 02 Lap Belt Only; 03 Shoulder Belt Only; 04 Shoulder and Lap Belt; 05 Child Restraint Type Unknown; 06 Restraint Used - Type Unknown; 07 Helmet; 08 Child Restraint - Forward Facing; 09 Child Restraint - Rear Facing; 10 Booster Seat; 11 Other; 99 Unknown

Air Bag Deployed
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

Ejected
0 Not Applicable; 1 Not Ejected; 2 Ejected, Partially; 3 Ejected, Totally; 9 Unknown

Extricated
0 N/A; 1 No; 2 Yes

Chemical Test
0 N/A; 1 Blood; 2 Breath; 3 Blood/Breath; 4 Test Refused; 5 None Given; 6 Other

Extent of Damage
0 N/A; 1 None; 2 Minor; 3 Functional; 4 Disabling; 9 Unknown

Insurance Verification
0 N/A; 1 No; 2 Yes; 3 Operator; 4 Exempt

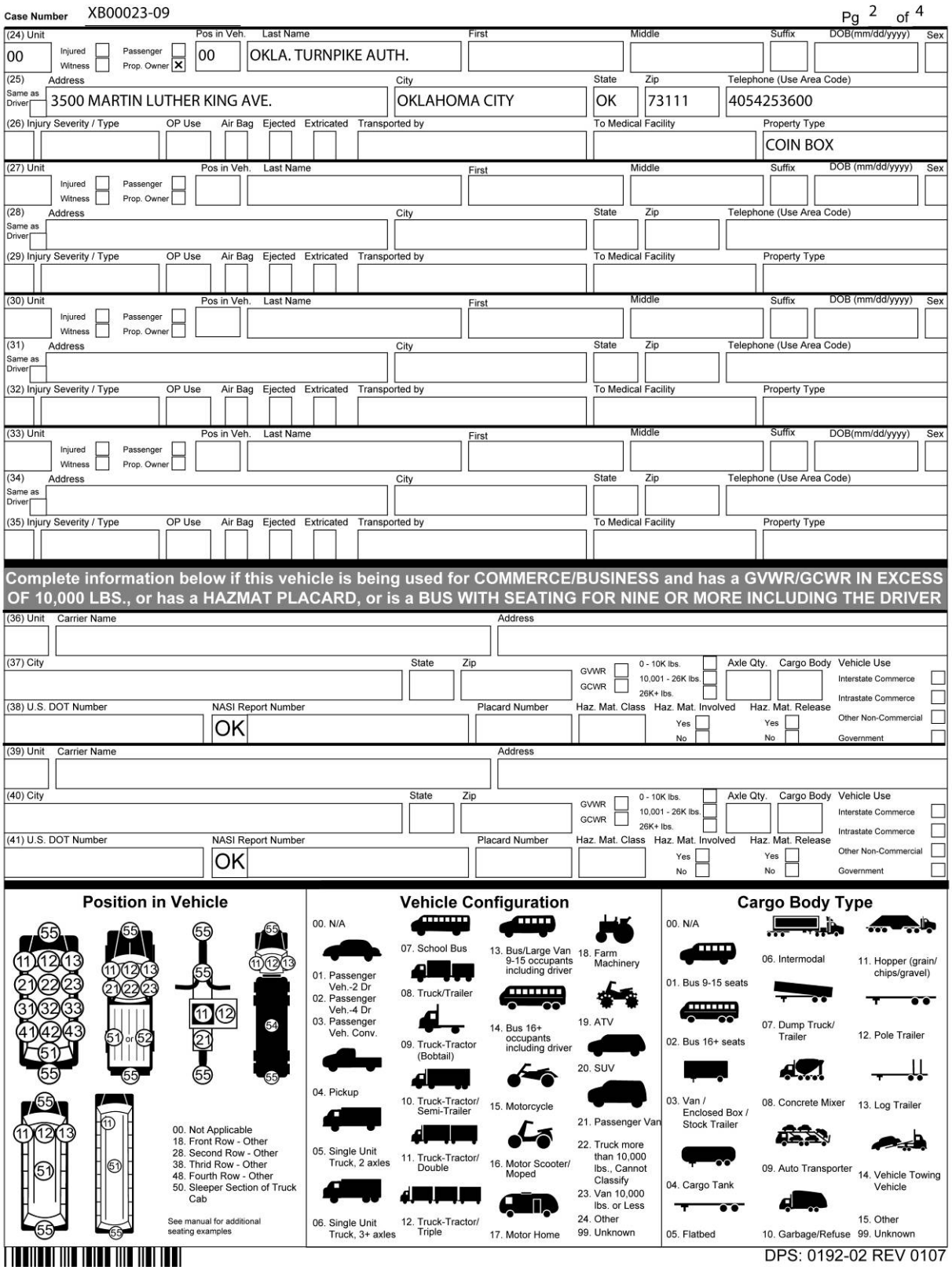
Oversized Load
0 N/A; N Not Permitted; P Permitted

Towed Vehicle Type
00 N/A; 01 Boat Trailer; 02 House Trailer; 03 Farm Trailer; 04 Horse Trailer; 05 Another Vehicle; 06 Utility Trailer; 07 Homemade Trailer; 08 Box Trailer; 09 StockTrailer; 10 Camping Trailer; 11 Combination; 12 Other; 99 Unknown

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

DPS: 0192-01 REV 0107

Example collision report involving a hit & run with a fixed object (Page 2):



Case Number XB00023-09

Pg 2 of 4

(24) Unit	Injured / Witness	Passenger / Prop. Owner	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		☒	00	OKLA. TURNPIKE AUTH.					

(25) Same as Driver	Address	City	State	Zip	Telephone (Use Area Code)
	3500 MARTIN LUTHER KING AVE.	OKLAHOMA CITY	OK	73111	4054253600

(26) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type
							COIN BOX

(27) Unit	Injured / Witness	Passenger / Prop. Owner	Pos in Veh.	Last Name	First	Middle	Suffix	DOB (mm/dd/yyyy)	Sex

(28) Same as Driver	Address	City	State	Zip	Telephone (Use Area Code)

(29) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type

(30) Unit	Injured / Witness	Passenger / Prop. Owner	Pos in Veh.	Last Name	First	Middle	Suffix	DOB (mm/dd/yyyy)	Sex

(31) Same as Driver	Address	City	State	Zip	Telephone (Use Area Code)

(32) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type

(33) Unit	Injured / Witness	Passenger / Prop. Owner	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex

(34) Same as Driver	Address	City	State	Zip	Telephone (Use Area Code)

(35) 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 / GCWR	0 - 10K lbs. / 10,001 - 26K lbs. / 26K+ lbs.	Axle Qty.	Cargo Body	Vehicle Use
			☐ / ☐	☐ / ☐ / ☐			Interstate Commerce ☐ / Intrastate Commerce ☐ / Other Non-Commercial ☐ / Government ☐

(38) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release
	OK			Yes ☐ No ☐	Yes ☐ No ☐

(39) Unit	Carrier Name	Address

(40) City	State	Zip	GVWR / GCWR	0 - 10K lbs. / 10,001 - 26K lbs. / 26K+ lbs.	Axle Qty.	Cargo Body	Vehicle Use
			☐ / ☐	☐ / ☐ / ☐			Interstate Commerce ☐ / Intrastate Commerce ☐ / Other Non-Commercial ☐ / Government ☐

(41) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release
	OK			Yes ☐ No ☐	Yes ☐ No ☐

Position in Vehicle

00. Not Applicable
18. Front Row - Other
28. Second Row - Other
38. Thrid Row - Other
48. Fourth Row - Other
50. Sleeper Section of Truck Cab

See manual for additional seating examples

Vehicle Configuration

00. N/A
01. Passenger Veh.-2 Dr
02. Passenger Veh.-4 Dr
03. Passenger Veh. Conv.
04. Pickup
05. Single Unit Truck, 2 axles
06. Single Unit Truck, 3+ axles
07. School Bus
08. Truck/Trailer
09. Truck-Tractor (Bobtail)
10. Truck-Tractor/ Semi-Trailer
11. Truck-Tractor/ Double
12. Truck-Tractor/ Triple
13. Bus/Large Van 9-15 occupants including driver
14. Bus 16+ occupants including driver
15. Motorcycle
16. Motor Scooter/ Moped
17. Motor Home
18. Farm Machinery
19. ATV
20. SUV
21. Passenger Van
22. Truck more than 10,000 lbs., Cannot Classify
23. Van 10,000 lbs. or Less
24. Other
99. Unknown

Cargo Body Type

00. N/A
01. Bus 9-15 seats
02. Bus 16+ seats
03. Van / Enclosed Box / Stock Trailer
04. Cargo Tank
05. Flatbed
06. Intermodal
07. Dump Truck/ Trailer
08. Concrete Mixer
09. Auto Transporter
10. Garbage/Refuse
11. Hopper (grain/ chips/gravel)
12. Pole Trailer
13. Log Trailer
14. Vehicle Towing Vehicle
15. Other
99. Unknown

DPS: 0192-02 REV 0107

Example collision report involving a hit & run with a fixed object (Page 3):

Case Number XB00023-09

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT Pg 3 of 4

	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'	01	01	30				
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
1 Lane Closure
2 Lane Shift/Crossover
3 Work on Shoulder or Median
4 Intermittent or Moving Work
9 Unknown

Location of the Work Zone Collision
1 Before the First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area
5 Termination Area
9 Unknown

Workers Present Yes ☐ No ☐ Unknown ☐

Light 9
1 Daylight
2 Dark-Not Lighted
3 Dark-Lighted
4 Dawn
5 Dusk
6 Dark-Unknown Lighting
7 Other
9 Unknown

Weather 03
01 Clear
02 Fog/Smog/Smoke
03 Cloudy
04 Rain
05 Snow
06 Sleet/Hail (Freezing Rain/Drizzle)
07 Severe Crosswind
08 Blowing Snow
09 Blowing Sand, Soil, Dirt
10 Other
99 Unknown

Locality 5
1 Residential
2 Business
3 Industrial
4 School
5 Not Built-up
6 Mixed Use
7 Other
9 Unknown

Type of Intersection 0
0 Not an Intersection
2 Y-Intersection
3 T-Intersection
4 Four-Way Intersection
5 Five-Point or More
6 Intersection as Part of Interchange
7 Traffic Circle
8 Roundabout
9 Unknown

Incident Type 00
00 Not an Incident
51 Private Property
52 Deliberate Intent
53 Medical Condition
54 Legal Intervention
55 Suicide
57 Drowning
58 Other

Location of First Harmful Event 04
01 On Roadway
02 Shoulder
03 Median
04 Roadside
05 Gore
06 Separator
07 Parking Lane/Zone
08 Off Roadway, Location Unknown
09 Outside Right-of Way
10 Other
99 Unknown

What Vehicle Was Going to Do Unit 1: 99 Unit 2:
00 Not Applicable
01 Go Ahead
02 Turn Left
03 Turn Right
04 Make "U" Turn
05 Stop
06 Slow for Cause
07 Start from Park/Stop
08 Change Lanes
09 Overtake
10 Pass
11 Back
12 Remain Stopped
13 Remain Parked
14 Enter/Merge in Traffic
15 Negotiate a Curve
16 Park
17 Other
99 Unknown

What Vehicle Did Unit 1: 16 Unit 2:
00 Not Applicable
01 Went Ahead
02 Turned Left
03 Turned Right
04 Entered "U" Turn
05 Stopped
06 Slowed
07 Started From Park/Stop
08 Entered Other Lane
09 Overtaking
10 Passing
11 Backed
12 Remained Stopped
13 Remained Parked
14 Entered/Merged
15 Departed Rdwy-Right
16 Departed Rdwy-Left
17 Swerved Right
18 Swerved Left
19 Parked
20 Other
99 Unknown

Visibility Obscured by Unit 1: 99 Unit 2:
00 Not Applicable
01 Trees
02 Embankment
03 Building
04 Signs
05 Parked Vehicles
06 High Weeds
07 Fences
08 Shrubbery
09 Ice, Snow or Frost on Windows
10 Smoke
11 Fog
12 Dust
13 Rain
14 Sun
15 Other
99 Unknown

Driver Distracted by Unit 1: 9 Unit 2:
0 Not Applicable/None
1 Electronic Communication Devices
2 Other Electronic Device
3 Other Inside Vehicle
4 Other Outside Vehicle
9 Unknown

Underride/ Override Unit 1: Unit 2:
0 Not Applicable
1 No Underride or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle in Transport
6 Override, Other Motor Vehicle
9 Unknown

Traffic Control Unit 1: 02 Unit 2:
00 No Control
01 Stop Sign
02 Traffic Signal
03 Flashing Traffic Signal
04 School Zone Signs
05 Yield Sign
06 Warning Sign
07 Railroad Advance Warning Sign
08 Railroad Cross Bucks
09 Railroad Gates
10 Railroad Signal
11 No Passing Zone
12 Person (including flagger, law enforcement, crossing guard, etc.)
13 Abnormal Control
14 Other
99 Unknown

Road Surface Conditions Unit 1: 01 Unit 2:
01 Dry
02 Wet
03 Ice/Frost
04 Snow
05 Mud, Dirt, Gravel
06 Slush
07 Water (standing, moving)
08 Sand
09 Oil
10 Other
99 Unknown

Road Character

Grade Unit 1: 1 Unit 2:
1 Level
2 Hillcrest
3 Uphill
4 Downhill
5 Sag (bottom)

Road Alignment Unit 1: 1 Unit 2:
1 Straight
2 Curve - Left
3 Curve - Right

Road Surface Type Unit 1: 1 Unit 2:
1 Concrete
2 Asphalt
3 Gravel
4 Dirt
5 Brick
6 Other
9 Unknown

Trafficway Unit 1: 6 Unit 2:
0 Not Applicable
1 One Way
2 Two-Way - Not Divided
3 Two-Way - Divided
4 Two-Way - Divided - Positive Median Barrier
5 Turn Lane
6 Ramp / Loop
7 Driveway
8 Alley / Parking Lot
9 Unknown

Vehicle Removal Unit 1: 4 Unit 2:
0 Not Applicable
1 Towed Due to Vehicle Damage
2 Towed For Reasons Other Than Damage
3 Remained at Scene
4 Driven from Scene
9 Unknown

Vehicle Condition Unit 1: 99 Unit 2:
00 Not Applicable
01 Apparently Normal
02 Brakes
03 Headlights
04 Steering
05 Tail Lights
06 Brake Lights
07 Tires/Wheels
08 Suspension
09 Signal lights
10 Windows
11 Truck Coupling/Trailer Hitch/Safety Chains
12 Mirrors 15 Other
13 Wipers 99 Unknown
14 Power Train

Special Function of Vehicle Unit 1: 99 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 99 Unknown

Emergency Vehicle Responding to an Emergency Unit 1: 9 Unit 2:
0 N/A 2 No
1 Yes 9 Unknown

Unsafe / Unlawful Contributing Factors Unit 1: 88 Unit 2:

FAILED TO YIELD
01 From Stop Sign
02 From Yield Sign
03 Private Drive
04 County Road at Through Highway
05 From Signal Light
06 From Alley
07 To Pedestrian
08 To Vehicle on Right
09 To Vehicle in Intersection
10 To Emergency Vehicles
12 Other
FOLLOWED TOO CLOSELY
13 Human Element
14 Traffic Condition
15 Weather Condition
UNSAFE SPEED
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
IMPROPER TURN
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
38 **CHANGED LANES UNSAFELY**
39 **STOPPED IN TRAFFIC LANE**
FAILED TO STOP
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
UNSAFE VEHICLE
47 Brakes
48 Steering
49 Tires
50 Suspension
51 Headlights
52 Tail Lights
53 Stop Lights
54 Wheel
55 Exhaust System
56 Windshield Wipers
57 Other Mechanical Defects
LEFT OF CENTER
58 In Meeting
59 No Passing Zone (Unmarked)
60 Marked Zone
61 Other
IMPROPER OVERTAKING
62 In Marked Zone
63 On Hill/Curve
64 At Intersection
65 Without Sufficient Clearance
66 Other
IMPROPER PARKING
67 On Roadway
68 Where Prohibited
69 Other
INATTENTION
70 Distracted by Passenger in Vehicle
71 Other Distraction Inside Vehicle
72 Distraction From Outside Vehicle
73 Other
WRONG WAY
74 On One Way
75 On Exit Ramp
76 On Entrance Ramp
77 Other
IMPROPER START FROM
78 Parked Position
79 Other
80 **ALCOHOL-DUI/DWI**
81 **DRUG-DUI**
OTHER IMPROPER ACT/ MOVEMENT
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
UNKN./NO IMPROPER ACT
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 **NO IMPROPER ACTION BY DRIVER**
99 **PEDESTRIAN ACTION**

Point of First Contact on Vehicle Unit 1: 12 Unit 2:

Most Damaged Area Unit 1: 99 Unit 2:

00 Not Applicable 14 Undercarriage
13 Top 99 Unknown

DPS: 0192-03 REV 0107

Example collision report involving a hit & run with a fixed object (Page 4):

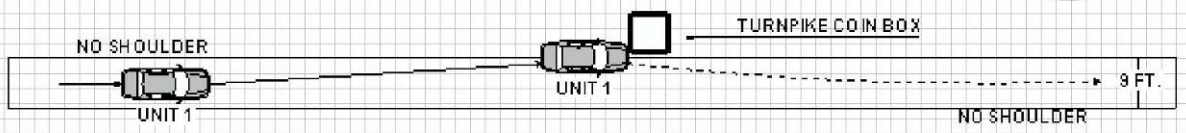
Case Number XB00023-09 Pg 4 of 4

Latitude N Longitude W Railroad Crossing Number Roadway Orientation

Unit Number 01 NE SW N Unit Number NE SW

Indicate North by Arrow

MUSKOGEE TURNPIKE OFFRAMP TO US69



COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
01	18	72	00	00	72	72

00 Not Applicable
10 Overturn/Rollover
11 Fire/Explosion
12 Immersion
13 Jackknife
14 Cargo/Equipment Loss or Shift
15 Equipment Failure (Blown Tire, Brake Failure, etc.)
16 Separation of Units
17 Departed Road Right
18 Departed Road Left
19 Cross Median/Centerline
20 Downhill Runaway
21 Fell/Jumped From Motor Vehicle
22 Thrown Or Falling Object
23 Other Non-Collision
PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:
30 Pedestrian
31 Pedal Cycle
32 Railway Vehicle (train, engine)
33 Animal
34 Motor Vehicle in Transport
35 Parked Motor Vehicle
36 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
37 Work Zone/Maintenance Equipment
38 Other Non-Fixed Object
FIXED OBJECT:
40 Barrier (Cable)
41 Barrier (Concrete)
42 Barrier (Other)
43 Fence Pole
44 Fence
45 Traffic Signal Support
46 Traffic Sign Support
47 Utility Pole/Light Support
48 Other Post/Pole/Support
49 Guardrail/Guardrail Face
50 Guardrail End
51 Culvert
52 Curb
53 Island
54 Sand Barrels
55 Impact Attenuator/ Crash Cushion
56 Pavement Drop-Off
57 Ditch
58 Embankment
59 Tree (Standing)
60 Dividing Strip
61 Retaining Wall
62 Bridge Abutment
63 Bridge Pier or Support
64 Bridge Rail
65 Bridge Post
66 Bridge Curb
67 Bridge Super Structure (Beams)
68 Bridge Overhead Structure
69 Delineator
70 Mailbox
71 Other Fixed Object
72 Other Highway Structure
73 Ground
99 Unknown

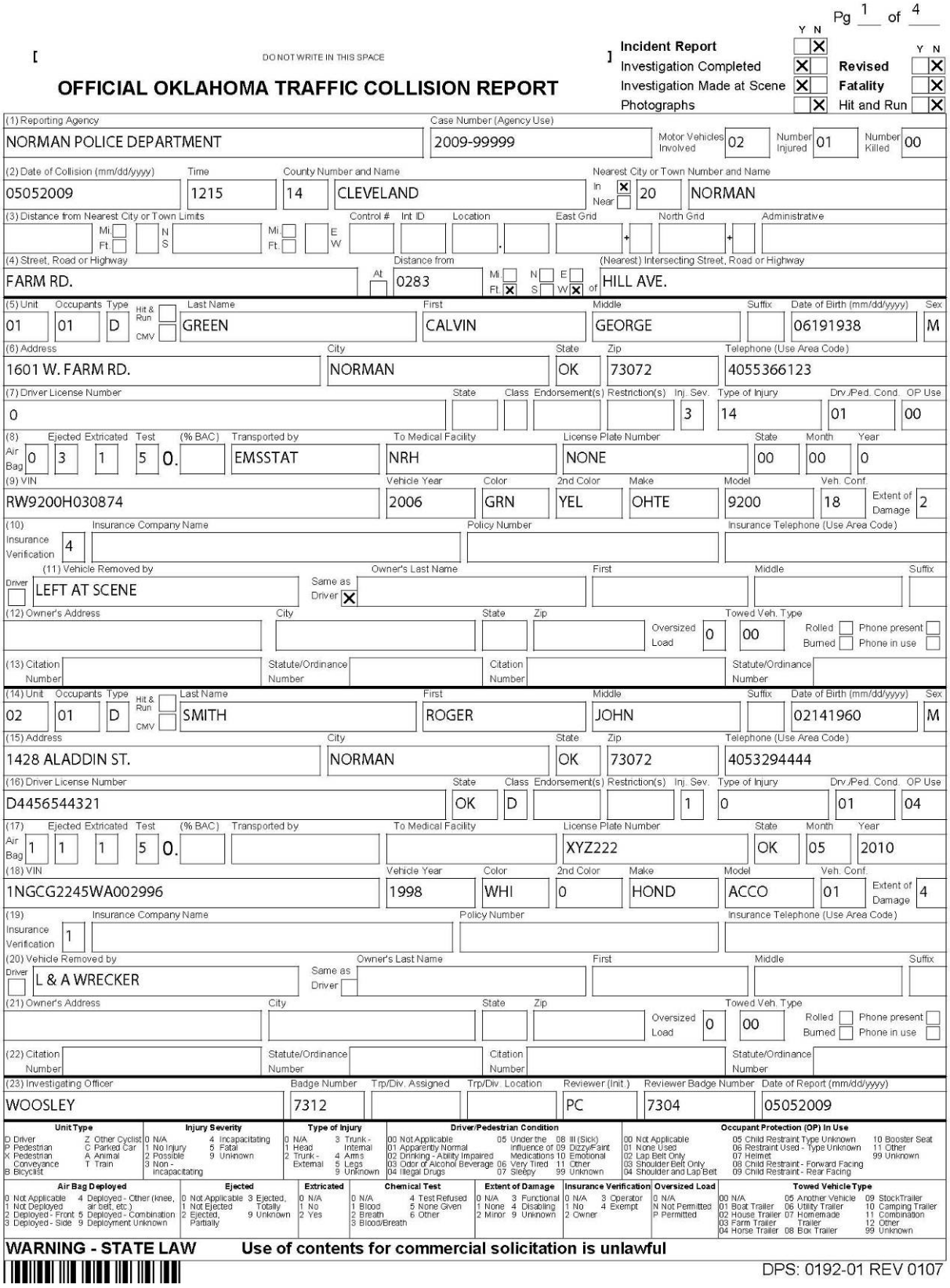
Remarks

UNIT #1 WAS TRAVELING NORTHBOUND ON THE MUSKOGEE TURNPIKE OFF RAMP TO U.S. HIGHWAY 69. UNIT #1 FOR UNKNOWN REASONS, RAN OFF THE LEFT SIDE OF ROADWAY STRIKING THE COIN BOX. UNIT #1 THEN LEFT THE SCENE. A.O.I. WAS APPROX. 2 FEET WEST OF THE WEST EDGE OF THE MUSKOGEE TURNPIKE OFF RAMP AND APPROX. 0.4 MI. EAST OF U.S. HIGHWAY 69. P.O.R. WAS UNDETERMINED DUE TO UNIT #1 LEAVING THE SCENE. THERE WERE NO SKIDMARKS OBSERVED BEFORE OR AFTER IMPACT.

This report is based on the officer's investigation of this collision. This report may contain the opinion of the officer.

DPS: 0192-04 REV 0107

Example collision report involving an implement of husbandry (Page 1):



Pg 1 of 4

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

	Y	N
Incident Report		X
Investigation Completed	X	
Investigation Made at Scene	X	
Photographs		X
Revised		X
Fatality		X
Hit and Run		X

(1) Reporting Agency: NORMAN POLICE DEPARTMENT | Case Number (Agency Use): 2009-99999 | Motor Vehicles Involved: 02 | Number Injured: 01 | Number Killed: 00

(2) Date of Collision (mm/dd/yyyy): 05052009 | Time: 1215 | County Number and Name: 14 CLEVELAND | Nearest City or Town Number and Name: In X / Near ☐ 20 NORMAN

(3) Distance from Nearest City or Town Limits: Mi ☐ Ft ☐ | N/S | Mi ☐ Ft ☐ | E/W | Control # | Int ID | Location | East Grid | North Grid | Administrative

(4) Street, Road or Highway: FARM RD. | At ☐ | Distance from: 0283 Mi ☐ Ft X N ☐ S ☐ E ☐ W X of | (Nearest) Intersecting Street, Road or Highway: HILL AVE.

(5) Unit	Occupants	Type	Hit & Run / CMV	Last Name	First	Middle	Suffix	Date of Birth (mm/dd/yyyy)	Sex
01	01	D	☐ / ☐	GREEN	CALVIN	GEORGE		06191938	M

(6) Address	City	State	Zip	Telephone (Use Area Code)
1601 W. FARM RD.	NORMAN	OK	73072	4055366123

(7) Driver License Number	State	Class	Endorsement(s)	Restriction(s)	Inj. Sev.	Type of Injury	Drv./Ped. Cond.	OP Use
0					3	14	01	00

(8)	Ejected	Extricated	Test	(% BAC)	Transported by	To Medical Facility	License Plate Number	State	Month	Year
Air Bag	0	3	1	5 0.	EMSSTAT	NRH	NONE	00	00	0

(9) VIN	Vehicle Year	Color	2nd Color	Make	Model	Veh. Conf.	Extent of Damage
RW9200H030874	2006	GRN	YEL	OHTE	9200	18	2

(10) Insurance Verification	Insurance Company Name	Policy Number	Insurance Telephone (Use Area Code)
4			

(11) Vehicle Removed by	Driver	Owner's Last Name	Same as Driver	First	Middle	Suffix
LEFT AT SCENE	☐		X			

(12) Owner's Address	City	State	Zip	Oversized Load	Towed Veh. Type	Rolled	Phone present	Burned	Phone in use
				0	00	☐	☐	☐	☐

(13) Citation Number	Statute/Ordinance Number	Citation Number	Statute/Ordinance Number

(14) Unit	Occupants	Type	Hit & Run / CMV	Last Name	First	Middle	Suffix	Date of Birth (mm/dd/yyyy)	Sex
02	01	D	☐ / ☐	SMITH	ROGER	JOHN		02141960	M

(15) Address	City	State	Zip	Telephone (Use Area Code)
1428 ALADDIN ST.	NORMAN	OK	73072	4053294444

(16) Driver License Number	State	Class	Endorsement(s)	Restriction(s)	Inj. Sev.	Type of Injury	Drv./Ped. Cond.	OP Use
D4456544321	OK	D			1	0	01	04

(17)	Ejected	Extricated	Test	(% BAC)	Transported by	To Medical Facility	License Plate Number	State	Month	Year
Air Bag	1	1	1	5 0.			XYZ222	OK	05	2010

(18) VIN	Vehicle Year	Color	2nd Color	Make	Model	Veh. Conf.	Extent of Damage
1NGCG2245WA002996	1998	WHI	0	HOND	ACCO	01	4

(19) Insurance Verification	Insurance Company Name	Policy Number	Insurance Telephone (Use Area Code)
1			

(20) Vehicle Removed by	Driver	Owner's Last Name	Same as Driver	First	Middle	Suffix
L & A WRECKER	☐		☐			

(21) Owner's Address	City	State	Zip	Oversized Load	Towed Veh. Type	Rolled	Phone present	Burned	Phone in use
				0	00	☐	☐	☐	☐

(22) Citation Number	Statute/Ordinance Number	Citation Number	Statute/Ordinance Number

(23) Investigating Officer	Badge Number	Trp/Div. Assigned	Trp/Div. Location	Reviewer (Init.)	Reviewer Badge Number	Date of Report (mm/dd/yyyy)
WOOSLEY	7312			PC	7304	05052009

Unit Type
D Driver; P Pedestrian; K Pedestrian Conveyance; B Bicyclist; Z Other Cyclist; C Parked Car; A Animal; T Train

Injury Severity
0 N/A; 1 No Injury; 2 Possible; 3 Non-incapacitating; 4 Incapacitating; 5 Fatal; 9 Unknown

Type of Injury
0 N/A; 1 Head; 2 Trunk - External; 3 Trunk - Internal; 4 Arms; 5 Legs; 9 Unknown

Driver/Pedestrian Condition
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; 99 Unknown

Occupant Protection (OP) In Use
00 Not Applicable; 01 None Used; 02 Lap Belt Only; 03 Shoulder Belt Only; 04 Shoulder and Lap Belt; 05 Child Restraint Type Unknown; 06 Restraint Used - Type Unknown; 07 Helmet; 08 Child Restraint - Forward Facing; 09 Child Restraint - Rear Facing; 10 Booster Seat; 11 Other; 99 Unknown

Air Bag Deployed
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

Ejected
0 Not Applicable; 1 Not Ejected; 2 Ejected, Partially; 3 Ejected, Totally; 9 Unknown

Extricated
0 N/A; 1 No; 2 Yes

Chemical Test
0 N/A; 1 Blood; 2 Breath; 3 Blood/Breath; 4 Test Refused; 5 None Given; 6 Other

Extent of Damage
0 N/A; 1 None; 2 Minor; 3 Functional; 4 Disabling; 9 Unknown

Insurance Verification
0 N/A; 1 No; 2 Owner; 3 Operator; 4 Exempt

Oversized Load
0 N/A; N Not Permitted; P Permitted

Towed Vehicle Type
00 N/A; 01 Boat Trailer; 02 House Trailer; 03 Farm Trailer; 04 Horse Trailer; 05 Another Vehicle; 06 Utility Trailer; 07 Homemade Trailer; 08 Box Trailer; 09 StockTrailer; 10 Camping Trailer; 11 Combination; 12 Other; 99 Unknown

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

DPS: 0192-01 REV 0107

Example collision report involving an implement of husbandry (Page 2):

Case Number 2009-99999 Pg 2 of 4

(24) Unit | Pos in Veh. | Last Name | First | Middle | Suffix | DOB(mm/dd/yyyy) | Sex
Injured ☐ Passenger ☐ Witness ☐ Prop. Owner ☐
(25) Address | City | State | Zip | Telephone (Use Area Code)
Same as Driver ☐
(26) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | To Medical Facility | Property Type

(27) Unit | Pos in Veh. | Last Name | First | Middle | Suffix | DOB (mm/dd/yyyy) | Sex
Injured ☐ Passenger ☐ Witness ☐ Prop. Owner ☐
(28) Address | City | State | Zip | Telephone (Use Area Code)
Same as Driver ☐
(29) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | To Medical Facility | Property Type

(30) Unit | Pos in Veh. | Last Name | First | Middle | Suffix | DOB (mm/dd/yyyy) | Sex
Injured ☐ Passenger ☐ Witness ☐ Prop. Owner ☐
(31) Address | City | State | Zip | Telephone (Use Area Code)
Same as Driver ☐
(32) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | To Medical Facility | Property Type

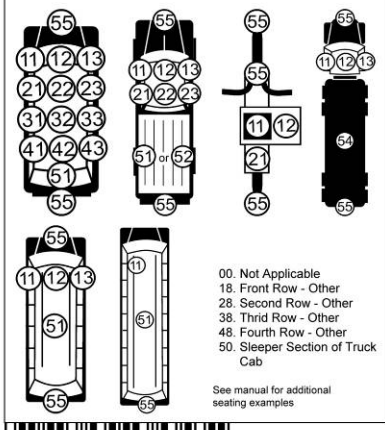
(33) Unit | Pos in Veh. | Last Name | First | Middle | Suffix | DOB(mm/dd/yyyy) | Sex
Injured ☐ Passenger ☐ Witness ☐ Prop. Owner ☐
(34) Address | City | State | Zip | Telephone (Use Area Code)
Same as Driver ☐
(35) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | To 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 ☐ GCWR ☐ | 0 - 10K lbs. ☐ 10,001 - 26K lbs. ☐ 26K+ lbs. ☐ | Axle Qty. | Cargo Body | Vehicle Use: Interstate Commerce ☐ Intrastate Commerce ☐ Other Non-Commercial ☐ Government ☐
(38) U.S. DOT Number | NASI Report Number OK | Placard Number | Haz. Mat. Class | Haz. Mat. Involved Yes ☐ No ☐ | Haz. Mat. Release Yes ☐ No ☐

(39) Unit | Carrier Name | Address
(40) City | State | Zip | GVWR ☐ GCWR ☐ | 0 - 10K lbs. ☐ 10,001 - 26K lbs. ☐ 26K+ lbs. ☐ | Axle Qty. | Cargo Body | Vehicle Use: Interstate Commerce ☐ Intrastate Commerce ☐ Other Non-Commercial ☐ Government ☐
(41) U.S. DOT Number | NASI Report Number OK | Placard Number | Haz. Mat. Class | Haz. Mat. Involved Yes ☐ No ☐ | Haz. Mat. Release Yes ☐ No ☐

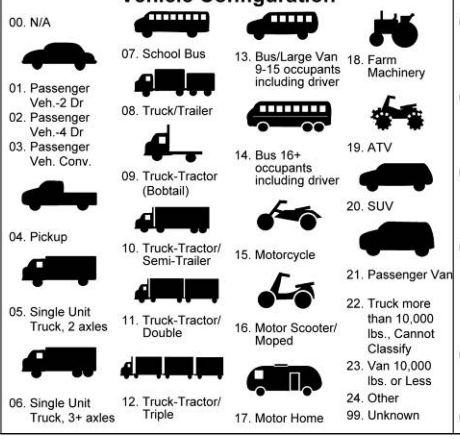
Position in Vehicle



00. Not Applicable
18. Front Row - Other
28. Second Row - Other
38. Thrid Row - Other
48. Fourth Row - Other
50. Sleeper Section of Truck Cab

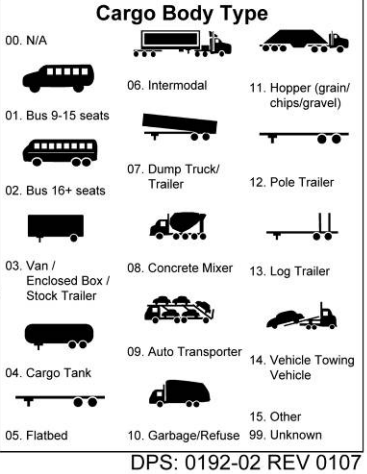
See manual for additional seating examples

Vehicle Configuration



00. N/A
01. Passenger Veh.-2 Dr
02. Passenger Veh.-4 Dr
03. Passenger Veh. Conv.
04. Pickup
05. Single Unit Truck, 2 axles
06. Single Unit Truck, 3+ axles
07. School Bus
08. Truck/Trailer
09. Truck-Tractor (Bobtail)
10. Truck-Tractor/ Semi-Trailer
11. Truck-Tractor/ Double
12. Truck-Tractor/ Triple
13. Bus/Large Van 9-15 occupants including driver
14. Bus 16+ occupants including driver
15. Motorcycle
16. Motor Scooter/ Moped
17. Motor Home
18. Farm Machinery
19. ATV
20. SUV
21. Passenger Van
22. Truck more than 10,000 lbs., Cannot Classify
23. Van 10,000 lbs. or Less
24. Other
99. Unknown

Cargo Body Type



00. N/A
01. Bus 9-15 seats
02. Bus 16+ seats
03. Van / Enclosed Box / Stock Trailer
04. Cargo Tank
05. Flatbed
06. Intermodal
07. Dump Truck/ Trailer
08. Concrete Mixer
09. Auto Transporter
10. Garbage/Refuse
11. Hopper (grain/ chips/gravel)
12. Pole Trailer
13. Log Trailer
14. Vehicle Towing Vehicle
15. Other
99. Unknown

DPS: 0192-02 REV 0107

Example collision report involving an implement of husbandry (Page 3):

Case Number 2009-99999

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT Pg 3 of 4

	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'	01	00	00				
This unit will correspond to 'Unit 2'	02	02	50				

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

Type of Work Zone: 1 Lane Closure; 2 Lane Shift/Crossover; 3 Work on Shoulder or Median; 4 Intermittent or Moving Work; 9 Unknown

Location of the Work Zone Collision: 1 Before the First Work Zone Warning Sign; 2 Advance Warning Area; 3 Transition Area; 4 Activity Area; 5 Termination Area; 9 Unknown

Workers Present Yes ☐ No ☐ Unknown ☐

Light: 1

1 Daylight; 2 Dark-Not Lighted; 3 Dark-Lighted; 4 Dawn; 5 Dusk; 6 Dark-Unknown Lighting; 7 Other; 9 Unknown

Weather: 01

01 Clear; 02 Fog/Smog/Smoke; 03 Cloudy; 04 Rain; 05 Snow; 06 Sleet/Hail (Freezing Rain/Drizzle); 07 Severe Crosswind; 08 Blowing Snow; 09 Blowing Sand, Soil, Dirt; 10 Other; 99 Unknown

Locality: 5

1 Residential; 2 Business; 3 Industrial; 4 School; 5 Not Built-up; 6 Mixed Use; 7 Other; 9 Unknown

Type of Intersection: 0

0 Not an Intersection; 2 Y-Intersection; 3 T-Intersection; 4 Four-Way Intersection; 5 Five-Point or More; 6 Intersection as Part of Interchange; 7 Traffic Circle; 8 Roundabout; 9 Unknown

Incident Type: 00

00 Not an Incident; 51 Private Property; 52 Deliberate Intent; 53 Medical Condition; 54 Legal Intervention; 55 Suicide; 57 Drowning; 58 Other

Location of First Harmful Event: 01

01 On Roadway; 02 Shoulder; 03 Median; 04 Roadside; 05 Gore; 06 Separator; 07 Parking Lane/Zone; 08 Off Roadway, Location Unknown; 09 Outside Right-of Way; 10 Other; 99 Unknown

What Vehicle Was Going to Do: Unit 1: 03; Unit 2: 01

00 Not Applicable; 01 Go Ahead; 02 Turn Left; 03 Turn Right; 04 Make "U" Turn; 05 Stop; 06 Slow for Cause; 07 Start from Park/Stop; 08 Change Lanes; 09 Overtake; 10 Pass; 11 Back; 12 Remain Stopped; 13 Remain Parked; 14 Enter/Merge in Traffic; 15 Negotiate a Curve; 16 Park; 17 Other; 99 Unknown

What Vehicle Did: Unit 1: 03; Unit 2: 06

00 Not Applicable; 01 Went Ahead; 02 Turned Left; 03 Turned Right; 04 Entered "U" Turn; 05 Stopped; 06 Slowed; 07 Started From Park/Stop; 08 Entered Other Lane; 09 Overtaking; 10 Passing; 11 Backed; 12 Remained Stopped; 13 Remained Parked; 14 Entered/Merged; 15 Departed Rdwy-Right; 16 Departed Rdwy-Left; 17 Swerved Right; 18 Swerved Left; 19 Parked; 20 Other; 99 Unknown

Visibility Obscured by: Unit 1: 00; Unit 2: 00

00 Not Applicable; 01 Trees; 02 Embankment; 03 Building; 04 Signs; 05 Parked Vehicles; 06 High Weeds; 07 Fences; 08 Shrubbery; 09 Ice, Snow or Frost on Windows; 10 Smoke; 11 Fog; 12 Dust; 13 Rain; 14 Sun; 15 Other; 99 Unknown

Driver Distracted by: Unit 1: 0; Unit 2: 0

0 Not Applicable/None; 1 Electronic Communication Devices; 2 Other Electronic Device; 3 Other Inside Vehicle; 4 Other Outside Vehicle; 9 Unknown

Underride/ Override: Unit 1: ; Unit 2:

0 Not Applicable; 1 No Underride or Override; 2 Underride, Compartment Intrusion; 3 Underride, No Compartment Intrusion; 4 Underride, Compartment Intrusion Unknown; 5 Override, Motor Vehicle in Transport; 6 Override, Other Motor Vehicle; 9 Unknown

Traffic Control: Unit 1: 00; Unit 2: 00

00 No Control; 01 Stop Sign; 02 Traffic Signal; 03 Flashing Traffic Signal; 04 School Zone Signs; 05 Yield Sign; 06 Warning Sign; 07 Railroad Advance Warning Sign; 08 Railroad Cross Bucks; 09 Railroad Gates; 10 Railroad Signal; 11 No Passing Zone; 12 Person (including flagger, law enforcement, crossing guard, etc.); 13 Abnormal Control; 14 Other; 99 Unknown

Road Surface Conditions: Unit 1: 01; Unit 2: 01

01 Dry; 02 Wet; 03 Ice/Frost; 04 Snow; 05 Mud, Dirt, Gravel; 06 Slush; 07 Water (standing, moving); 08 Sand; 09 Oil; 10 Other; 99 Unknown

Road Character

Grade: Unit 1: 1; Unit 2: 1

1 Level; 2 Hillcrest; 3 Uphill; 4 Downhill; 5 Sag (bottom)

Road Alignment: Unit 1: 1; Unit 2: 1

1 Straight; 2 Curve - Left; 3 Curve - Right

Road Surface Type: Unit 1: 4; Unit 2: 2

1 Concrete; 2 Asphalt; 3 Gravel; 4 Dirt; 5 Brick; 6 Other; 9 Unknown

Trafficway: Unit 1: 7; Unit 2: 2

0 Not Applicable; 1 One Way; 2 Two-Way - Not Divided; 3 Two-Way - Divided; 4 Two-Way - Divided - Positive Median Barrier; 5 Turn Lane; 6 Ramp / Loop; 7 Driveway; 8 Alley / Parking Lot; 9 Unknown

Vehicle Removal: Unit 1: 3; Unit 2: 1

0 Not Applicable; 1 Towed Due to Vehicle Damage; 2 Towed For Reasons Other Than Damage; 3 Remained at Scene; 4 Driven from Scene; 9 Unknown

Vehicle Condition: Unit 1: 01; Unit 2: 01

00 Not Applicable; 01 Apparently Normal; 02 Brakes; 03 Headlights; 04 Steering; 05 Tail Lights; 06 Brake Lights; 07 Tires/Wheels; 08 Suspension; 09 Signal lights; 10 Windows; 11 Truck Coupling/Trailer Hitch/Safety Chains; 12 Mirrors; 13 Wipers; 14 Power Train; 15 Other; 99 Unknown

Special Function of Vehicle: Unit 1: 00; Unit 2: 00

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; 99 Unknown

Emergency Vehicle Responding to an Emergency: Unit 1: 0; Unit 2: 0

0 N/A; 1 Yes; 2 No; 9 Unknown

Unsafe / Unlawful Contributing Factors: Unit 1: 03; Unit 2: 98

FAILED TO YIELD
01 From Stop Sign; 02 From Yield Sign; 03 Private Drive; 04 County Road at Through Highway; 05 From Signal Light; 06 From Alley; 07 To Pedestrian; 08 To Vehicle on Right; 09 To Vehicle in Intersection; 10 To Emergency Vehicles; 12 Other

FOLLOWED TOO CLOSELY
13 Human Element; 14 Traffic Condition; 15 Weather Condition

UNSAFE SPEED
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

IMPROPER TURN
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; 38 **CHANGED LANES UNSAFELY**; 39 **STOPPED IN TRAFFIC LANE**

FAILED TO STOP
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

UNSAFE VEHICLE
47 Brakes; 48 Steering; 49 Tires; 50 Suspension; 51 Headlights; 52 Tail Lights; 53 Stop Lights; 54 Wheel; 55 Exhaust System; 56 Windshield Wipers; 57 Other Mechanical Defects

LEFT OF CENTER
58 In Meeting; 59 No Passing Zone (Unmarked); 60 Marked Zone; 61 Other

IMPROPER OVERTAKING
62 In Marked Zone; 63 On Hill/Curve; 64 At Intersection; 65 Without Sufficient Clearance; 66 Other

IMPROPER PARKING
67 On Roadway; 68 Where Prohibited; 69 Other

INATTENTION
70 Distracted by Passenger in Vehicle; 71 Other Distraction Inside Vehicle; 72 Distraction From Outside Vehicle; 73 Other

WRONG WAY
74 On One Way; 75 On Exit Ramp; 76 On Entrance Ramp; 77 Other

IMPROPER START FROM
78 Parked Position; 79 Other

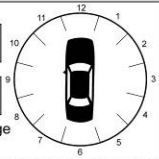
80 **ALCOHOL-DUI/DWI**; 81 **DRUG-DUI**

OTHER IMPROPER ACT/ MOVEMENT
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

UNKN./NO IMPROPER ACT
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 **NO IMPROPER ACTION BY DRIVER**; 99 **PEDESTRIAN ACTION**

Point of First Contact on Vehicle: Unit 1: 06; Unit 2: 12

Most Damaged Area: Unit 1: 06; Unit 2: 12



00 Not Applicable; 13 Top; 14 Undercarriage; 99 Unknown

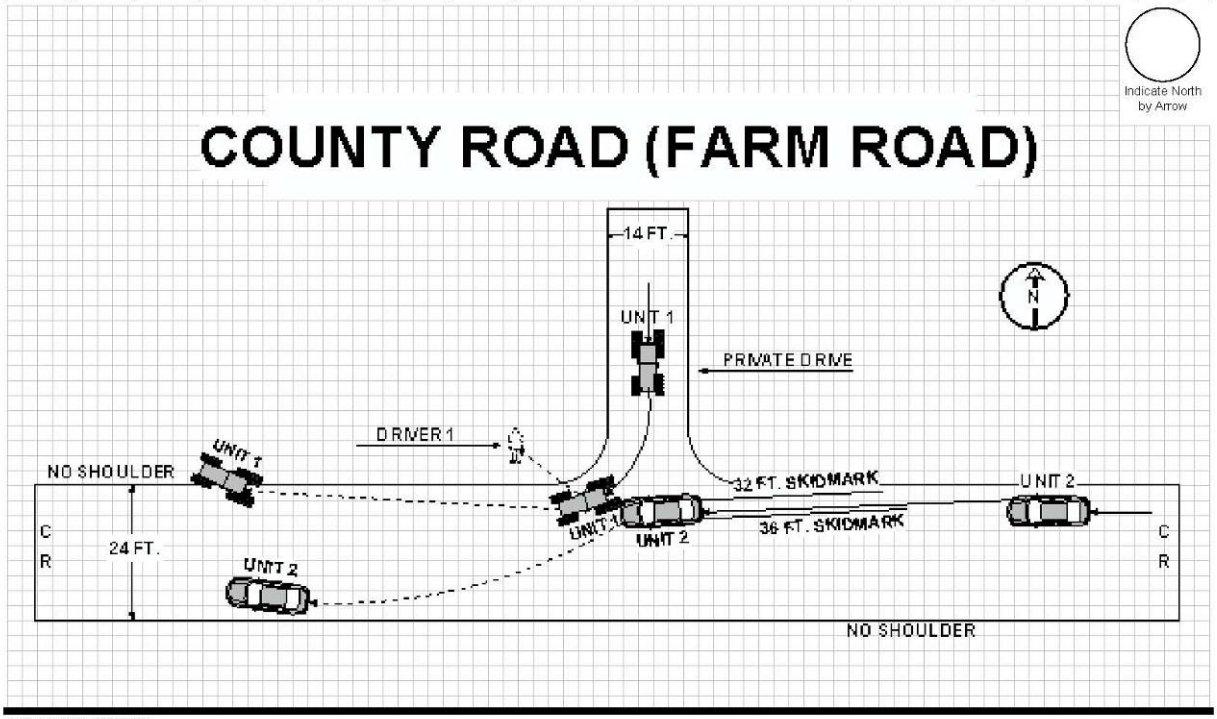
DPS: 0192-03 REV 0107

Example collision report involving an implement of husbandry (Page 4):

Case Number 2009-99999 Pg 4 of 4

Latitude N Longitude W Railroad Crossing Number Roadway Orientation

Unit Number 01 NE SW 0 Unit Number 02 NE SW W



COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
01	34	00	00	00	34	34
02	34	00	00	00	34	

00 Not Applicable
10 Overturn/Rollover
11 Fire/Explosion
12 Immersion
13 Jackknife
14 Cargo/Equipment Loss or Shift
15 Equipment Failure (Blown Tire, Brake Failure, etc.)
16 Separation of Units
17 Departed Road Right
18 Departed Road Left
19 Cross Median/Centerline
20 Downhill Runaway
21 Fell/Jumped From Motor Vehicle
22 Thrown Or Falling Object
23 Other Non-Collision

PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:

30 Pedestrian
31 Pedal Cycle
32 Railway Vehicle (train, engine)
33 Animal
34 Motor Vehicle in Transport
35 Parked Motor Vehicle
36 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
37 Work Zone/Maintenance Equipment
38 Other Non-Fixed Object

FIXED OBJECT:

40 Barrier (Cable)
41 Barrier (Concrete)
42 Barrier (Other)
43 Fence Pole
44 Fence
45 Traffic Signal Support
46 Traffic Sign Support
47 Utility Pole/Light Support
48 Other Post/Pole/Support
49 Guardrail/Guardrail Face
50 Guardrail End
51 Culvert
52 Curb
53 Island
54 Sand Barrels
55 Impact Attenuator/ Crash Cushion
56 Pavement Drop-Off
57 Ditch
58 Embankment
59 Tree (Standing)
60 Dividing Strip
61 Retaining Wall
62 Bridge Abutment
63 Bridge Pier or Support
64 Bridge Rail
65 Bridge Post
66 Bridge Curb
67 Bridge Super Structure (Beams)
68 Bridge Overhead Structure
69 Delineator
70 Mailbox
71 Other Fixed Object
72 Other Highway Structure
73 Ground
99 Unknown

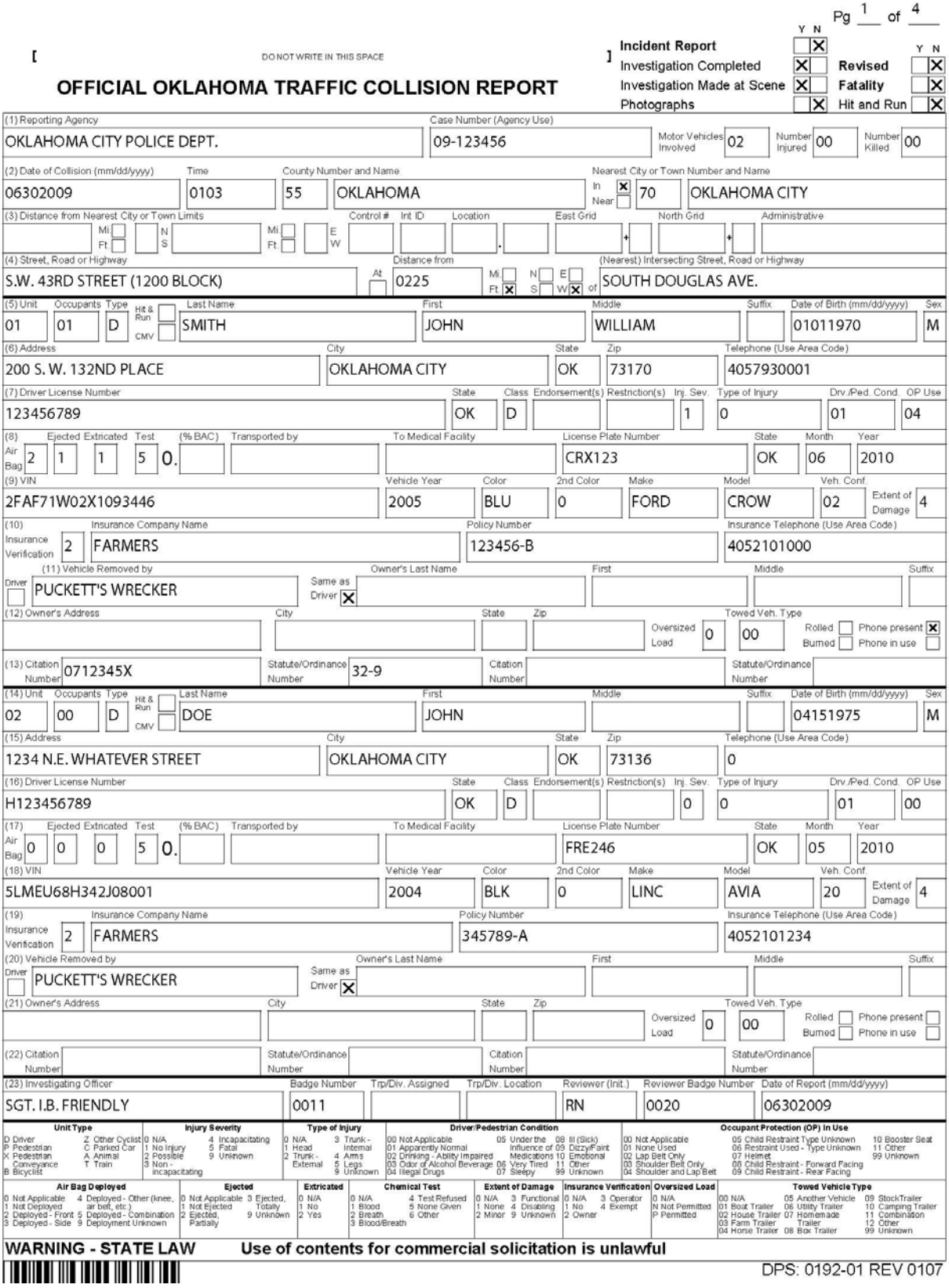
Remarks

UNIT #1 (FARM TRACTOR) TURNED RIGHT ONTO FARM ROAD FROM A DIRT DRIVEWAY ON THE NORTH SIDE OF FARM ROAD AND WAS HIT IN THE REAR LEFT TIRE BY THE FRONT RIGHT BUMPER OF WESTBOUND UNIT #2. UNIT #2 SKIDDED PRIOR TO IMPACT, LEAVING A LEFT-REAR TIRE SKIDMARK OF APPROX. 36 FEET AND A RIGHT-REAR SKIDMARK OF APPROX. 32 FEET. UNIT #1 TRAVELED WEST AFTER IMPACT FOR A DISTANCE OF APPROX. 43 FEET AND STOPPED PARTIALLY IN THE WESTBOUND LANE AND PARTIALLY OFF THE ROADWAY. DRIVER OF UNIT #1 WAS THROWN OFF THE TRACTOR AND CAME TO REST APPROX. 20 FEET WEST OF THE DRIVEWAY AND APPROX. 5 FEET NORTH OF THE ROADWAY. UNIT #2 CONTINUED WESTBOUND AFTER IMPACT FOR A DISTANCE OF APPROX. 54 FEET AND STOPPED IN THE EASTBOUND LANE. DRIVER OF UNIT #2 STATED THAT HE WAS TRAVELING UNDER THE SPEED LIMIT AND DIDN'T HAVE TIME TO STOP BEFORE HITTING UNIT #1. DRIVER OF UNIT #1 STATED THAT HE NEVER SAW UNIT #2 AND GUESSED THAT UNIT #2 MUST HAVE BEEN SPEEDING. DRIVER OF UNIT #1 SUSTAINED A LACERATION TO THE HEAD AND MINOR ABRASIONS TO HIS RIGHT ARM.

This report is based on the officer's investigation of this collision. This report may contain the opinion of the officer.

DPS: 0192-04 REV 0107

Example collision report involving a vehicle parked on the roadway (Page 1):



Pg 1 of 4

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

	Y	N
Incident Report		X
Investigation Completed	X	
Investigation Made at Scene	X	
Photographs		X
Revised		X
Fatality		X
Hit and Run		X

(1) Reporting Agency: OKLAHOMA CITY POLICE DEPT. | Case Number (Agency Use): 09-123456 | Motor Vehicles Involved: 02 | Number Injured: 00 | Number Killed: 00

(2) Date of Collision (mm/dd/yyyy): 06302009 | Time: 0103 | County Number and Name: 55 OKLAHOMA | Nearest City or Town Number and Name: In X / Near 70 OKLAHOMA CITY

(3) Distance from Nearest City or Town Limits: Mi Ft N S Mi Ft E W | Control # | Int ID | Location | East Grid | North Grid | Administrative

(4) Street, Road or Highway: S.W. 43RD STREET (1200 BLOCK) | At | Distance from: 0225 Mi Ft X N S E W X of | (Nearest) Intersecting Street, Road or Highway: SOUTH DOUGLAS AVE.

Unit 01 (Vehicle 1)

(5) Unit: 01 | Occupants: 01 | Type: D | Hit & Run | CMV | Last Name: SMITH | First: JOHN | Middle: WILLIAM | Suffix | Date of Birth (mm/dd/yyyy): 01011970 | Sex: M

(6) Address: 200 S. W. 132ND PLACE | City: OKLAHOMA CITY | State: OK | Zip: 73170 | Telephone (Use Area Code): 4057930001

(7) Driver License Number: 123456789 | State: OK | Class: D | Endorsement(s) | Restriction(s) | Inj. Sev.: 1 | Type of Injury: 0 | Drv./Ped. Cond.: 01 | OP Use: 04

(8) Air Bag: 2 | Ejected: 1 | Extricated: 1 | Test: 5 | (% BAC): 0. | Transported by | To Medical Facility | License Plate Number: CRX123 | State: OK | Month: 06 | Year: 2010

(9) VIN: 2FAF71W02X1093446 | Vehicle Year: 2005 | Color: BLU | 2nd Color: 0 | Make: FORD | Model: CROW | Veh. Conf. | Extent of Damage: 4

(10) Insurance Verification: 2 | Insurance Company Name: FARMERS | Policy Number: 123456-B | Insurance Telephone (Use Area Code): 4052101000

(11) Vehicle Removed by: Driver | PUCKETT'S WRECKER | Same as Driver X | Owner's Last Name | First | Middle | Suffix

(12) Owner's Address | City | State | Zip | Oversized Load: 0 | Towed Veh. Type: 00 | Rolled | Phone present X | Burned | Phone in use

(13) Citation Number: 0712345X | Statute/Ordinance Number: 32-9 | Citation Number | Statute/Ordinance Number

Unit 02 (Vehicle 2)

(14) Unit: 02 | Occupants: 00 | Type: D | Hit & Run | CMV | Last Name: DOE | First: JOHN | Middle | Suffix | Date of Birth (mm/dd/yyyy): 04151975 | Sex: M

(15) Address: 1234 N.E. WHATEVER STREET | City: OKLAHOMA CITY | State: OK | Zip: 73136 | Telephone (Use Area Code): 0

(16) Driver License Number: H123456789 | State: OK | Class: D | Endorsement(s) | Restriction(s) | Inj. Sev.: 0 | Type of Injury: 0 | Drv./Ped. Cond.: 01 | OP Use: 00

(17) Air Bag: 0 | Ejected: 0 | Extricated: 0 | Test: 5 | (% BAC): 0. | Transported by | To Medical Facility | License Plate Number: FRE246 | State: OK | Month: 05 | Year: 2010

(18) VIN: 5LMEU68H342J08001 | Vehicle Year: 2004 | Color: BLK | 2nd Color: 0 | Make: LINC | Model: AVIA | Veh. Conf.: 20 | Extent of Damage: 4

(19) Insurance Verification: 2 | Insurance Company Name: FARMERS | Policy Number: 345789-A | Insurance Telephone (Use Area Code): 4052101234

(20) Vehicle Removed by: Driver | PUCKETT'S WRECKER | Same as Driver X | Owner's Last Name | First | Middle | Suffix

(21) Owner's Address | City | State | Zip | Oversized Load: 0 | Towed Veh. Type: 00 | Rolled | Phone present | Burned | Phone in use

(22) Citation Number | Statute/Ordinance Number | Citation Number | Statute/Ordinance Number

(23) Investigating Officer: SGT. I.B. FRIENDLY | Badge Number: 0011 | Trp/Div. Assigned | Trp/Div. Location | Reviewer (Init.): RN | Reviewer Badge Number: 0020 | Date of Report (mm/dd/yyyy): 06302009

Unit Type: D Driver, P Pedestrian, X Pedestrian Conveyance, B Bicyclist, Z Other Cyclist, C Parked Car, A Animal, T Train

Injury Severity: 0 N/A, 1 No Injury, 2 Possible, 3 Non-incapacitating, 4 Incapacitating, 5 Fatal, 9 Unknown

Type of Injury: 0 N/A, 1 Head, 2 Trunk-External, 3 Trunk-Internal, 4 Arms, 5 Legs, 9 Unknown

Driver/Pedestrian Condition: 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, 99 Unknown

Occupant Protection (OP) In Use: 00 Not Applicable, 01 None Used, 02 Lap Belt Only, 03 Shoulder Belt Only, 04 Shoulder and Lap Belt, 05 Child Restraint Type Unknown, 06 Restraint Used - Type Unknown, 07 Helmet, 08 Child Restraint - Forward Facing, 09 Child Restraint - Rear Facing, 10 Booster Seat, 11 Combination, 99 Unknown

Air Bag Deployed: 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

Ejected: 0 Not Applicable, 1 Not Ejected, 2 Ejected, Partially, 3 Ejected, Totally, 9 Unknown

Extricated: 0 N/A, 1 No, 2 Yes

Chemical Test: 0 N/A, 1 Blood, 2 Breath, 3 Blood/Breath, 4 Test Refused, 5 None Given, 6 Other

Extent of Damage: 0 N/A, 1 None, 2 Minor, 3 Functional, 4 Disabling, 9 Unknown

Insurance Verification: 0 N/A, 1 No, 2 Owner, 3 Operator, 4 Exempt

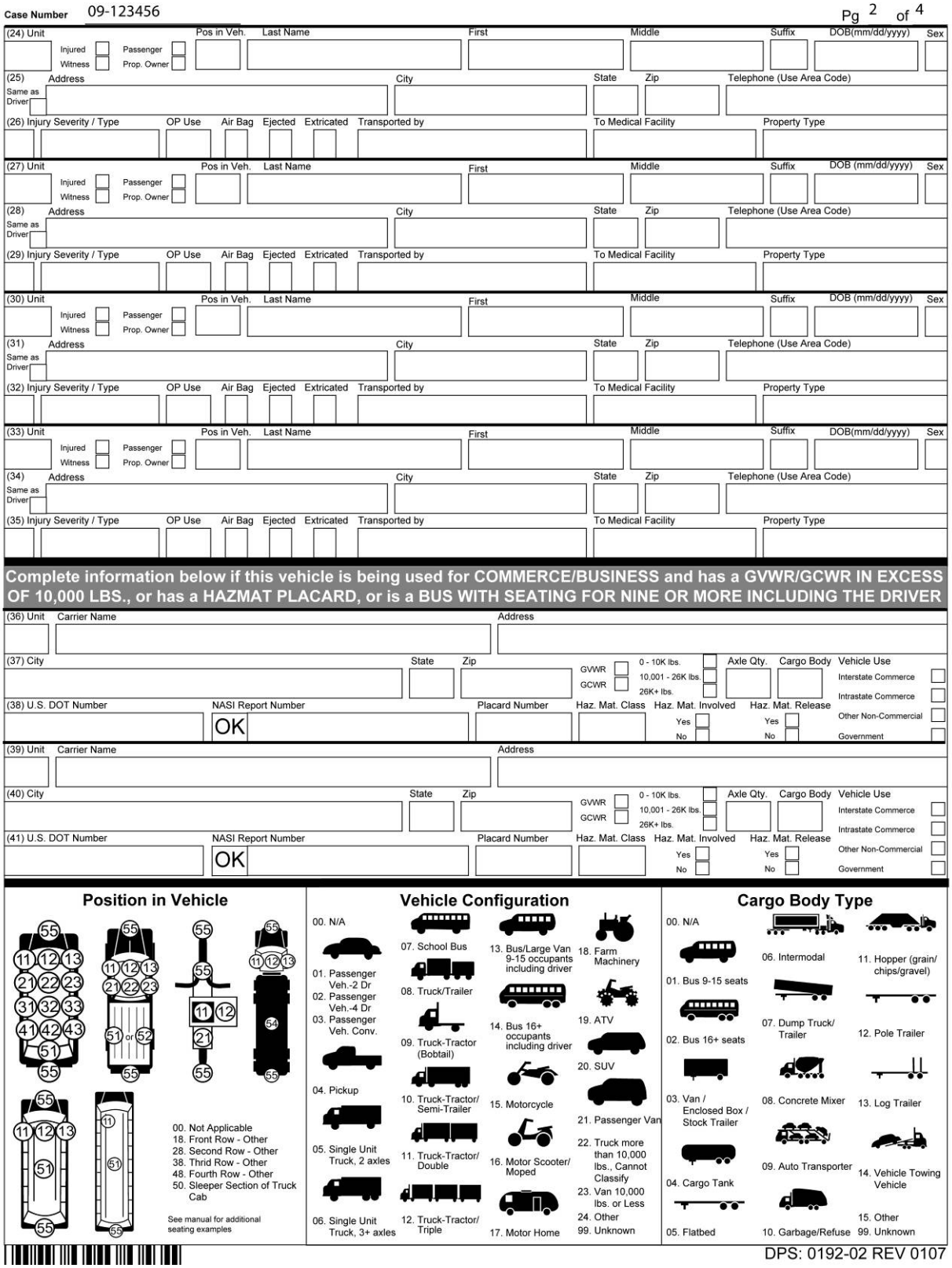
Oversized Load: 0 N/A, N Not Permitted, P Permitted

Towed Vehicle Type: 00 N/A, 01 Boat Trailer, 02 House Trailer, 03 Farm Trailer, 04 Horse Trailer, 05 Another Vehicle, 06 Utility Trailer, 07 Homemade Trailer, 08 Box Trailer, 09 StockTrailer, 10 Camping Trailer, 11 Combination, 12 Other, 99 Unknown

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

DPS: 0192-01 REV 0107

Example collision report involving a vehicle parked on the roadway (Page 2):



Case Number 09-123456

Pg 2 of 4

(24) Unit | Pos in Veh. | Last Name | First | Middle | Suffix | DOB(mm/dd/yyyy) | Sex
Injured ☐ Passenger ☐ Witness ☐ Prop. Owner ☐
(25) Same as Driver ☐ Address | City | State | Zip | Telephone (Use Area Code)
(26) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | To Medical Facility | Property Type

(27) Unit | Pos in Veh. | Last Name | First | Middle | Suffix | DOB (mm/dd/yyyy) | Sex
Injured ☐ Passenger ☐ Witness ☐ Prop. Owner ☐
(28) Same as Driver ☐ Address | City | State | Zip | Telephone (Use Area Code)
(29) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | To Medical Facility | Property Type

(30) Unit | Pos in Veh. | Last Name | First | Middle | Suffix | DOB (mm/dd/yyyy) | Sex
Injured ☐ Passenger ☐ Witness ☐ Prop. Owner ☐
(31) Same as Driver ☐ Address | City | State | Zip | Telephone (Use Area Code)
(32) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | To Medical Facility | Property Type

(33) Unit | Pos in Veh. | Last Name | First | Middle | Suffix | DOB(mm/dd/yyyy) | Sex
Injured ☐ Passenger ☐ Witness ☐ Prop. Owner ☐
(34) Same as Driver ☐ Address | City | State | Zip | Telephone (Use Area Code)
(35) 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 ☐ GCWR ☐ | 0 - 10K lbs. ☐ 10,001 - 26K lbs. ☐ 26K+ lbs. ☐ | Axle Qty. | Cargo Body | Vehicle Use: Interstate Commerce ☐ Intrastate Commerce ☐ Other Non-Commercial ☐ Government ☐
(38) U.S. DOT Number | NASI Report Number OK | Placard Number | Haz. Mat. Class | Haz. Mat. Involved Yes ☐ No ☐ | Haz. Mat. Release Yes ☐ No ☐

(39) Unit | Carrier Name | Address
(40) City | State | Zip | GVWR ☐ GCWR ☐ | 0 - 10K lbs. ☐ 10,001 - 26K lbs. ☐ 26K+ lbs. ☐ | Axle Qty. | Cargo Body | Vehicle Use: Interstate Commerce ☐ Intrastate Commerce ☐ Other Non-Commercial ☐ Government ☐
(41) U.S. DOT Number | NASI Report Number OK | Placard Number | Haz. Mat. Class | Haz. Mat. Involved Yes ☐ No ☐ | Haz. Mat. Release Yes ☐ No ☐

Position in Vehicle

00. Not Applicable
18. Front Row - Other
28. Second Row - Other
38. Thrid Row - Other
48. Fourth Row - Other
50. Sleeper Section of Truck Cab

See manual for additional seating examples

Vehicle Configuration

00. N/A
01. Passenger Veh.-2 Dr
02. Passenger Veh.-4 Dr
03. Passenger Veh. Conv.
04. Pickup
05. Single Unit Truck, 2 axles
06. Single Unit Truck, 3+ axles
07. School Bus
08. Truck/Trailer
09. Truck-Tractor (Bobtail)
10. Truck-Tractor/ Semi-Trailer
11. Truck-Tractor/ Double
12. Truck-Tractor/ Triple
13. Bus/Large Van 9-15 occupants including driver
14. Bus 16+ occupants including driver
15. Motorcycle
16. Motor Scooter/ Moped
17. Motor Home
18. Farm Machinery
19. ATV
20. SUV
21. Passenger Van
22. Truck more than 10,000 lbs., Cannot Classify
23. Van 10,000 lbs. or Less
24. Other
99. Unknown

Cargo Body Type

00. N/A
01. Bus 9-15 seats
02. Bus 16+ seats
03. Van / Enclosed Box / Stock Trailer
04. Cargo Tank
05. Flatbed
06. Intermodal
07. Dump Truck/ Trailer
08. Concrete Mixer
09. Auto Transporter
10. Garbage/Refuse
11. Hopper (grain/ chips/gravel)
12. Pole Trailer
13. Log Trailer
14. Vehicle Towing Vehicle
15. Other
99. Unknown

DPS: 0192-02 REV 0107

Example collision report involving a vehicle parked on the roadway (Page 3):

Case Number: 09-123456

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT Pg 3 of 4

	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'	01	02	25				
This unit will correspond to 'Unit 2'	02	02	25				

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

Type of Work Zone
1 Lane Closure
2 Lane Shift/Crossover
3 Work on Shoulder or Median
4 Intermittent or Moving Work
9 Unknown

Location of the Work Zone Collision
1 Before the First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area
5 Termination Area
9 Unknown

Workers Present Yes ☐ No ☐ Unknown ☐

Light: 2
1 Daylight
2 Dark-Not Lighted
3 Dark-Lighted
4 Dawn
5 Dusk
6 Dark-Unknown Lighting
7 Other
9 Unknown

Weather: 01
01 Clear
02 Fog/Smog/Smoke
03 Cloudy
04 Rain
05 Snow
06 Sleet/Hail (Freezing Rain/Drizzle)
07 Severe Crosswind
08 Blowing Snow
09 Blowing Sand, Soil, Dirt
10 Other
99 Unknown

Locality: 1
1 Residential
2 Business
3 Industrial
4 School
5 Not Built-up
6 Mixed Use
7 Other
9 Unknown

Type of Intersection: 0
0 Not an Intersection
2 Y-Intersection
3 T-Intersection
4 Four-Way Intersection
5 Five-Point or More
6 Intersection as Part of Interchange
7 Traffic Circle
8 Roundabout
9 Unknown

Incident Type: 00
00 Not an Incident
51 Private Property
52 Deliberate Intent
53 Medical Condition
54 Legal Intervention
55 Suicide
57 Drowning
58 Other

Location of First Harmful Event: 01
01 On Roadway
02 Shoulder
03 Median
04 Roadside
05 Gore
06 Separator
07 Parking Lane/Zone
08 Off Roadway, Location Unknown
09 Outside Right-of Way
10 Other
99 Unknown

What Vehicle Was Going to Do: Unit 1: 01, Unit 2: 13
00 Not Applicable
01 Go Ahead
02 Turn Left
03 Turn Right
04 Make "U" Turn
05 Stop
06 Slow for Cause
07 Start from Park/Stop
08 Change Lanes
09 Overtake
10 Pass
11 Back
12 Remain Stopped
13 Remain Parked
14 Enter/Merge in Traffic
15 Negotiate a Curve
16 Park
17 Other
99 Unknown

What Vehicle Did: Unit 1: 01, Unit 2: 13
00 Not Applicable
01 Went Ahead
02 Turned Left
03 Turned Right
04 Entered "U" Turn
05 Stopped
06 Slowed
07 Started From Park/Stop
08 Entered Other Lane
09 Overtaking
10 Passing
11 Backed
12 Remained Stopped
13 Remained Parked
14 Entered/Merged
15 Departed Rdwy-Right
16 Departed Rdwy-Left
17 Swerved Right
18 Swerved Left
19 Parked
20 Other
99 Unknown

Visibility Obscured by: Unit 1: 00, Unit 2: 00
00 Not Applicable
01 Trees
02 Embankment
03 Building
04 Signs
05 Parked Vehicles
06 High Weeds
07 Fences
08 Shrubbery
09 Ice, Snow or Frost on Windows
10 Smoke
11 Fog
12 Dust
13 Rain
14 Sun
15 Other
99 Unknown

Driver Distracted by: Unit 1: 9, Unit 2: 0
0 Not Applicable/None
1 Electronic Communication Devices
2 Other Electronic Device
3 Other Inside Vehicle
4 Other Outside Vehicle
9 Unknown

Underride/ Override: Unit 1: , Unit 2:
0 Not Applicable
1 No Underride or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle in Transport
6 Override, Other Motor Vehicle
9 Unknown

Traffic Control: Unit 1: 00, Unit 2: 00
00 No Control
01 Stop Sign
02 Traffic Signal
03 Flashing Traffic Signal
04 School Zone Signs
05 Yield Sign
06 Warning Sign
07 Railroad Advance Warning Sign
08 Railroad Cross Bucks
09 Railroad Gates
10 Railroad Signal
11 No Passing Zone
12 Person (including flagger, law enforcement, crossing guard, etc.)
13 Abnormal Control
14 Other
99 Unknown

Road Surface Conditions: Unit 1: 01, Unit 2: 01
01 Dry
02 Wet
03 Ice/Frost
04 Snow
05 Mud, Dirt, Gravel
06 Slush
07 Water (standing, moving)
08 Sand
09 Oil
10 Other
99 Unknown

Road Character

Grade: Unit 1: 1, Unit 2: 1
1 Level
2 Hillcrest
3 Uphill
4 Downhill
5 Sag (bottom)

Road Alignment: Unit 1: 1, Unit 2: 1
1 Straight
2 Curve - Left
3 Curve - Right

Road Surface Type: Unit 1: 2, Unit 2: 2
1 Concrete
2 Asphalt
3 Gravel
4 Dirt
5 Brick
6 Other
9 Unknown

Trafficway: Unit 1: 2, Unit 2: 2
0 Not Applicable
1 One Way
2 Two-Way - Not Divided
3 Two-Way - Divided
4 Two-Way - Divided - Positive Median Barrier
5 Turn Lane
6 Ramp / Loop
7 Driveway
8 Alley / Parking Lot
9 Unknown

Vehicle Removal: Unit 1: 1, Unit 2: 1
0 Not Applicable
1 Towed Due to Vehicle Damage
2 Towed For Reasons Other Than Damage
3 Remained at Scene
4 Driven from Scene
9 Unknown

Vehicle Condition: Unit 1: 01, Unit 2: 01
00 Not Applicable
01 Apparently Normal
02 Brakes
03 Headlights
04 Steering
05 Tail Lights
06 Brake Lights
07 Tires/Wheels
08 Suspension
09 Signal lights
10 Windows
11 Truck Coupling/Trailer Hitch/Safety Chains
12 Mirrors
13 Wipers
14 Power Train
15 Other
99 Unknown

Special Function of Vehicle: Unit 1: 00, Unit 2: 00
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
99 Unknown

Emergency Vehicle Responding to an Emergency: Unit 1: 0, Unit 2: 0
0 N/A
1 Yes
2 No
9 Unknown

Unsafe / Unlawful Contributing Factors: Unit 1: 73, Unit 2: 98

FAILED TO YIELD
01 From Stop Sign
02 From Yield Sign
03 Private Drive
04 County Road at Through Highway
05 From Signal Light
06 From Alley
07 To Pedestrian
08 To Vehicle on Right
09 To Vehicle in Intersection
10 To Emergency Vehicles
12 Other

FOLLOWED TOO CLOSELY
13 Human Element
14 Traffic Condition
15 Weather Condition

UNSAFE SPEED
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

IMPROPER TURN
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
38 **CHANGED LANES UNSAFELY**
39 **STOPPED IN TRAFFIC LANE**

FAILED TO STOP
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

UNSAFE VEHICLE
47 Brakes
48 Steering
49 Tires
50 Suspension
51 Headlights
52 Tail Lights
53 Stop Lights
54 Wheel
55 Exhaust System
56 Windshield Wipers
57 Other Mechanical Defects

LEFT OF CENTER
58 In Meeting
59 No Passing Zone (Unmarked)
60 Marked Zone
61 Other

IMPROPER OVERTAKING
62 In Marked Zone
63 On Hill/Curve
64 At Intersection
65 Without Sufficient Clearance
66 Other

IMPROPER PARKING
67 On Roadway
68 Where Prohibited
69 Other

INATTENTION
70 Distracted by Passenger in Vehicle
71 Other Distraction Inside Vehicle
72 Distraction From Outside Vehicle
73 Other

WRONG WAY
74 On One Way
75 On Exit Ramp
76 On Entrance Ramp
77 Other

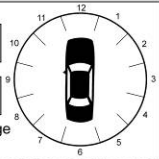
IMPROPER START FROM
78 Parked Position
79 Other
80 **ALCOHOL-DUI/DWI**
81 **DRUG-DUI**

OTHER IMPROPER ACT/ MOVEMENT
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

UNKN./NO IMPROPER ACT
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 **NO IMPROPER ACTION BY DRIVER**
99 **PEDESTRIAN ACTION**

Point of First Contact on Vehicle: Unit 1: 12, Unit 2: 06

Most Damaged Area: Unit 1: 12, Unit 2: 06



00 Not Applicable
13 Top
14 Undercarriage
99 Unknown

DPS: 0192-03 REV 0107

Example collision report involving a vehicle parked on the roadway (Page 4):

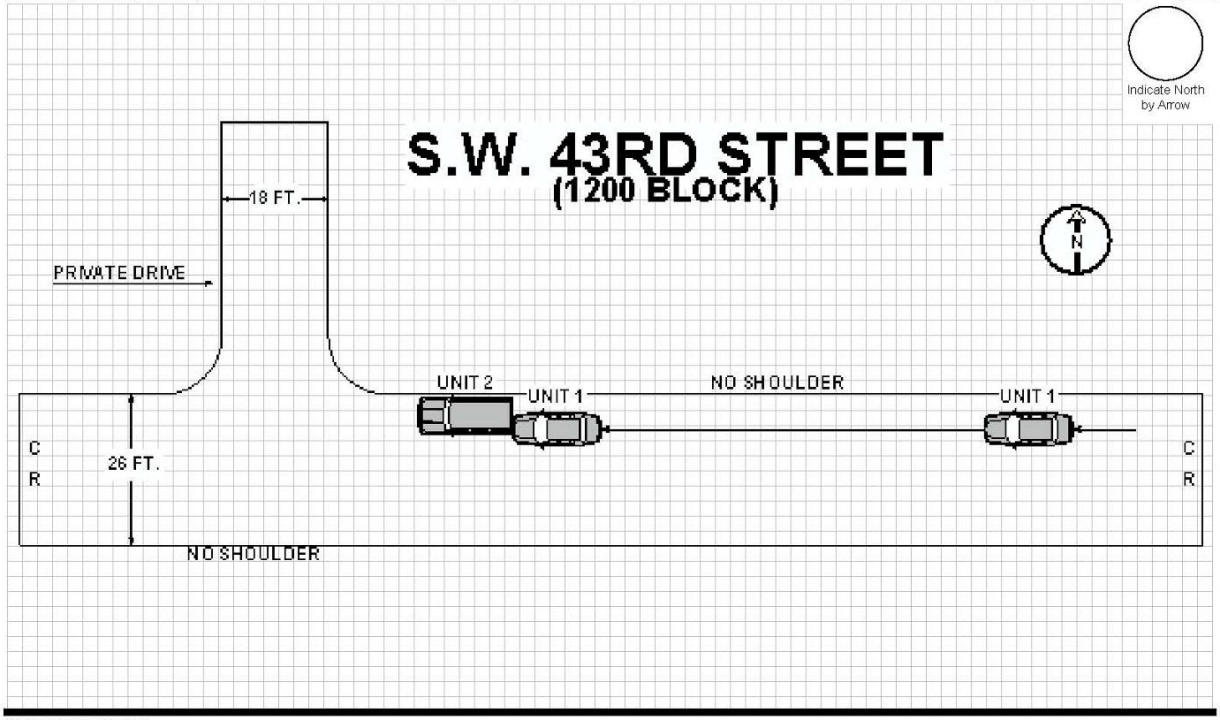
Case Number 09-123456

Pg 4 of 4

Latitude | Longitude | Railroad Crossing Number | Roadway Orientation

N W

Unit Number 01 NE SW W | Unit Number 02 NE SW W



COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
01	34	00	00	00	34	34
02	34	00	00	00	34	

00 Not Applicable
10 Overturn/Rollover
11 Fire/Explosion
12 Immersion
13 Jackknife
14 Cargo/Equipment Loss or Shift
15 Equipment Failure (Blown Tire, Brake Failure, etc.)
16 Separation of Units
17 Departed Road Right
18 Departed Road Left
19 Cross Median/Centerline
20 Downhill Runaway
21 Fell/Jumped From Motor Vehicle
22 Thrown Or Falling Object
23 Other Non-Collision

PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:

30 Pedestrian
31 Pedal Cycle
32 Railway Vehicle (train, engine)
33 Animal
34 Motor Vehicle in Transport
35 Parked Motor Vehicle
36 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
37 Work Zone/Maintenance Equipment
38 Other Non-Fixed Object

FIXED OBJECT:

40 Barrier (Cable)
41 Barrier (Concrete)
42 Barrier (Other)
43 Fence Pole
44 Fence
45 Traffic Signal Support
46 Traffic Sign Support
47 Utility Pole/Light Support
48 Other Post/Pole/Support
49 Guardrail/Guardrail Face
50 Guardrail End
51 Culvert
52 Curb
53 Island
54 Sand Barrels
55 Impact Attenuator/ Crash Cushion
56 Pavement Drop-Off
57 Ditch
58 Embankment
59 Tree (Standing)
60 Dividing Strip
61 Retaining Wall
62 Bridge Abutment
63 Bridge Pier or Support
64 Bridge Rail
65 Bridge Post
66 Bridge Curb
67 Bridge Super Structure (Beams)
68 Bridge Overhead Structure
69 Delineator
70 Mailbox
71 Other Fixed Object
72 Other Highway Structure
73 Ground
99 Unknown

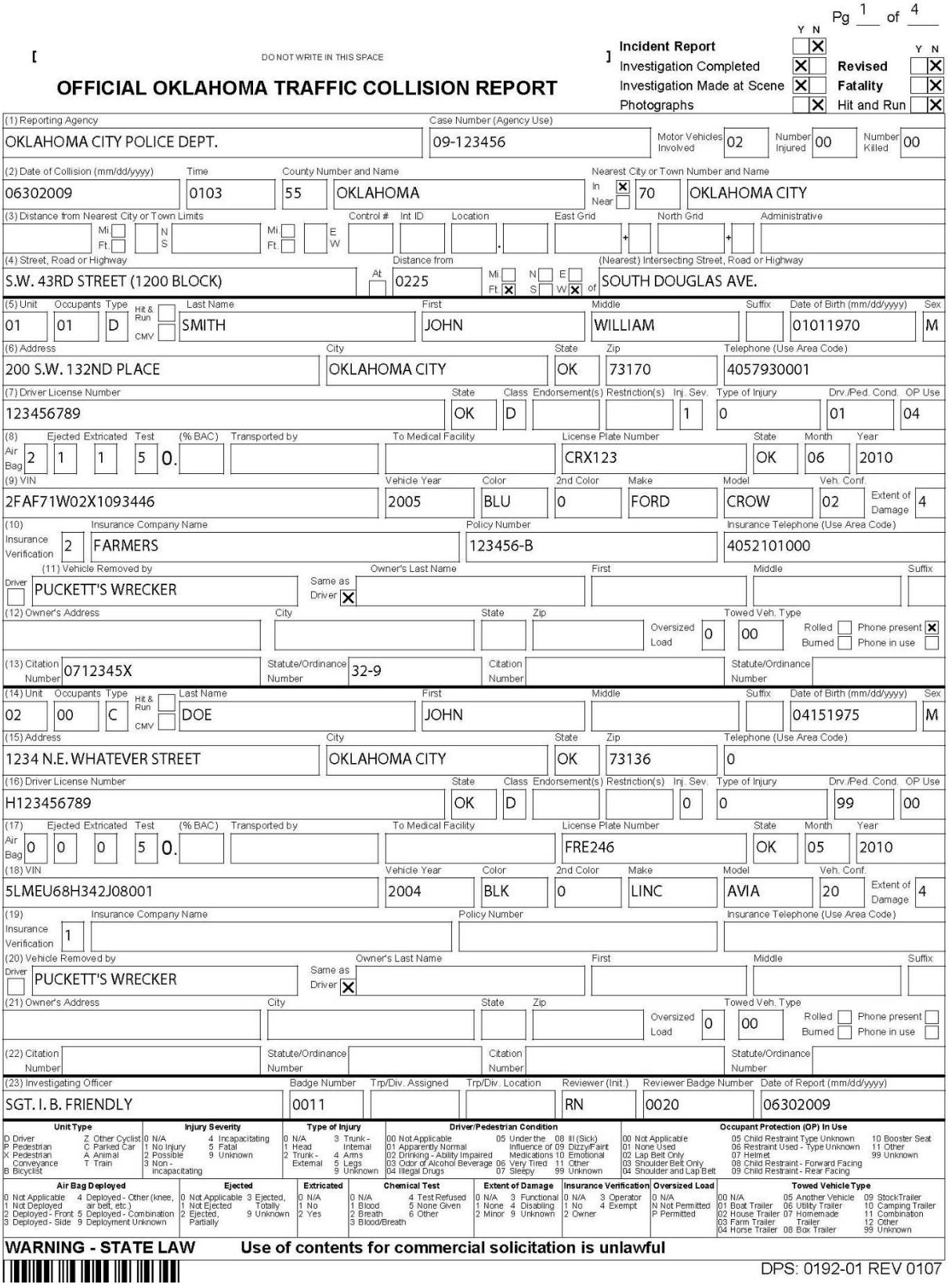
Remarks

UNIT #1 WAS WESTBOUND ON S.W. 43RD STREET AT STATED 25 M.P.H. UNIT #2 FACING WESTBOUND ON S.W. 43RD STREET AT 0 M.P.H. PARKED AND UNOCCUPIED. UNIT #1 FRONT RIGHT AND UNIT #2 REAR LEFT COLLIDED. POINT OF IMPACT WAS APPROX. 27 FEET EAST OF EAST EDGE OF PRIVATE DRIVE AND APPROX. 6 FEET SOUTH OF THE NORTH CURB LINE OF S.W. 43RD STREET. POINT OF REST FOR UNIT #1WAS APPROX. 10 FEET WEST OF IMPACT AND POINT OF REST FOR UNIT #2 WAS APPROX. 12 FEET WEST OF IMPACT. THERE WERE NO SKID MARKS OBSERVED BEFORE OR AFTER IMPACT. DRIVER #1 STATED THAT HE DID NOT OBSERVE UNIT #2 PARKED IN THE ROADWAY AND DID NOT KNOW WHY HE DID NOT SEE UNIT #2. MR. DOE (UNIT #2) STATED THAT HE HAD PARKED HIS VEHICLE APPROX. 4 HOURS PRIOR TO THE COLLISION.

This report is based on the officer's investigation of this collision. This report may contain the opinion of the officer.

DPS: 0192-04 REV 0107

Example collision report involving a vehicle parked off of the roadway (Page 1):



Pg 1 of 4

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

	Y	N
Incident Report		X
Investigation Completed	X	
Investigation Made at Scene	X	
Photographs		X
Revised		X
Fatality		X
Hit and Run		X

(1) Reporting Agency: OKLAHOMA CITY POLICE DEPT. | Case Number (Agency Use): 09-123456 | Motor Vehicles Involved: 02 | Number Injured: 00 | Number Killed: 00

(2) Date of Collision (mm/dd/yyyy): 06302009 | Time: 0103 | County Number and Name: 55 OKLAHOMA | Nearest City or Town Number and Name: In X / Near ☐ 70 OKLAHOMA CITY

(3) Distance from Nearest City or Town Limits: Mi ☐ Ft ☐ | N S | Mi ☐ Ft ☐ | E W | Control # | Int ID | Location | East Grid | North Grid | Administrative

(4) Street, Road or Highway: S.W. 43RD STREET (1200 BLOCK) | At ☐ | Distance from: 0225 Mi ☐ Ft X | N ☐ S ☐ | E ☐ W X | of | (Nearest) Intersecting Street, Road or Highway: SOUTH DOUGLAS AVE.

(5) Unit	Occupants	Type	Hit & Run	CMV	Last Name	First	Middle	Suffix	Date of Birth (mm/dd/yyyy)	Sex
01	01	D			SMITH	JOHN	WILLIAM		01011970	M

(6) Address: 200 S.W. 132ND PLACE | City: OKLAHOMA CITY | State: OK | Zip: 73170 | Telephone (Use Area Code): 4057930001

(7) Driver License Number	State	Class	Endorsement(s)	Restriction(s)	Inj. Sev.	Type of Injury	Drv./Ped. Cond.	OP Use
123456789	OK	D			1	0	01	04

(8) Air Bag	Ejected	Extricated	Test	(% BAC)	Transported by	To Medical Facility	License Plate Number	State	Month	Year
2	1	1	5	0.			CRX123	OK	06	2010

(9) VIN	Vehicle Year	Color	2nd Color	Make	Model	Veh. Conf.	Extent of Damage
2FAF71W02X1093446	2005	BLU	0	FORD	CROW	02	4

(10) Insurance Verification: 2 | Insurance Company Name: FARMERS | Policy Number: 123456-B | Insurance Telephone (Use Area Code): 4052101000

(11) Vehicle Removed by: Driver ☐ PUCKETT'S WRECKER | Same as Driver X | Owner's Last Name | First | Middle | Suffix

(12) Owner's Address | City | State | Zip | Oversized Load: 0 | Towed Veh. Type: 00 | Rolled ☐ Burned ☐ | Phone present X | Phone in use ☐

(13) Citation Number: 0712345X | Statute/Ordinance Number: 32-9 | Citation Number | Statute/Ordinance Number

(14) Unit	Occupants	Type	Hit & Run	CMV	Last Name	First	Middle	Suffix	Date of Birth (mm/dd/yyyy)	Sex
02	00	C			DOE	JOHN			04151975	M

(15) Address: 1234 N.E. WHATEVER STREET | City: OKLAHOMA CITY | State: OK | Zip: 73136 | Telephone (Use Area Code): 0

(16) Driver License Number	State	Class	Endorsement(s)	Restriction(s)	Inj. Sev.	Type of Injury	Drv./Ped. Cond.	OP Use
H123456789	OK	D			0	0	99	00

(17) Air Bag	Ejected	Extricated	Test	(% BAC)	Transported by	To Medical Facility	License Plate Number	State	Month	Year
0	0	0	5	0.			FRE246	OK	05	2010

(18) VIN	Vehicle Year	Color	2nd Color	Make	Model	Veh. Conf.	Extent of Damage
5LMEU68H342J08001	2004	BLK	0	LINC	AVIA	20	4

(19) Insurance Verification: 1 | Insurance Company Name | Policy Number | Insurance Telephone (Use Area Code)

(20) Vehicle Removed by: Driver ☐ PUCKETT'S WRECKER | Same as Driver X | Owner's Last Name | First | Middle | Suffix

(21) Owner's Address | City | State | Zip | Oversized Load: 0 | Towed Veh. Type: 00 | Rolled ☐ Burned ☐ | Phone present ☐ | Phone in use ☐

(22) Citation Number | Statute/Ordinance Number | Citation Number | Statute/Ordinance Number

(23) Investigating Officer	Badge Number	Trp/Div. Assigned	Trp/Div. Location	Reviewer (Init.)	Reviewer Badge Number	Date of Report (mm/dd/yyyy)
SGT. I. B. FRIENDLY	0011			RN	0020	06302009

Unit Type: D Driver; P Pedestrian; X Pedestrian Conveyance; B Bicyclist; Z Other Cyclist; C Parked Car; A Animal; T Train

Injury Severity: 0 N/A; 1 No Injury; 2 Possible; 3 Non-incapacitating; 4 Incapacitating; 5 Fatal; 9 Unknown

Type of Injury: 0 N/A; 1 Head; 2 Trunk-External; 3 Trunk-Internal; 4 Arms; 5 Legs; 9 Unknown

Driver/Pedestrian Condition: 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; 99 Unknown

Occupant Protection (OP) In Use: 00 Not Applicable; 01 None Used; 02 Lap Belt Only; 03 Shoulder Belt Only; 04 Shoulder and Lap Belt; 05 Child Restraint Type Unknown; 06 Restraint Used - Type Unknown; 07 Helmet; 08 Child Restraint - Forward Facing; 09 Child Restraint - Rear Facing; 10 Booster Seat; 11 Other; 99 Unknown

Air Bag Deployed: 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

Ejected: 0 Not Applicable; 1 Not Ejected; 2 Ejected, Partially; 3 Ejected, Totally; 9 Unknown

Extricated: 0 N/A; 1 No; 2 Yes

Chemical Test: 0 N/A; 1 Blood; 2 Breath; 3 Blood/Breath; 4 Test Refused; 5 None Given; 6 Other

Extent of Damage: 0 N/A; 1 None; 2 Minor; 3 Functional; 4 Disabling; 9 Unknown

Insurance Verification: 0 N/A; 1 No; 2 Owner; 3 Operator; 4 Exempt

Oversized Load: 0 N/A; N Not Permitted; P Permitted

Towed Vehicle Type: 00 N/A; 01 Boat Trailer; 02 House Trailer; 03 Farm Trailer; 04 Horse Trailer; 05 Another Vehicle; 06 Utility Trailer; 07 Homemade Trailer; 08 Box Trailer; 09 Stock Trailer; 10 Camping Trailer; 11 Combination; 12 Other; 99 Unknown

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

DPS: 0192-01 REV 0107

Example collision report involving a vehicle parked off of the roadway (Page 2):

Case Number 09-123436 Pg 2 of 4

(24) Unit | Pos in Veh. | Last Name | First | Middle | Suffix | DOB(mm/dd/yyyy) | Sex
Injured ☐ Passenger ☐ Witness ☐ Prop. Owner ☐
(25) Address | City | State | Zip | Telephone (Use Area Code)
Same as Driver ☐
(26) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | To Medical Facility | Property Type

(27) Unit | Pos in Veh. | Last Name | First | Middle | Suffix | DOB (mm/dd/yyyy) | Sex
Injured ☐ Passenger ☐ Witness ☐ Prop. Owner ☐
(28) Address | City | State | Zip | Telephone (Use Area Code)
Same as Driver ☐
(29) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | To Medical Facility | Property Type

(30) Unit | Pos in Veh. | Last Name | First | Middle | Suffix | DOB (mm/dd/yyyy) | Sex
Injured ☐ Passenger ☐ Witness ☐ Prop. Owner ☐
(31) Address | City | State | Zip | Telephone (Use Area Code)
Same as Driver ☐
(32) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | To Medical Facility | Property Type

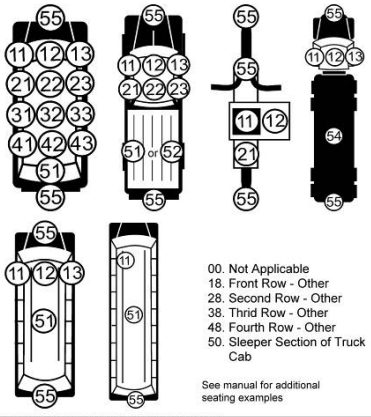
(33) Unit | Pos in Veh. | Last Name | First | Middle | Suffix | DOB(mm/dd/yyyy) | Sex
Injured ☐ Passenger ☐ Witness ☐ Prop. Owner ☐
(34) Address | City | State | Zip | Telephone (Use Area Code)
Same as Driver ☐
(35) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | To 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

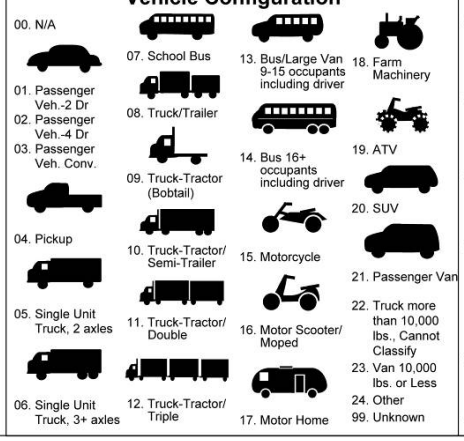
(36) Unit | Carrier Name | Address
(37) City | State | Zip | GVWR ☐ GCWR ☐ 0 - 10K lbs. ☐ 10,001 - 26K lbs. ☐ 26K+ lbs. ☐ | Axle Qty. | Cargo Body | Vehicle Use: Interstate Commerce ☐ Intrastate Commerce ☐ Other Non-Commercial ☐ Government ☐
(38) U.S. DOT Number | NASI Report Number: OK | Placard Number | Haz. Mat. Class | Haz. Mat. Involved Yes ☐ No ☐ | Haz. Mat. Release Yes ☐ No ☐

(39) Unit | Carrier Name | Address
(40) City | State | Zip | GVWR ☐ GCWR ☐ 0 - 10K lbs. ☐ 10,001 - 26K lbs. ☐ 26K+ lbs. ☐ | Axle Qty. | Cargo Body | Vehicle Use: Interstate Commerce ☐ Intrastate Commerce ☐ Other Non-Commercial ☐ Government ☐
(41) U.S. DOT Number | NASI Report Number: OK | Placard Number | Haz. Mat. Class | Haz. Mat. Involved Yes ☐ No ☐ | Haz. Mat. Release Yes ☐ No ☐

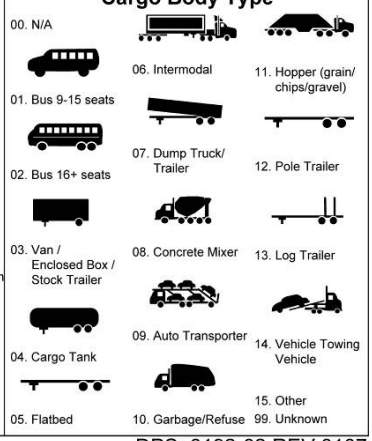
Position in Vehicle



Vehicle Configuration



Cargo Body Type



DPS: 0192-02 REV 0107

Example collision report involving a vehicle parked off of the roadway (Page 3):

Case Number: 09-123456

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT Pg 3 of 4

	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'	01	02	25				
This unit will correspond to 'Unit 2'	02	00	00				

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

Type of Work Zone
1 Lane Closure
2 Lane Shift/Crossover
3 Work on Shoulder or Median
4 Intermittent or Moving Work
9 Unknown

Location of the Work Zone Collision
1 Before the First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area
5 Termination Area
9 Unknown

Workers Present Yes ☐ No ☐ Unknown ☐

Light: 2
1 Daylight
2 Dark-Not Lighted
3 Dark-Lighted
4 Dawn
5 Dusk
6 Dark-Unknown Lighting
7 Other
9 Unknown

Weather: 01
01 Clear
02 Fog/Smog/Smoke
03 Cloudy
04 Rain
05 Snow
06 Sleet/Hail (Freezing Rain/Drizzle)
07 Severe Crosswind
08 Blowing Snow
09 Blowing Sand, Soil, Dirt
10 Other
99 Unknown

Locality: 1
1 Residential
2 Business
3 Industrial
4 School
5 Not Built-up
6 Mixed Use
7 Other
9 Unknown

Type of Intersection: 0
0 Not an Intersection
2 Y-Intersection
3 T-Intersection
4 Four-Way Intersection
5 Five-Point or More
6 Intersection as Part of Interchange
7 Traffic Circle
8 Roundabout
9 Unknown

Incident Type: 00
00 Not an Incident
51 Private Property
52 Deliberate Intent
53 Medical Condition
54 Legal Intervention
55 Suicide
57 Drowning
58 Other

Location of First Harmful Event: 04
01 On Roadway
02 Shoulder
03 Median
04 Roadside
05 Gore
06 Separator
07 Parking Lane/Zone
08 Off Roadway, Location Unknown
09 Outside Right-of Way
10 Other
99 Unknown

What Vehicle Was Going to Do — Unit 1: 01, Unit 2: 13
00 Not Applicable
01 Go Ahead
02 Turn Left
03 Turn Right
04 Make "U" Turn
05 Stop
06 Slow for Cause
07 Start from Park/Stop
08 Change Lanes
09 Overtake
10 Pass
11 Back
12 Remain Stopped
13 Remain Parked
14 Enter/Merge in Traffic
15 Negotiate a Curve
16 Park
17 Other
99 Unknown

What Vehicle Did — Unit 1: 15, Unit 2: 13
00 Not Applicable
01 Went Ahead
02 Turned Left
03 Turned Right
04 Entered "U" Turn
05 Stopped
06 Slowed
07 Started From Park/Stop
08 Entered Other Lane
09 Overtaking
10 Passing
11 Backed
12 Remained Stopped
13 Remained Parked
14 Entered/Merged
15 Departed Rdwy-Right
16 Departed Rdwy-Left
17 Swerved Right
18 Swerved Left
19 Parked
20 Other
99 Unknown

Visibility Obscured by — Unit 1: 00, Unit 2: 00
00 Not Applicable
01 Trees
02 Embankment
03 Building
04 Signs
05 Parked Vehicles
06 High Weeds
07 Fences
08 Shrubbery
09 Ice, Snow or Frost on Windows
10 Smoke
11 Fog
12 Dust
13 Rain
14 Sun
15 Other
99 Unknown

Driver Distracted by — Unit 1: 3, Unit 2: 0
0 Not Applicable/None
1 Electronic Communication Devices
2 Other Electronic Device
3 Other Inside Vehicle
4 Other Outside Vehicle
9 Unknown

Underride/ Override — Unit 1: , Unit 2:
0 Not Applicable
1 No Underride or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle in Transport
6 Override, Other Motor Vehicle
9 Unknown

Traffic Control — Unit 1: 00, Unit 2: 00
00 No Control
01 Stop Sign
02 Traffic Signal
03 Flashing Traffic Signal
04 School Zone Signs
05 Yield Sign
06 Warning Sign
07 Railroad Advance Warning Sign
08 Railroad Cross Bucks
09 Railroad Gates
10 Railroad Signal
11 No Passing Zone
12 Person (including flagger, law enforcement, crossing guard, etc.)
13 Abnormal Control
14 Other
99 Unknown

Road Surface Conditions — Unit 1: 01, Unit 2: 01
01 Dry
02 Wet
03 Ice/Frost
04 Snow
05 Mud, Dirt, Gravel
06 Slush
07 Water (standing, moving)
08 Sand
09 Oil
10 Other
99 Unknown

Road Character

Grade — Unit 1: 1, Unit 2: 1
1 Level
2 Hillcrest
3 Uphill
4 Downhill
5 Sag (bottom)

Road Alignment — Unit 1: 1, Unit 2: 0
1 Straight
2 Curve - Left
3 Curve - Right

Road Surface Type — Unit 1: 2, Unit 2: 6
1 Concrete
2 Asphalt
3 Gravel
4 Dirt
5 Brick
6 Other
9 Unknown

Trafficway — Unit 1: 2, Unit 2: 0
0 Not Applicable
1 One Way
2 Two-Way - Not Divided
3 Two-Way - Divided
4 Two-Way - Divided - Positive Median Barrier
5 Turn Lane
6 Ramp / Loop
7 Driveway
8 Alley / Parking Lot
9 Unknown

Vehicle Removal — Unit 1: 1, Unit 2: 1
0 Not Applicable
1 Towed Due to Vehicle Damage
2 Towed For Reasons Other Than Damage
3 Remained at Scene
4 Driven from Scene
9 Unknown

Vehicle Condition — Unit 1: 01, Unit 2: 01
00 Not Applicable
01 Apparently Normal
02 Brakes
03 Headlights
04 Steering
05 Tail Lights
06 Brake Lights
07 Tires/Wheels
08 Suspension
09 Signal lights
10 Windows
11 Truck Coupling/Trailer Hitch/Safety Chains
12 Mirrors
13 Wipers
14 Power Train
15 Other
99 Unknown

Special Function of Vehicle — Unit 1: 00, Unit 2: 00
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
99 Unknown

Emergency Vehicle Responding to an Emergency — Unit 1: 0, Unit 2: 0
0 N/A
1 Yes
2 No
9 Unknown

Unsafe / Unlawful Contributing Factors — Unit 1: 71, Unit 2: 98

FAILED TO YIELD
01 From Stop Sign
02 From Yield Sign
03 Private Drive
04 County Road at Through Highway
05 From Signal Light
06 From Alley
07 To Pedestrian
08 To Vehicle on Right
09 To Vehicle in Intersection
10 To Emergency Vehicles
12 Other

FOLLOWED TOO CLOSELY
13 Human Element
14 Traffic Condition
15 Weather Condition

UNSAFE SPEED
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

IMPROPER TURN
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
38 **CHANGED LANES UNSAFELY**
39 **STOPPED IN TRAFFIC LANE**

FAILED TO STOP
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

UNSAFE VEHICLE
47 Brakes
48 Steering
49 Tires
50 Suspension
51 Headlights
52 Tail Lights
53 Stop Lights
54 Wheel
55 Exhaust System
56 Windshield Wipers
57 Other Mechanical Defects

LEFT OF CENTER
58 In Meeting
59 No Passing Zone (Unmarked)
60 Marked Zone
61 Other

IMPROPER OVERTAKING
62 In Marked Zone
63 On Hill/Curve
64 At Intersection
65 Without Sufficient Clearance
66 Other

IMPROPER PARKING
67 On Roadway
68 Where Prohibited
69 Other

INATTENTION
70 Distracted by Passenger in Vehicle
71 Other Distraction Inside Vehicle
72 Distraction From Outside Vehicle
73 Other

WRONG WAY
74 On One Way
75 On Exit Ramp
76 On Entrance Ramp
77 Other

IMPROPER START FROM
78 Parked Position
79 Other

80 **ALCOHOL-DUI/DWI**
81 **DRUG-DUI**

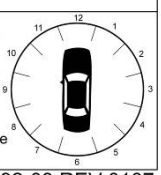
OTHER IMPROPER ACT/ MOVEMENT
82 Failed to Signal
83 Disregarded Warning Signal
84 Improper Use of Lane
85 Improper Backing
86 Apparently Sleepy
87 Failed to Secure Load
88 Other/Unknown

UNKN./NO IMPROPER ACT
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 **NO IMPROPER ACTION BY DRIVER**
99 **PEDESTRIAN ACTION**

Point of First Contact on Vehicle — Unit 1: 12, Unit 2: 06

Most Damaged Area — Unit 1: 12, Unit 2: 06

00 Not Applicable
13 Top
14 Undercarriage
99 Unknown



DPS: 0192-03 REV 0107

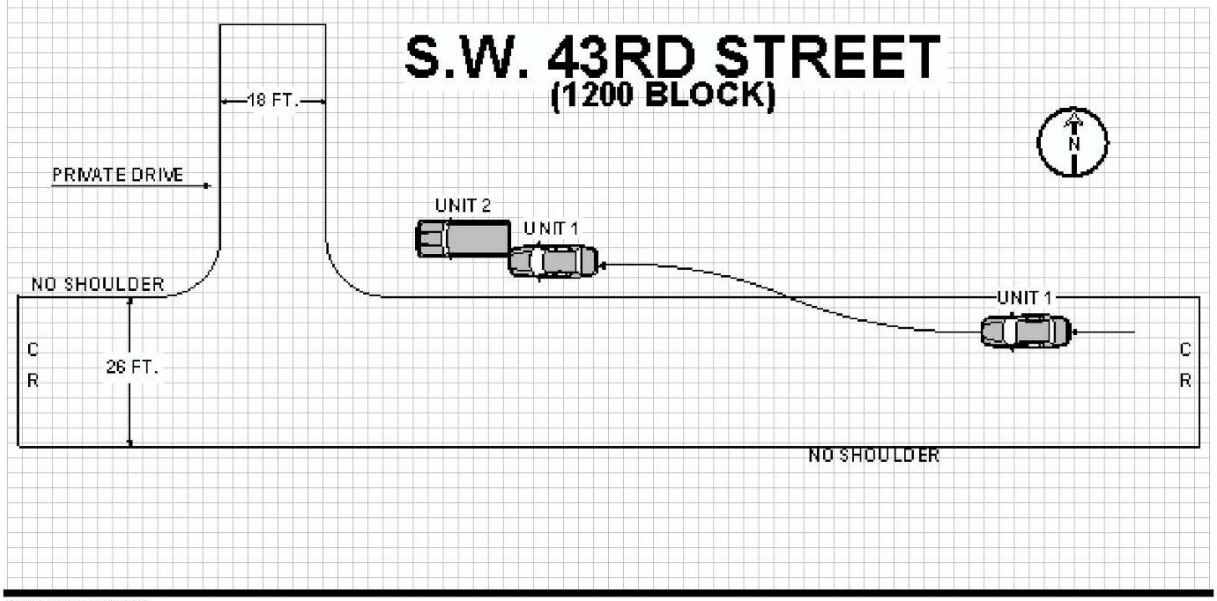
Example collision report involving a vehicle parked off of the roadway (Page 4):

Case Number 09-123456

Pg 4 of 4

Latitude		Longitude		Railroad Crossing Number	Roadway Orientation					
	N		W		Unit Number	01	NE SW	W	Unit Number 02	NE SW 0

Indicate North by Arrow



COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
01	17	35	00	00	35	34
02	34	00	00	00	34	

00 Not Applicable
10 Overturn/Rollover
11 Fire/Explosion
12 Immersion
13 Jackknife
14 Cargo/Equipment Loss or Shift
15 Equipment Failure (Blown Tire, Brake Failure, etc.)
16 Separation of Units
17 Departed Road Right
18 Departed Road Left
19 Cross Median/Centerline
20 Downhill Runaway
21 Fell/Jumped From Motor Vehicle
22 Thrown Or Falling Object
23 Other Non-Collision

PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:

30 Pedestrian
31 Pedal Cycle
32 Railway Vehicle (train, engine)
33 Animal
34 Motor Vehicle in Transport
35 Parked Motor Vehicle
36 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
37 Work Zone/Maintenance Equipment
38 Other Non-Fixed Object

FIXED OBJECT:

40 Barrier (Cable)
41 Barrier (Concrete)
42 Barrier (Other)
43 Fence Pole
44 Fence
45 Traffic Signal Support
46 Traffic Sign Support
47 Utility Pole/Light Support
48 Other Post/Pole/Support
49 Guardrail/Guardrail Face
50 Guardrail End
51 Culvert
52 Curb
53 Island
54 Sand Barrels
55 Impact Attenuator/ Crash Cushion
56 Pavement Drop-Off
57 Ditch
58 Embankment
59 Tree (Standing)
60 Dividing Strip
61 Retaining Wall
62 Bridge Abutment
63 Bridge Pier or Support
64 Bridge Rail
65 Bridge Post
66 Bridge Curb
67 Bridge Super Structure (Beams)
68 Bridge Overhead Structure
69 Delineator
70 Mailbox
71 Other Fixed Object
72 Other Highway Structure
73 Ground
99 Unknown

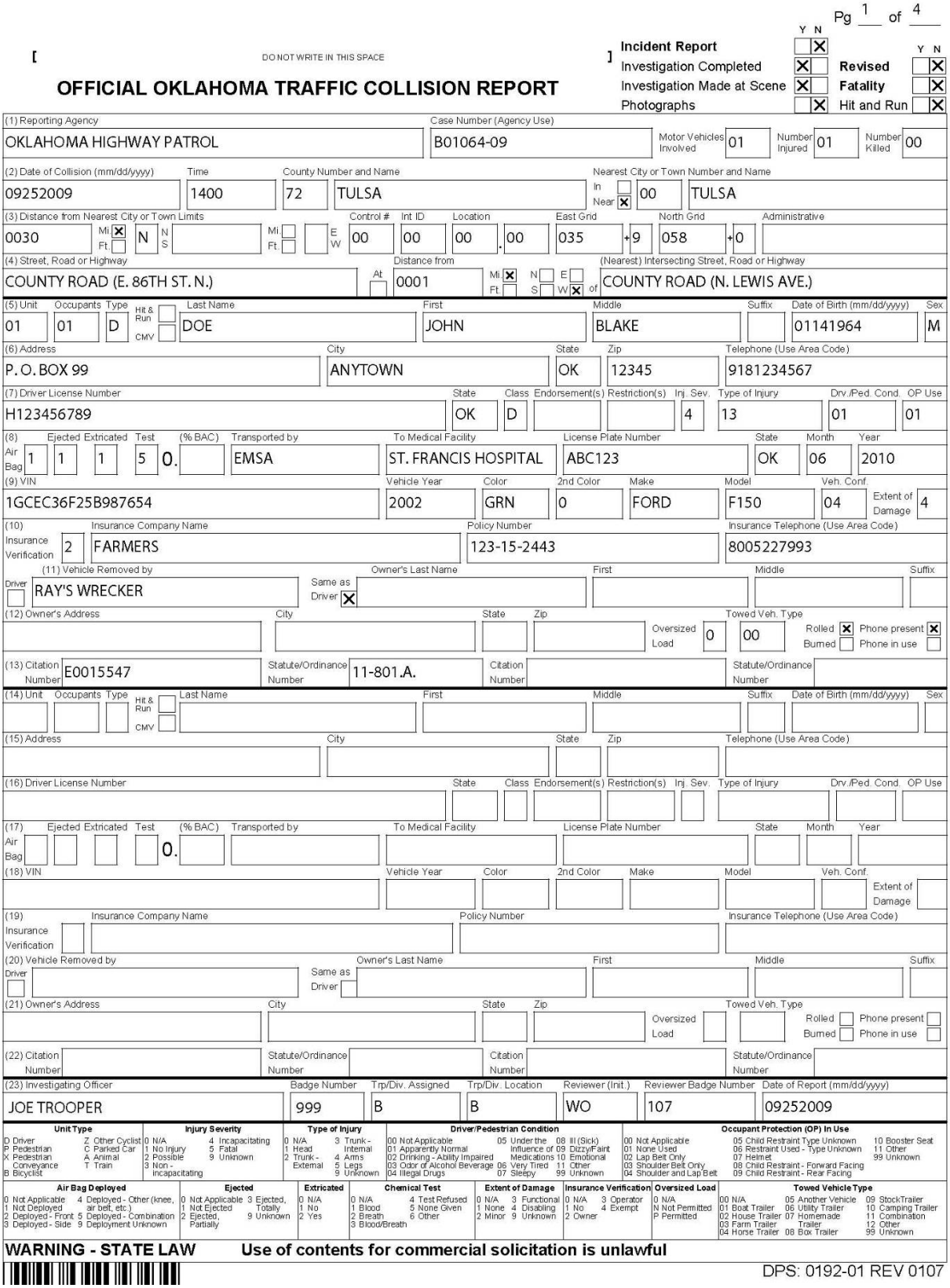
Remarks

UNIT #1 WAS WESTBOUND ON S.W. 43RD STREET AT STATED 25 M.P.H. UNIT #2 WAS PARKED OFF THE ROADWAY IN THE GRASS AND WAS UNOCCUPIED. UNIT #1 RAN OFF THE NORTH SIDE OF THE ROADWAY STRIKING UNIT #2 RIGHT FRONT TO LEFT REAR. THE A.O.I. WAS APPROX. 10 FEET NORTH OF THE NORTH EDGE OF S.W. 43RD STREET AND APPROX. 225 FEET WEST OF SOUTH DOUGLAS AVE. THE A.O.R. FOR UNIT #1 AND UNIT #2 WAS APPROX. 8 FEET WEST OF THE A.O.I. THERE WERE NO VISIBLE SKID MARKS OBSERVED BEFORE OR AFTER IMPACT. DRIVER #1 STATED THAT HE DROPPED HIS COFFEE IN HIS LAP AND TOOK HIS EYES OF THE ROADWAY. MR. DOE (UNIT #2) STATED THAT HE PARKED HIS VEHICLE OFF THE ROADWAY 2 DAYS PRIOR TO THE COLLISION.

This report is based on the officer's investigation of this collision. This report may contain the opinion of the officer.

DPS: 0192-04 REV 0107

Example collision report involving a vehicle rollover (Page 1):



Pg 1 of 4

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

	Y	N
Incident Report		X
Investigation Completed	X	
Investigation Made at Scene	X	
Photographs		X
Revised		X
Fatality		X
Hit and Run		X

(1) Reporting Agency: OKLAHOMA HIGHWAY PATROL | Case Number (Agency Use): B01064-09 | Motor Vehicles Involved: 01 | Number Injured: 01 | Number Killed: 00

(2) Date of Collision (mm/dd/yyyy): 09252009 | Time: 1400 | County Number and Name: 72 TULSA | Nearest City or Town Number and Name: In [ ] Near [X] 00 TULSA

(3) Distance from Nearest City or Town Limits: 0030 Mi [X] Ft [ ] | N | N S | Mi [ ] Ft [ ] | E W | Control #: 00 | Int ID: 00 | Location: 00 . 00 | East Grid: 035 +9 | North Grid: 058 +0 | Administrative:

(4) Street, Road or Highway: COUNTY ROAD (E. 86TH ST. N.) | At [ ] | Distance from: 0001 Mi [X] Ft [ ] | N [ ] S [ ] E [ ] W [X] of | (Nearest) Intersecting Street, Road or Highway: COUNTY ROAD (N. LEWIS AVE.)

(5) Unit	Occupants	Type	Hit & Run	CMV	Last Name	First	Middle	Suffix	Date of Birth (mm/dd/yyyy)	Sex
01	01	D	[ ]	[ ]	DOE	JOHN	BLAKE		01141964	M

(6) Address: P. O. BOX 99 | City: ANYTOWN | State: OK | Zip: 12345 | Telephone (Use Area Code): 9181234567

(7) Driver License Number	State	Class	Endorsement(s)	Restriction(s)	Inj. Sev.	Type of Injury	Drv./Ped. Cond.	OP Use
H123456789	OK	D			4	13	01	01

(8) Air Bag	Ejected	Extricated	Test	(% BAC)	Transported by	To Medical Facility	License Plate Number	State	Month	Year
1	1	1	5	0.	EMSA	ST. FRANCIS HOSPITAL	ABC123	OK	06	2010

(9) VIN	Vehicle Year	Color	2nd Color	Make	Model	Veh. Conf.	Extent of Damage
1GCEC36F25B987654	2002	GRN	0	FORD	F150	04	4

(10) Insurance Verification: 2 | Insurance Company Name: FARMERS | Policy Number: 123-15-2443 | Insurance Telephone (Use Area Code): 8005227993

(11) Vehicle Removed by: Driver [ ] RAY'S WRECKER | Same as Driver [X] | Owner's Last Name | First | Middle | Suffix

(12) Owner's Address | City | State | Zip | Oversized Load: 0 | Towed Veh. Type: 00 | Rolled [X] Burned [ ] | Phone present [X] Phone in use [ ]

(13) Citation Number	Statute/Ordinance Number	Citation Number	Statute/Ordinance Number
E0015547	11-801.A.		

(14) Unit	Occupants	Type	Hit & Run	CMV	Last Name	First	Middle	Suffix	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.	Type of Injury	Drv./Ped. Cond.	OP Use

(17) Air Bag	Ejected	Extricated	Test	(% BAC)	Transported by	To Medical Facility	License Plate Number	State	Month	Year
				0.						

(18) VIN	Vehicle Year	Color	2nd Color	Make	Model	Veh. Conf.	Extent of Damage

(19) Insurance Verification | Insurance Company Name | Policy Number | Insurance Telephone (Use Area Code)

(20) Vehicle Removed by: Driver [ ] | Same as Driver [ ] | Owner's Last Name | First | Middle | Suffix

(21) Owner's Address | City | State | Zip | Oversized Load | Towed Veh. Type | Rolled [ ] Burned [ ] | Phone present [ ] Phone in use [ ]

(22) Citation Number	Statute/Ordinance Number	Citation Number	Statute/Ordinance Number

(23) Investigating Officer	Badge Number	Trp/Div. Assigned	Trp/Div. Location	Reviewer (Init.)	Reviewer Badge Number	Date of Report (mm/dd/yyyy)
JOE TROOPER	999	B	B	WO	107	09252009

Unit Type
D Driver; P Pedestrian; X Pedestrian Conveyance; B Bicyclist; Z Other Cyclist; C Parked Car; A Animal; T Train

Injury Severity
0 N/A; 1 No Injury; 2 Possible; 3 Non-incapacitating; 4 Incapacitating; 5 Fatal; 9 Unknown

Type of Injury
0 N/A; 1 Head; 2 Trunk - External; 3 Trunk - Internal; 4 Arms; 5 Legs; 9 Unknown

Driver/Pedestrian Condition
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; 99 Unknown

Occupant Protection (OP) In Use
00 Not Applicable; 01 None Used; 02 Lap Belt Only; 03 Shoulder Belt Only; 04 Shoulder and Lap Belt; 05 Child Restraint Type Unknown; 06 Restraint Used - Type Unknown; 07 Helmet; 08 Child Restraint - Forward Facing; 09 Child Restraint - Rear Facing; 10 Booster Seat; 11 Other; 99 Unknown

Air Bag Deployed
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

Ejected
0 Not Applicable; 1 Not Ejected; 2 Ejected, Partially; 3 Ejected, Totally; 9 Unknown

Extricated
0 N/A; 1 No; 2 Yes

Chemical Test
0 N/A; 1 Blood; 2 Breath; 3 Blood/Breath; 4 Test Refused; 5 None Given; 6 Other

Extent of Damage
0 N/A; 1 None; 2 Minor; 3 Functional; 4 Disabling; 9 Unknown

Insurance Verification
0 N/A; 1 No; 2 Owner; 3 Operator; 4 Exempt

Oversized Load
0 N/A; N Not Permitted; P Permitted

Towed Vehicle Type
00 N/A; 01 Boat Trailer; 02 House Trailer; 03 Farm Trailer; 04 Horse Trailer; 05 Another Vehicle; 06 Utility Trailer; 07 Homemade Trailer; 08 Box Trailer; 09 Stock Trailer; 10 Camping Trailer; 11 Combination; 12 Other; 99 Unknown

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

DPS: 0192-01 REV 0107

Example collision report involving a vehicle rollover (Page 2):

Case Number B01064-09 Pg 2 of 4

(24) Unit	Injured / Witness	Passenger / Prop. Owner	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		X	00	SMITH	JOHN			05251948	M

(25) Same as Driver	Address	City	State	Zip	Telephone (Use Area Code)
	8500 E. 86TH ST. N.	OWASSO	OK	74055	9181234567

(26) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type
							MAILBOX/FENCE

(27) Unit	Injured / Witness	Passenger / Prop. Owner	Pos in Veh.	Last Name	First	Middle	Suffix	DOB (mm/dd/yyyy)	Sex

(28) Same as Driver	Address	City	State	Zip	Telephone (Use Area Code)

(29) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type

(30) Unit	Injured / Witness	Passenger / Prop. Owner	Pos in Veh.	Last Name	First	Middle	Suffix	DOB (mm/dd/yyyy)	Sex

(31) Same as Driver	Address	City	State	Zip	Telephone (Use Area Code)

(32) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type

(33) Unit	Injured / Witness	Passenger / Prop. Owner	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex

(34) Same as Driver	Address	City	State	Zip	Telephone (Use Area Code)

(35) 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 / GCWR	0 - 10K lbs. / 10,001 - 26K lbs. / 26K+ lbs.	Axle Qty.	Cargo Body	Vehicle Use
							Interstate Commerce / Intrastate Commerce / Other Non-Commercial / Government

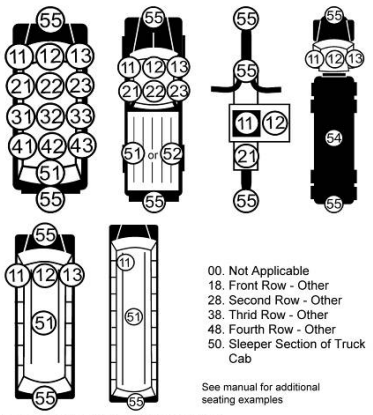
(38) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release
	OK			Yes / No	Yes / No

(39) Unit	Carrier Name	Address

(40) City	State	Zip	GVWR / GCWR	0 - 10K lbs. / 10,001 - 26K lbs. / 26K+ lbs.	Axle Qty.	Cargo Body	Vehicle Use
							Interstate Commerce / Intrastate Commerce / Other Non-Commercial / Government

(41) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release
	OK			Yes / No	Yes / No

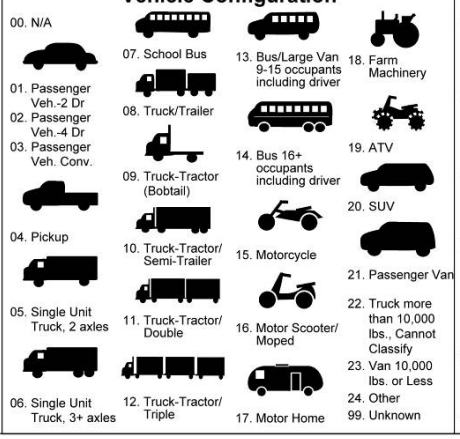
Position in Vehicle



00. Not Applicable
18. Front Row - Other
28. Second Row - Other
38. Thrid Row - Other
48. Fourth Row - Other
50. Sleeper Section of Truck Cab

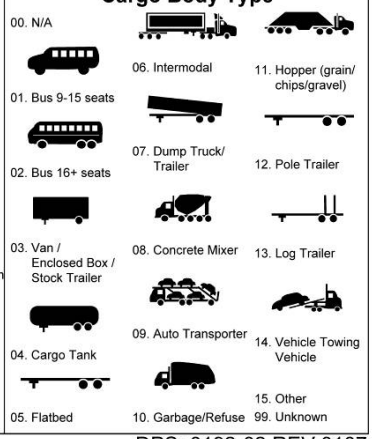
See manual for additional seating examples

Vehicle Configuration



00. N/A
01. Passenger Veh.-2 Dr
02. Passenger Veh.-4 Dr
03. Passenger Veh. Conv.
04. Pickup
05. Single Unit Truck, 2 axles
06. Single Unit Truck, 3+ axles
07. School Bus
08. Truck/Trailer
09. Truck-Tractor (Bobtail)
10. Truck-Tractor/ Semi-Trailer
11. Truck-Tractor/ Double
12. Truck-Tractor/ Triple
13. Bus/Large Van 9-15 occupants including driver
14. Bus 16+ occupants including driver
15. Motorcycle
16. Motor Scooter/ Moped
17. Motor Home
18. Farm Machinery
19. ATV
20. SUV
21. Passenger Van
22. Truck more than 10,000 lbs., Cannot Classify
23. Van 10,000 lbs. or Less
24. Other
99. Unknown

Cargo Body Type



00. N/A
01. Bus 9-15 seats
02. Bus 16+ seats
03. Van / Enclosed Box / Stock Trailer
04. Cargo Tank
05. Flatbed
06. Intermodal
07. Dump Truck/ Trailer
08. Concrete Mixer
09. Auto Transporter
10. Garbage/Refuse
11. Hopper (grain/ chips/gravel)
12. Pole Trailer
13. Log Trailer
14. Vehicle Towing Vehicle
15. Other
99. Unknown

DPS: 0192-02 REV 0107

Example collision report involving a vehicle rollover (Page 3):

Case Number: B01064-09

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT Pg 3 of 4

	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'	01	02	50				
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
1 Lane Closure
2 Lane Shift/Crossover
3 Work on Shoulder or Median
4 Intermittent or Moving Work
9 Unknown

Location of the Work Zone Collision
1 Before the First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area
5 Termination Area
9 Unknown

Workers Present Yes ☐ No ☐ Unknown ☐

Light 1
1 Daylight
2 Dark-Not Lighted
3 Dark-Lighted
4 Dawn
5 Dusk
6 Dark-Unknown Lighting
7 Other
9 Unknown

Weather 04
01 Clear
02 Fog/Smog/Smoke
03 Cloudy
04 Rain
05 Snow
06 Sleet/Hail (Freezing Rain/Drizzle)
07 Severe Crosswind
08 Blowing Snow
09 Blowing Sand, Soil, Dirt
10 Other
99 Unknown

Locality 5
1 Residential
2 Business
3 Industrial
4 School
5 Not Built-up
6 Mixed Use
7 Other
9 Unknown

Type of Intersection 0
0 Not an Intersection
2 Y-Intersection
3 T-Intersection
4 Four-Way Intersection
5 Five-Point or More
6 Intersection as Part of Interchange
7 Traffic Circle
8 Roundabout
9 Unknown

Incident Type 00
00 Not an Incident
51 Private Property
52 Deliberate Intent
53 Medical Condition
54 Legal Intervention
55 Suicide
57 Drowning
58 Other

Location of First Harmful Event 04
01 On Roadway
02 Shoulder
03 Median
04 Roadside
05 Gore
06 Separator
07 Parking Lane/Zone
08 Off Roadway, Location Unknown
09 Outside Right-of Way
10 Other
99 Unknown

What Vehicle Was Going to Do Unit 1: 01 Unit 2:
00 Not Applicable
01 Go Ahead
02 Turn Left
03 Turn Right
04 Make "U" Turn
05 Stop
06 Slow for Cause
07 Start from Park/Stop
08 Change Lanes
09 Overtake
10 Pass
11 Back
12 Remain Stopped
13 Remain Parked
14 Enter/Merge in Traffic
15 Negotiate a Curve
16 Park
17 Other
99 Unknown

What Vehicle Did Unit 1: 15 Unit 2:
00 Not Applicable
01 Went Ahead
02 Turned Left
03 Turned Right
04 Entered "U" Turn
05 Stopped
06 Slowed
07 Started From Park/Stop
08 Entered Other Lane
09 Overtaking
10 Passing
11 Backed
12 Remained Stopped
13 Remained Parked
14 Entered/Merged
15 Departed Rdwy-Right
16 Departed Rdwy-Left
17 Swerved Right
18 Swerved Left
19 Parked
20 Other
99 Unknown

Visibility Obscured by Unit 1: 00 Unit 2:
00 Not Applicable
01 Trees
02 Embankment
03 Building
04 Signs
05 Parked Vehicles
06 High Weeds
07 Fences
08 Shrubbery
09 Ice, Snow or Frost on Windows
10 Smoke
11 Fog
12 Dust
13 Rain
14 Sun
15 Other
99 Unknown

Driver Distracted by Unit 1: 0 Unit 2:
0 Not Applicable/None
1 Electronic Communication Devices
2 Other Electronic Device
3 Other Inside Vehicle
4 Other Outside Vehicle
9 Unknown

Underride/ Override Unit 1: Unit 2:
0 Not Applicable
1 No Underride or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle in Transport
6 Override, Other Motor Vehicle
9 Unknown

Traffic Control Unit 1: 11 Unit 2:
00 No Control
01 Stop Sign
02 Traffic Signal
03 Flashing Traffic Signal
04 School Zone Signs
05 Yield Sign
06 Warning Sign
07 Railroad Advance Warning Sign
08 Railroad Cross Bucks
09 Railroad Gates
10 Railroad Signal
11 No Passing Zone
12 Person (including flagger, law enforcement, crossing guard, etc.)
13 Abnormal Control
14 Other
99 Unknown

Road Surface Conditions Unit 1: 02 Unit 2:
01 Dry
02 Wet
03 Ice/Frost
04 Snow
05 Mud, Dirt, Gravel
06 Slush
07 Water (standing, moving)
08 Sand
09 Oil
10 Other
99 Unknown

Road Character

Grade Unit 1: 1 Unit 2:
1 Level
2 Hillcrest
3 Uphill
4 Downhill
5 Sag (bottom)

Road Alignment Unit 1: 1 Unit 2:
1 Straight
2 Curve - Left
3 Curve - Right

Road Surface Type Unit 1: 2 Unit 2:
1 Concrete
2 Asphalt
3 Gravel
4 Dirt
5 Brick
6 Other
9 Unknown

Trafficway Unit 1: 2 Unit 2:
0 Not Applicable
1 One Way
2 Two-Way - Not Divided
3 Two-Way - Divided
4 Two-Way - Divided - Positive Median Barrier
5 Turn Lane
6 Ramp / Loop
7 Driveway
8 Alley / Parking Lot
9 Unknown

Vehicle Removal Unit 1: 1 Unit 2:
0 Not Applicable
1 Towed Due to Vehicle Damage
2 Towed For Reasons Other Than Damage
3 Remained at Scene
4 Driven from Scene
9 Unknown

Vehicle Condition Unit 1: 01 Unit 2:
00 Not Applicable
01 Apparently Normal
02 Brakes
03 Headlights
04 Steering
05 Tail Lights
06 Brake Lights
07 Tires/Wheels
08 Suspension
09 Signal lights
10 Windows
11 Truck Coupling/Trailer Hitch/Safety Chains
12 Mirrors 15 Other
13 Wipers 99 Unknown
14 Power Train

Special Function of Vehicle Unit 1: 00 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 99 Unknown

Emergency Vehicle Responding to an Emergency Unit 1: 0 Unit 2:
0 N/A 2 No
1 Yes 9 Unknown

Unsafe / Unlawful Contributing Factors Unit 1: 22 Unit 2:

FAILED TO YIELD
01 From Stop Sign
02 From Yield Sign
03 Private Drive
04 County Road at Through Highway
05 From Signal Light
06 From Alley
07 To Pedestrian
08 To Vehicle on Right
09 To Vehicle in Intersection
10 To Emergency Vehicles
12 Other

FOLLOWED TOO CLOSELY
13 Human Element
14 Traffic Condition
15 Weather Condition

UNSAFE SPEED
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

IMPROPER TURN
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
38 **CHANGED LANES UNSAFELY**
39 **STOPPED IN TRAFFIC LANE**

FAILED TO STOP
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

UNSAFE VEHICLE
47 Brakes
48 Steering
49 Tires
50 Suspension
51 Headlights
52 Tail Lights
53 Stop Lights
54 Wheel
55 Exhaust System
56 Windshield Wipers
57 Other Mechanical Defects

LEFT OF CENTER
58 In Meeting
59 No Passing Zone (Unmarked)
60 Marked Zone
61 Other

IMPROPER OVERTAKING
62 In Marked Zone
63 On Hill/Curve
64 At Intersection
65 Without Sufficient Clearance
66 Other

IMPROPER PARKING
67 On Roadway
68 Where Prohibited
69 Other

INATTENTION
70 Distracted by Passenger in Vehicle
71 Other Distraction Inside Vehicle
72 Distraction From Outside Vehicle
73 Other

WRONG WAY
74 On One Way
75 On Exit Ramp
76 On Entrance Ramp
77 Other

IMPROPER START FROM
78 Parked Position
79 Other

80 **ALCOHOL-DUI/DWI**
81 **DRUG-DUI**

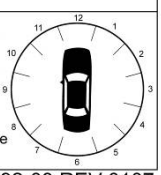
OTHER IMPROPER ACT/ MOVEMENT
82 Failed to Signal
83 Disregarded Warning Signal
84 Improper Use of Lane
85 Improper Backing
86 Apparently Sleepy
87 Failed to Secure Load
88 Other/Unknown

UNKN./NO IMPROPER ACT
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 **NO IMPROPER ACTION BY DRIVER**
99 **PEDESTRIAN ACTION**

Point of First Contact on Vehicle Unit 1: 12 Unit 2:

Most Damaged Area Unit 1: 13 Unit 2:

00 Not Applicable 14 Undercarriage
13 Top 99 Unknown

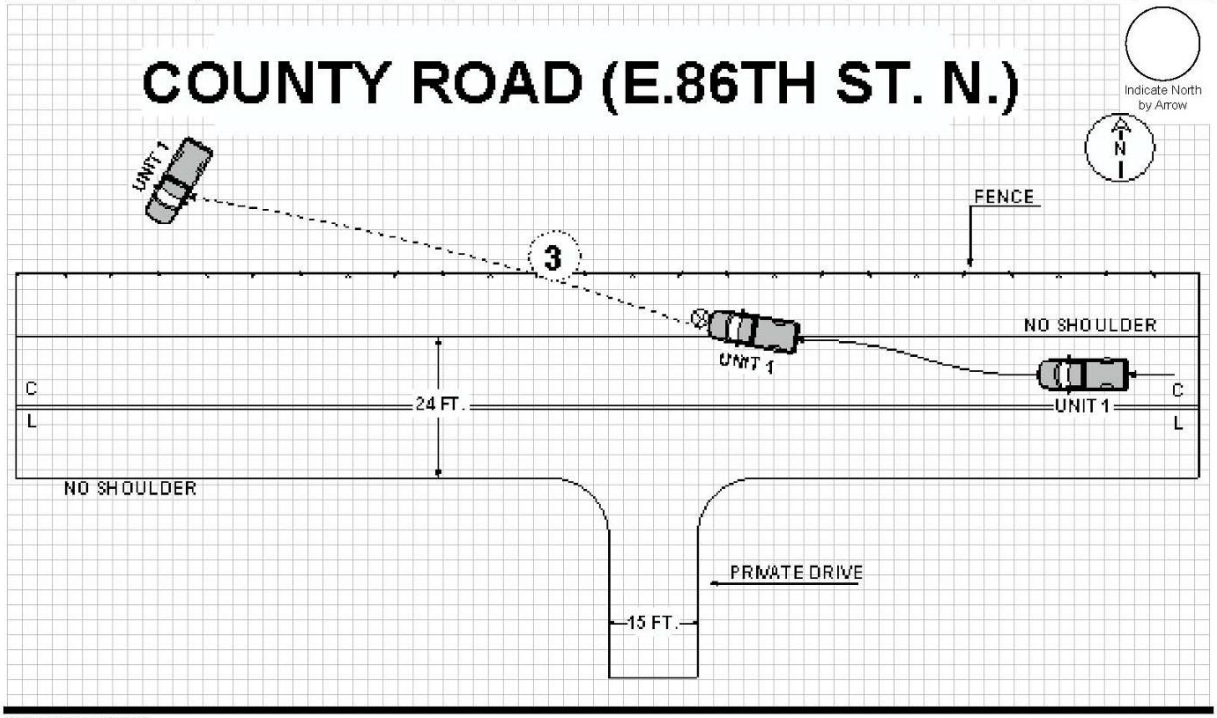


DPS: 0192-03 REV 0107

Example collision report involving a vehicle rollover (Page 4):

Case Number B01064-09 Pg 4 of 4

Latitude N Longitude W Railroad Crossing Number Roadway Orientation Unit Number 01 NE SW W Unit Number NE SW



COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
01	17	70	10	44	10	70
Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	

00 Not Applicable
10 Overturn/Rollover
11 Fire/Explosion
12 Immersion
13 Jackknife
14 Cargo/Equipment Loss or Shift
15 Equipment Failure (Blown Tire, Brake Failure, etc.)
16 Separation of Units
17 Departed Road Right
18 Departed Road Left
19 Cross Median/Centerline
20 Downhill Runaway
21 Fell/Jumped From Motor Vehicle
22 Thrown Or Falling Object
23 Other Non-Collision

PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:

30 Pedestrian
31 Pedal Cycle
32 Railway Vehicle (train, engine)
33 Animal
34 Motor Vehicle in Transport
35 Parked Motor Vehicle
36 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
37 Work Zone/Maintenance Equipment
38 Other Non-Fixed Object

FIXED OBJECT:

40 Barrier (Cable)
41 Barrier (Concrete)
42 Barrier (Other)
43 Fence Pole
44 Fence
45 Traffic Signal Support
46 Traffic Sign Support
47 Utility Pole/Light Support
48 Other Post/Pole/Support
49 Guardrail/Guardrail Face
50 Guardrail End
51 Culvert
52 Curb
53 Island
54 Sand Barrels
55 Impact Attenuator/ Crash Cushion
56 Pavement Drop-Off
57 Ditch
58 Embankment
59 Tree (Standing)
60 Dividing Strip
61 Retaining Wall
62 Bridge Abutment
63 Bridge Pier or Support
64 Bridge Rail
65 Bridge Post
66 Bridge Curb
67 Bridge Super Structure (Beams)
68 Bridge Overhead Structure
69 Delineator
70 Mailbox
71 Other Fixed Object
72 Other Highway Structure
73 Ground
99 Unknown

Remarks

UNIT #1 WAS WESTBOUND ON E. 86TH ST. N. AND RAN OFF THE NORTH SIDE OF THE ROADWAY STRIKING A MAILBOX. UNIT #1 THEN ROLLED APPROX. TWO TIMES BEFORE TRAVELING THROUGH A BARBED WIRE FENCE. AFTER IMPACT WITH THE FENCE, UNIT #1 ROLLED ONE ADDITIONAL TIME COMING TO REST ON ITS WHEELS. THE A.O.I. WITH THE MAILBOX WAS APPROX. 3 FEET NORTH OF THE NORTH EDGE OF E. 86TH ST. N. AND APPROX. 0.1 MI. WEST OF COUNTY ROAD (N. LEWIS AVE.). THE A.O.R. FOR UNIT #1 WAS APPROX. 185 FEET WEST AND APPROX. 85 FEET NORTH OF THE A.O.I. THERE WERE NO VISIBLE SKIDMARKS OBSERVED BEFORE OR AFTER IMPACT. DRIVER #1 STATED THAT IT WAS RAINING HARD AND THAT HE HYDROPLANED. THERE WAS APPROX. 25 FEET OF FENCE THAT WAS DAMAGED.

This report is based on the officer's investigation of this collision. This report may contain the opinion of the officer.

DPS: 0192-04 REV 0107

Appendix I: Grade Crossing (Train) Collision Checklist and U.S. DOT Inventory Number Identification

GRADE CROSSING COLLISION INVESTIGATION CHECKLIST

Engineer Information:
- ☐ Name
- ☐ Address
- ☐ DOB
- ☐ Phone
- ☐ Time of Collision
- ☐ Train Speed Estimate at Collision

(Operators license number not required on accident report)

Conductor Information:
- ☐ Name
- ☐ Address
- ☐ DOB
- ☐ Phone

(Operators license number not required on accident report)

Train Information:
- ☐ Lead engine number
- ☐ Train ID number (from Conductor)
- ☐ Number of cars in train
- ☐ Railroad Co. name/address (owns tracks)
- ☐ Name of Railroad Co. operating train
- ☐ Additional crew members

Engine Information:
- ☐ Headlight working?
- ☐ Horn working?
- ☐ Bell working?

Miscellaneous Information:
- ☐ RR Car number on crossing?
- ☐ Distance to last RR car from POI?
- ☐ Witnesses

AT THIS POINT, IF NO FURTHER INFORMATION IS REQUIRED, CONSIDER RELEASING THE TRAIN

Crossing Signals:
- ☐ Light/gate bell combination?
- ☐ Light/bell combination?
- ☐ Passive warning (crossbucks)?
- ☐ Wig-wag type?
- ☐ Lights flashing/bells ringing your arrival?
- ☐ Crossing Gates Down?

(If devices not working your arrival, explain)

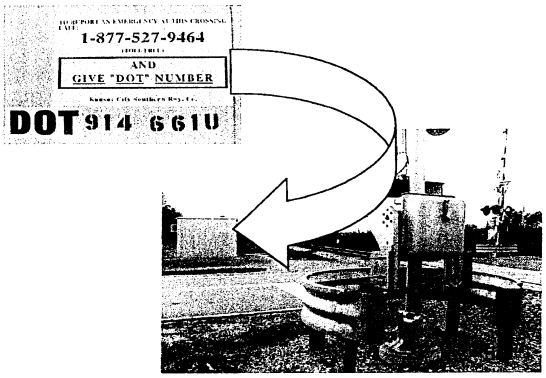
Other Crossing Characteristics:
- ☐ Advance warning signs in place?*
  *Distance from this sign to nearest rail?
- ☐ Crossing surface (rubber, asphalt, etc)
- ☐ Pavement markings?
- ☐ DOT/AAR crossing ID number?
- ☐ Width of right-of-way (ft)?
- ☐ Visual obstructions on driver approach?
- ☐ Citation given if warranted (FTY, FTS, etc.)?

Railroad Crossing Number:

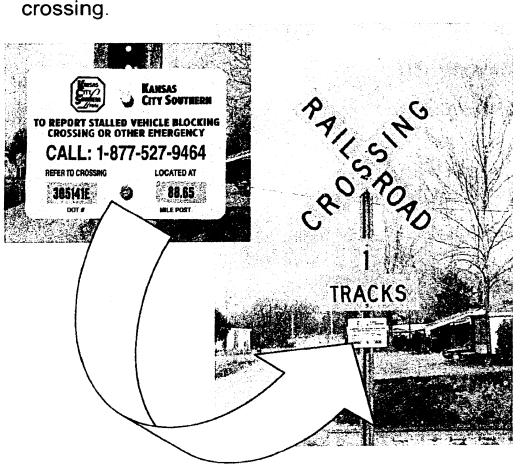
1. In all Highway-Grade Crossing Collisions involving a trian, the investigating officer shall record the 7 digit number (6 numerals and one letter) assigned to the crossing

Railroad crossing numbers are usually attached to the crossbuck, signal mast or the signal box. They may be printed on a permanent paper tag or metal plate.

U. S. DOT crossing inventory number affixed to active warning device crossing.



U. S. DOT crossing inventory number affixed to passive warning device crossing.



Appendix J: Oklahoma ZIP Codes

Achille	74720
Ada	74820
Ada	74821
Adair	74330
Adams	73901
Addington	73520
Afton	74331
Agra	74824
Albany	74721
Albert	73001
Albion	74521
Alderson	74522
Alex	73002
Aline	73716
Allen	74825
Altus	73521
Altus	73522
Altus	73523
Altus Air Force Base	73523
Alva	73717
Amber	73004
Ames	73718
Amorita	73719
Anadarko	73005
Antlers	74523
Apache	73006
Arapaho	73620
Arcadia	73007
Ardmore	73401
Ardmore	73402
Ardmore	73403
Arkoma	74901
Arnett	73832
Asher	74826
Atoka	74525
Atoka	74542
Atwood	74827
Avant	74001
Avery	74023
Bache	74501
Bacone	74401
Baker	73950
Balko	73931
Barnsdall	74002
Bartlesville	74003
Bartlesville	74004
Bartlesville	74005
Bartlesville	74006
Battiest	74722
Baugh	74020
Bearden	74859
Beaver	73932
Beggs	74421
Beland	74401
Bennington	74723
Bernice	74331
Bessie	73622
Bethany	73008
Bethel	74724
Big Cabin	74332
Billings	74630
Binger	73009
Bird Island	74331
Bison	73720
Bixby	74008
Blackwell	74631
Blair	73526
Blanchard	73010
Blanco	74528
Blocker	74529
Bluejacket	74333
Boise City	73933
Bokchito	74726
Bokoshe	74930
Boley	74829
Bond	74426
Boss	74745
Boswell	74727
Bowlegs	74830
Boynton	74422
Bradley	73011
Braggs	74423
Braman	74632
Bristow	74010
Broken Arrow	74011
Broken Arrow	74012
Broken Arrow	74013
Broken Arrow	74014
Broken Bow	74728
Bromide	74530
Buffalo	73834
Bunch	74931
Burbank	74633
Burlington	73722
Burneyville	73430
Burns Flat	73624
Bushyhead	74016
Butler	73625
Byars	74831
Byron	73722
Cache	73527
Caddo	74729
Calera	74730
Calumet	73014
Calvin	74531
Camargo	73835
Cameron	74932
Canadian	74425
Caney	74533
Canton	73724
Canute	73626
Capron	73717
Cardin	74335
Carmen	73726
Carnegie	73015
Carney	74832
Carrier	73727
Carter	73627
Cartwright	74731
Cashion	73016
Castle	74833
Catoosa	74015
Cement	73017
Centrahoma	74534
Centralia	74301
Chandler	74834
Chattanooga	73528
Checotah	74426
Chelsea	74016
Cherokee	73728
Chester	73838
Cheyenne	73628
Chickasha	73018
Chickasha	73023
Choctaw	73020
Choska	74429
Chouteau	74337
Claremore	74017
Claremore	74018
Claremore	74019
Clarita	74535
Clayton	74536
Clearview	74880
Cleo Springs	73729
Cleora	74331
Cleveland	74020
Clinton	73601
Coalgate	74538
Coalton	74437
Colbert	74733
Colcord	74338
Coleman	73432
Collinsville	74021
Colony	73021
Comanche	73529
Commerce	74339
Concho	73022
Connerville	74836
Coodys Bluff	74048
Cookson	74427
Copan	74022
Cordell	73632
Corn	73024
Cottonwood	74538
Council Hill	74428
Countyline	73425
Covington	73730
Coweta	74429
Coyle	73027
Crawford	73638
Crescent	73028
Cromwell	74837
Crowder	74430
Cushing	74023
Custer	73639
Custer City	73639
Cyril	73029
Dacoma	73731
Daisy	74540
Dale	74851
Davenport	74026
Davidson	73530
Davis	73030
Deer Creek	74636
Del City	73115
Del City	73135
Del City	73165
Delaware	74027
Depew	74028
Devol	73531
Dewar	74431
Dewey	74006
Dewey	74029
Dibble	73031
Dill City	73641
Disney	74340
Dougherty	73032
Douglas	73733
Dover	73734
Drummond	73735
Drumright	74030
Duke	73532
Duncan	73533
Duncan	73534
Duncan	73536
Durant	74701
Durant	74702
Durham	73642
Dustin	74839
Eagle City	73658

Eagletown	74734
Eakly	73033
Earlsboro	74840
East Side	74006
Edmond	73003
Edmond	73013
Edmond	73034
Edmond	73083
Edna	74010
El Reno	73036
Eldorado	73537
Elgin	73538
Elk City	73644
Elk City	73648
Elmer	73539
Elmore City	73433
Elmwood	73932
Enid	73701
Enid	73702
Enid	73703
Enid	73705
Enid	73706
Enterprise	74462
Erick	73645
Eucha	74342
Eufaula	74432
Eufaula	74461
Fairfax	74637
Fairland	74343
Fairmont	73736
Fairview	73737
Fanshawe	74935
Fargo	73840
Farris	74542
Faxon	73540
Fay	73646
Felt	73937
Finley	74543
Fittstown	74842
Fitzhugh	74843
Fletcher	73541
Foraker	74652
Forgan	73938
Fort Cobb	73038
Fort Sill	73503
Fort Supply	73841
Fort Gibson	74434
Fort Towson	74735
Foss	73647
Foster	73434
Fox	73435
Foyil	74031
Francis	74844
Frederick	73542
Freedom	73842
Gage	73843
Gans	74936
Garber	73738
Garvin	74736
Gate	73844
Gay	74743
Geary	73040
Gene Autry	73436
Geronimo	73543
Glencoe	74032
Glenoak	74003
Glenpool	74033
Golden	74737
Goldsby	73093
Goltry	73739
Goodwell	73939
Gore	74435
Gotebo	73041
Gould	73544
Gowen	74545
Gracemont	73042
Grady	73569
Graham	73437
Grandfield	73546
Grandfield	73553
Granite	73547
Grant	74738
Grayson	74437
Greenfield	73043
Grove	74344
Grove	74345
Guthrie	73044
Guymon	73942
Hailey	74034
Haileyville	74546
Hallett	74034
Hallis	74034
Hammon	73650
Hanna	74845
Harden City	74871
Hardesty	73944
Harmon	73832
Harrah	73045
Hartshorne	74547
Haskell	74436
Hastings	73548
Haworth	74740
Haywood	74501
Headrick	73549
Healdton	73438
Heavener	74937
Helena	73741
Hendrix	74741
Hennepin	73444
Hennessey	73742
Henryetta	74437
Herd	74056
Higgins	74578
Hillsdale	73743
Hinton	73047
Hitchcock	73744
Hitchita	74438
Hobart	73651
Hodgen	74939
Hoffman	74437
Hog Shooter	74003
Holdenville	74848
Hollis	73550
Hollister	73551
Hominy	74035
Honobia	74536
Honobia	74549
Hooker	73945
Hopeton	73746
Howe	74940
Hoyt	74440
Hugo	74743
Hulbert	74441
Hunter	74640
Hydro	73048
Idabel	74745
Indiahoma	73552
Indianola	74442
Inola	74036
Isabella	73747
Jay	74346
Jenks	74037
Jennings	74038
Jet	73749
Jones	73049
Kansas	74347
Kaw	74641
Kaw City	74641
Keefeton	74401
Kellyville	74039
Kemp	74747
Kendrick	74079
Kenefic	74748
Kenton	73946
Keota	74941
Ketchum	74349
Keyes	73947
Kiefer	74041
Kingfisher	73750
Kingston	73439
Kinta	74552
Kiowa	74553
Konawa	74849
Krebs	74554
Kremlin	73753
Kulli	74745
Lahoma	73754
Lamar	74850
Lamont	74643
Lane	74555
Langley	74350
Langston	73050
Laverne	73848
Lawton	73501
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Lawton	73558
Lebanon	73440
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Leflore	74942
Lehigh	74556
Lenapah	74042
Leon	73441
Leonard	74043
Lequire	74943
Lexington	73051
Lindsay	73052
Loco	73442
Locust Grove	74352
Logan	73848
Lone Grove	73443
Lone Wolf	73655
Longdale	73755
Lookeba	73053
Lotsee	74063
Loveland	73546
Loveland	73553
Loyal	73756
Lucien	73757
Luther	73054
Macomb	74852
Madill	73446
Manchester	73758
Mangum	73554
Manitou	73555
Mannford	74044
Mannsville	73447
Maramec	74045
Marble City	74945
Marietta	73448
Marland	74644
Marlow	73055
Marshall	73056
Martha	73556
Martin	74401
Mason	74859
Maud	74854
May	73851
Mayfield	73666
Maysville	73057
Mazie	74337
Mc Millan	73446

McAlester	74501
McAlester	74502
McCurtain	74944
McLain	74401
McLoud	74851
Mead	73449
Medford	73759
Medicine Park	73557
Meeker	74855
Meers	73558
Meno	73760
Meridian	73058
Messer	74743
Miami	74354
Miami	74355
Midwest City	73110
Midwest City	73130
Midwest City	73140
Midwest City	73145
Milburn	73450
Milfay	74046
Mill Creek	74856
Millerton	74750
Milo	73401
Minco	73059
Moffett	74946
Monkey Island	74331
Monroe	74947
Moodys	74444
Moore	73153
Moore	73160
Moore	73170
Mooreland	73852
Morris	74445
Morrison	73061
Mounds	74047
Mountain View	73062
Mountain Park	73559
Moyers	74557
Muldrow	74948
Mulhall	73063
Muse	74949
Muskogee	74401
Muskogee	74402
Muskogee	74403
Mustang	73064
Mutual	73853
Nardin	74646
Nash	73761
Nashoba	74558
Nelagony	74056
New Tulsa	74429
New Lima	74884
Newalla	74857
Newby	74010
Newcastle	73065
Newkirk	74647
Nichols Hills	73116
Nichols Hills	73120
Nicoma Park	73066
Ninnekah	73067
Noble	73068
Norfolk	74023
Norman	73019
Norman	73026
Norman	73069
Norman	73070
Norman	73071
Norman	73072
North Miami	74358
Nowata	74048
Noxie	74083
Nuyaka	74447
O'Keene	73763
Oakhurst	74050
Oakland	73446
Oaks	74359
Oakwood	73658
Ochelata	74051
Octavia	74957
Oilton	74052
Okarche	73762
Okay	74446
Okemah	74859
Okesa	74003
Oklahoma City	73101
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Oklahoma City	73198
Oklahoma City	73199
Okmulgee	74447
Oktaha	74450
Olney	74538
Olustee	73560
Omega	73764
Oologah	74053
Optima	73945
Orienta	73737
Orlando	73073
Osage	74054
Oscar	73561
Overbrook	73453
Owasso	74055
Owasso	74073
Paden	74860
Panama	74951
Panola	74559
Paoli	73074
Park Hill	74451
Pauls Valley	73075
Pawhuska	74056
Pawnee	74058
Pearsonia	74056
Peckham	74647
Peggs	74452
Pensacola	74301
Peoria	74363
Perkins	74059
Perry	73077
Pershing	74002
Pettit	74451
Pharoah	74880
Phillips	74538
Picher	74360
Pickens	74752
Piedmont	73078
Pierce	74426
Pink	74873
Pittsburg	74560
Platter	74753
Pocasset	73079
Pocola	74902
Ponca City	74601
Ponca City	74602
Ponca City	74604
Pond Creek	73766
Pontotoc	74820
Pooleville	73401
Porter	74454
Porum	74455
Poteau	74953
Prague	74864
Preston	74456
Proctor	74457
Prue	74060
Pryor	74361
Pryor	74362
Purcell	73080
Putnam	73659
Qualls	74451
Quapaw	74363

Quinton	74561
Ralston	74650
Ramona	74061
Randlett	73562
Ratliff City	73481
Rattan	74562
Ravia	73455
Red Oak	74563
Red Rock	74651
Redbird	74458
Reed	73554
Rentiesville	74459
Reydon	73660
Richville	74501
Ringling	73456
Ringold	74754
Ringwood	73768
Ripley	74062
Rocky	73661
Roff	74865
Roland	74954
Roosevelt	73564
Rose	74364
Rosston	73855
Rubottom	73463
Rufe	74755
Rush Springs	73082
Ryan	73565
Saint Louis	74866
Salem	74437
Salina	74365
Sallisaw	74955
Sand Springs	74063
Sapulpa	74066
Sapulpa	74067
Sasakwa	74867
Savanna	74565
Sawyer	74756
Sayre	73662
Schlegal	74023
Schulter	74460
Scipio	74501
Seiling	73663
Selman	73834
Seminole	74818
Seminole	74868
Sentinel	73664
Shady Point	74956
Shamrock	74068
Sharon	73857
Shattuck	73858
Shawnee	74801
Shawnee	74802
Shawnee	74804
Shidler	74652
Shults	74745
Silver City	74038
Skiatook	74070
Slick	74071
Smithville	74957
Snow	74567
Snyder	73566
Soper	74759
South Coffeyville	74072
Southard	73770
Sparks	74869
Spavinaw	74366
Spelter City	74437
Spencer	73084
Spencerville	74760
Sperry	74073
Spiro	74959
Springer	73458
Sterling	73567
Stidham	74432
Stidham	74461
Stigler	74462
Stillwater	74074
Stillwater	74075
Stillwater	74076
Stillwater	74077
Stillwater	74078
Stilwell	74960
Stonewall	74871
Strang	74367
Stratford	74872
Stringtown	74569
Strong City	73628
Stroud	74079
Stuart	74570
Sulphur	73086
Summerfield	74966
Summitt	74401
Sweetwater	73666
Swink	74761
T Air Force Base	73145
TAFB	73145
Taft	74463
Tahlequah	74464
Tahlequah	74465
Talala	74080
Talihina	74571
Tallant	74002
Taloga	73667
Tamaha	74462
Tatums	73487
Tecumseh	74873
Temple	73568
Terlton	74081
Terral	73561
Terral	73569
Texanna	74426
Texhoma	73949
Texola	73668
Thackerville	73459
Thomas	73669
Tiawah	74017
Tinker Air Force Base	73145
Tipton	73570
Tishomingo	73460
Tom	74740
Tonkawa	74653
Tryon	74875
Tullahassee	74454
Tulsa	74101
Tulsa	74102
Tulsa	74103
Tulsa	74104
Tulsa	74105
Tulsa	74106
Tulsa	74107
Tulsa	74108
Tulsa	74110
Tulsa	74112
Tulsa	74114
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Tulsa	74116
Tulsa	74117
Tulsa	74119
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Tulsa	74159
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Tulsa	74182
Tulsa	74183
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Tulsa	74186
Tulsa	74187
Tulsa	74189
Tulsa	74192
Tulsa	74193
Tulsa	74194
Tupelo	74572
Turley	74126
Turpin	73950
Tuskahoma	74574
Tuskegee	74010
Tussy	73488
Tuttle	73089
Twin Oaks	74368
Twin Hills	74447
Tyrone	73951
Union City	73090
Valliant	74764
Velma	73491
Vera	74082
Verden	73092
Verdigris	74017
Vernon	74845
Vian	74962
Vici	73859
Village	73120
Vinita	74301
Vinson	73571
Wade	74723
Wagoner	74467
Wagoner	74477
Wainwright	74468
Wakita	73771
Walters	73572
Wanette	74878
Wann	74083
Wapanucka	73461
Wardville	74576
Warner	74469
Warr Acres	73122
Warr Acres	73123
Warr Acres	73132
Washington	73093
Washita	73094
Watonga	73772
Watova	74048
Watson	74963
Watts	74964
Waukomis	73773
Waurika	73573
Wayne	73095

Waynoka	73860	Wheatland	73097	Woodward	73802
Weatherford	73096	White Oak	74301	Wright City	74766
Webbers Falls	74470	Whitefield	74472	Wyandotte	74370
Welch	74369	Whitesboro	74577	Wybark	74401
Weleetka	74880	Wilburton	74578	Wynnewood	73098
Welling	74471	Williams Center	74172	Wynona	74084
Wellston	74881	Willow	73673	Yale	74085
Welty	74833	Wilson	73463	Yarnaby	74741
Westport	74020	Winganon	74016	Yukon	73085
Westville	74965	Wister	74966	Yukon	73099
Wetumka	74883	Wolco	74002		
Wewoka	74884	Woodward	73801		

Appendix K: Oklahoma Area Codes by City

Achille	580
Ada	580
Adair	918
Adams	580
Addington	580
Afton	918
Agra	918
Albany	580
Albert	405
Albion	918
Alderson	918
Alex	405
Aline	580
Allen	580
Altus	580
Altus Air Force Base	580
Alva	580
Amber	405
Ames	580
Amorita	580
Anadarko	405
Antlers	580
Apache	405
Arapaho	580
Arcadia	405
Ardmore	580
Arkoma	918
Arnett	580
Asher	405
Atoka	580
Atwood	405
Avant	918
Avery	918
Bache	918
Bacone	918
Baker	580
Balko	580
Barnsdall	918
Bartlesville	918
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Baugh	918
Bearden	918
Beaver	580
Beggs	918
Beland	918
Bennington	580
Bernice	918
Bessie	580
Bethany	405
Bethel	580
Big Cabin	918
Billings	580
Binger	405
Bird Island	918
Bison	580
Bixby	918
Blackwell	580
Blair	580
Blanchard	405
Blanco	918
Blocker	918
Bluejacket	918
Boise City	580
Bokchito	580
Bokoshe	918
Boley	918
Bond	918
Boss	580
Boswell	580
Bowlegs	405
Boynton	918
Bradley	405
Braggs	918
Braman	580
Bristow	918
Broken Arrow	918
Bromide	580
Buffalo	580
Bunch	918
Burbank	918
Burlington	580
Burneyville	580
Burns Flat	580
Bushyhead	918
Butler	580
Byars	405
Byron	580
Cache	580
Caddo	580
Calera	580
Calumet	405
Calvin	405
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Canadian	918
Caney	580
Canton	580
Canute	580
Capron	580
Cardin	918
Carmen	580
Carnegie	580
Carney	405
Carrier	580
Carter	580
Cartwright	580
Cashion	405
Castle	918
Catoosa	918
Cement	405
Centrahoma	580
Centralia	918
Chandler	405
Chattanooga	580
Checotah	918
Chelsea	918
Cherokee	580
Chester	580
Cheyenne	580
Chickasha	405
Choctaw	405
Choska	918
Chouteau	918
Claremore	918
Clarita	580
Clayton	918
Clearview	405
Cleo Springs	580
Cleora	918
Cleveland	918
Clinton	580
Coalgate	580
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Colbert	580
Colcord	918
Coleman	580
Collinsville	918
Colony	405
Comanche	580
Commerce	918
Concho	405
Connerville	580
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Cookson	918
Copan	918
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Corn	580
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Council Hill	918
Countyline	580
Covington	580
Coweta	918
Coyle	405
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Crescent	405
Cromwell	405
Crowder	918
Cushing	918
Custer	580
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Cyril	580
Dacoma	580
Daisy	580
Dale	405
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Davidson	580
Davis	580
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Del City	405
Delaware	918
Depew	918
Devol	580
Dewar	918
Dewey	918
Dibble	405
Dill City	580
Disney	918
Dougherty	580
Douglas	580
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Drummond	580
Drumright	918
Duke	580
Duncan	580
Durant	580
Durham	580
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Eagle City	580
Eagletown	580
Eakly	405
Earlsboro	405
East Side	918
Edmond	405
Edna	918
El Reno	405

Eldorado	580
Elgin	580
Elk City	580
Elmer	580
Elmore City	580
Elmwood	580
Enid	580
Enterprise	918
Erick	580
Eucha	918
Eufaula	918
Fairfax	918
Fairland	918
Fairmont	580
Fairview	580
Fanshawe	918
Fargo	580
Farris	580
Faxon	580
Fay	580
Felt	580
Finley	580
Fittstown	580
Fitzhugh	580
Fletcher	580
Foraker	918
Forgan	580
Fort Cobb	405
Fort Gibson	918
Fort Sill	580
Fort Supply	580
Fort Towson	580
Foss	580
Foster	580
Fox	580
Foyil	918
Francis	580
Frederick	580
Freedom	580
Gage	580
Gans	918
Garber	580
Garvin	580
Gate	580
Gay	580
Geary	405
Gene Autry	580
Geronimo	580
Glencoe	580
Glenoak	918
Glenpool	918
Golden	580
Goldsby	405
Goltry	580
Goodwell	580
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Gotebo	580
Gould	580
Gowen	918
Gracemont	405
Grady	580
Graham	580
Grandfield	580
Granite	580
Grant	580
Grayson	918
Greenfield	405
Grove	918
Guthrie	405
Guymon	580

Hailey	918
Haileyville	918
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Hallis	918
Hammon	580
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Hardesty	580
Harmon	580
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Herd	918
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Hinton	405
Hitchcock	580
Hitchita	918
Hobart	580
Hodgen	918
Hoffman	918
Hog Shooter	918
Holdenville	405
Hollis	580
Hollister	580
Hominy	918
Honobia	580
Honobia	918
Hooker	580
Hopeton	580
Howe	918
Hoyt	918
Hugo	580
Hulbert	918
Hunter	580
Hydro	405
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Indianola	918
Inola	918
Isabella	580
Jay	918
Jenks	918
Jennings	918
Jet	580
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Kaw	580
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Kellyville	918
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Kendrick	918
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Keota	918
Ketchum	918
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Luther	405
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Martha	580
Martin	918
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May	580
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Mc Millan	580
McAlester	918
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Meeker	405
Meers	580
Meno	580

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Millerton	580
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Morris	918
Morrison	580
Mounds	918
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Mountain View	580
Moyers	580
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Muse	918
Muskogee	918
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Nardin	580
Nash	580
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New Tulsa	918
Newalla	405
Newby	918
Newcastle	405
Newkirk	580
Nichols Hills	405
Nicoma Park	405
Ninnekah	405
Noble	405
Norfolk	918
Norman	405
North Miami	918
Nowata	918
Noxie	918
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Oakland	580
Oaks	918
Oakwood	580
Ochelata	918
Octavia	580
Oilton	918
Okarche	405
Okay	918
O'Keene	580
Okemah	918
Okesa	918
Oklahoma City	405
Okmulgee	918
Oktaha	918
Olney	580
Olustee	580
Omega	405
Oologah	918
Optima	580
Orienta	580
Orlando	580
Osage	918
Oscar	580
Overbrook	580
Owasso	918
Paden	405
Panama	918
Panola	918
Paoli	405
Park Hill	918
Pauls Valley	405
Pawhuska	918
Pawnee	918
Pearsonia	918
Peckham	580
Peggs	918
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Perkins	405
Perry	580
Pershing	918
Pettit	918
Pharoah	405
Phillips	580
Picher	918
Pickens	580
Piedmont	405
Pierce	918
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Pittsburg	918
Platter	580
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Shamrock	918
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Shattuck	580
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Snow	580
Snyder	580
Soper	580
South Coffeyville	918
Southard	580
Sparks	918
Spavinaw	918
Spelter City	918
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Spiro	918
Springer	580
Sterling	580
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Stratford	580
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Strong City	580
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Sweetwater	580
Swink	580
T Air Force Base	405
TAFB	405
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Tahlequah	918
Talala	918
Talihina	918

Tallant	918
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Texhoma	580
Texola	580
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Tiawah	918
Tinker Air Force Base	405
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Tishomingo	580
Tom	580
Tonkawa	580
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Tullahassee	918
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Turpin	580
Tuskahoma	918
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Tussy	580
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Twin Hills	918
Twin Oaks	918
Tyrone	580

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Velma	580
Vera	918
Verden	405
Verdigris	918
Vernon	918
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Vici	580
Village	405
Vinita	918
Vinson	580
Wade	580
Wagoner	918
Wainwright	918
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Wardville	918
Warner	918
Warr Acres	405
Washington	405
Washita	405
Watonga	580
Watova	918
Watson	580
Watts	918
Waukomis	580
Waurika	580
Wayne	405

Waynoka	580
Weatherford	580
Webbers Falls	918
Welch	918
Weleetka	405
Welling	918
Wellston	405
Welty	918
Westport	918
Westville	918
Wetumka	405
Wewoka	405
Wheatland	405
White Oak	918
Whitefield	918
Whitesboro	918
Wilburton	918
Williams Center	918
Willow	580
Wilson	580
Winganon	918
Wister	918
Wolco	918
Woodward	580
Wright City	580
Wyandotte	918
Wybark	918
Wynnewood	405
Wynona	918
Yale	918
Yarnaby	580
Yukon	405

Appendix L: Sequence of Events

Non-Collision Attributes:

Ran-off-road	Used when a driver loses control of the vehicle and leaves the roadway.
Jackknife	Applies to a condition that occurs to an articulated vehicle (any vehicle with a trailing unit(s) connected by a "hitch"; while in motion. The condition reflects a loss of control of the vehicle by the driver in which the trailer(s) yaws from its normal straight-line path behind the power unit.
Overturn	Used when a vehicle rotates 90° or more, side-to-side or end-to-end. Also may be referred to as a “Rollover”. An Overturn or Rollover should be treated as a single event when a vehicle performs multiple rotations in a crash.
Downhill Run-Away	Refers to a vehicle that loses control due to brake failure on a downhill grade.
Cargo Loss or Shift	Refers specifically to the loss or shift of items carried on or in a motor vehicle or its trailing unit, and not to the vehicle or trailing unit, itself. As an event in the sequence for this vehicle, the loss or shift does not have to be harmful. For example, tractor trailer rounds a sharp curve, causing cargo in its trailer to shift precipitating an overturn.
Explosion or Fire	May occur as the cause or the result of the collision.
Separation of Units	Used when a trailing unit separates from its power unit or another trailing unit(s).
Cross Median/Centerline	Used when a vehicle completely crosses the median and enters the shoulder or travel lanes on the opposite side of a divided highway. It also includes crossing over the centerline of a two-way undivided highway.
Equipment Failure	Examples include defective: tires/wheels/rims, brakes, steering, suspension, power train, lighting systems, trailer hitch, air bag, wipers, etc.
Other Non-Collision	Includes events such as: vehicle went airborne (driving off a cliff), injured in vehicle (load passes through rear window), gas inhalation (carbon monoxide), fell from vehicle, or thrown or falling object (falling tree/rock).

Collision Involving/With Attributes:

Pedestrian	A person traveling on their feet. This also includes persons on personal conveyances. A personal conveyance is: (1) a human-powered, non-motorized device not propelled by pedaling, (2) such devices even when motorized. Examples include; skateboard riders, people in wheelchairs, roller skates, motorized scooters, etc.
Motor Vehicle In-transport	Use this code when one motor vehicle collides with another motor vehicle in motion (In-Transport). Inclusions: motor vehicle in traffic on a highway, driverless motor vehicle in motion, motionless motor vehicle abandoned on a roadway, disabled motor vehicle on a roadway, etc. In roadway lanes used for travel during rush hours and parking during off peak periods, a parked motor vehicle is “in-transport” during periods when parking is forbidden.
Parked Motor Vehicle	Refers to the collision of a motor vehicle in-transport with a motor vehicle not in-transport. Parked motor vehicles include vehicles parked outside the roadway and those parked in the roadway in lanes not designated for travel at the time of accident.
Train	Used when qualifying vehicle strikes a train.

Collision Involving/With Attributes:

Pedalcycle	Includes persons riding non-motorized bicycles, tricycles or unicycles. Also includes passengers on those devices.
Animal	Used for collisions with live animals (domesticated or wild) that are not themselves being used as transportation or to draw a wagon, cart or other transport device.
Fixed Object	Refers to permanent or semi-permanent structures such as boulders, impact attenuators, bridges, concrete traffic barriers, embankments, or culverts, etc.
Work Zone/ Maintenance Equipment	Use this code when this motor vehicle strikes a construction, maintenance or utility vehicle in the process of working and not “in-transport.” Example: a "cherry picker" working on telephone lines.
Other Movable Object	Refers to temporary or not-fixed objects such as ridden animals or animals drawing a device, construction barrels, temporary highway signs, or animal carcasses and fallen trees in the roadway.

Appendix M: Additional Instructions for Commercial Vehicle Data

A set of CMV visor cards was issued with each instruction manual for the new collision report form that became effective January 1, 2007. Federal Motor Carrier Safety Association of the U.S. Department of Transportation provided the sets of cards. Each set consists of five cards: one blue, one yellow, one green, one red, and one orange. The "blue card" is in conflict with the design and data collection of the new collision report form. **Please destroy the "blue card"**. You may continue to use the other cards as reference.

Page two of the collision report form contains the following wording where the commercial vehicle data is to be completed:

> 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.

This criterion is for the collision report only and does not necessarily represent an interstate or intrastate regulated motor vehicle.

Section 162-VEHICLE USE must be completed when the commercial vehicle section is used. Definitions of the four choices are:

a) Interstate Commerce

1. Trade, traffic or transportation in the United States
2. Between a place in a State and a place outside of such State (including a place outside of the U.S.)
3. Between two places in a State as part of trade, traffic or transportation originating or terminating outside the State of the U.S.
4. Required to have a USDOT number

b) Intrastate Commerce

1. Used for a carrier that operates solely within the state
2. May or may not have a USDOT number
3. Should include state two-character abbreviation on the end (Example: USDOT 123456OK)

c) Other Non-commercial

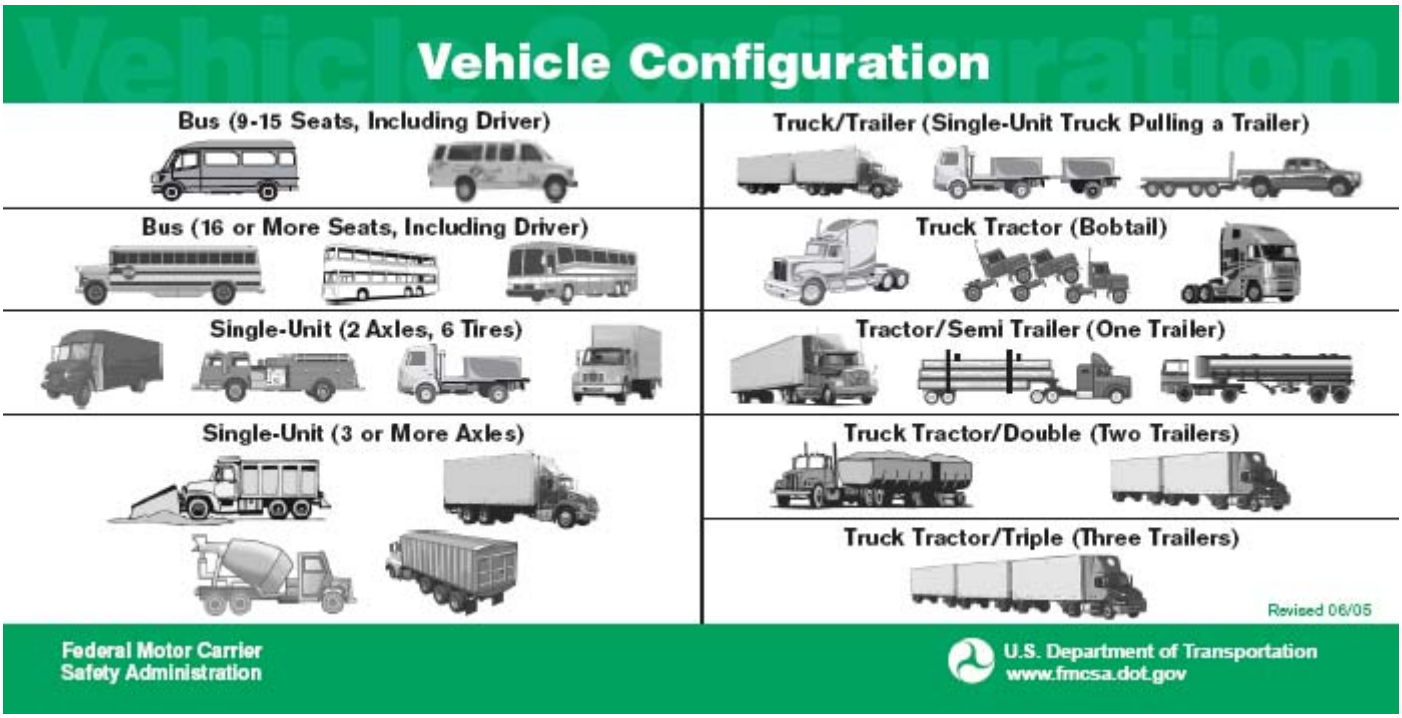
1. Used for personal rental vehicles (U-Haul, Penske, etc.) over 10,000 pounds GVWR/GCWR operated by a private individual

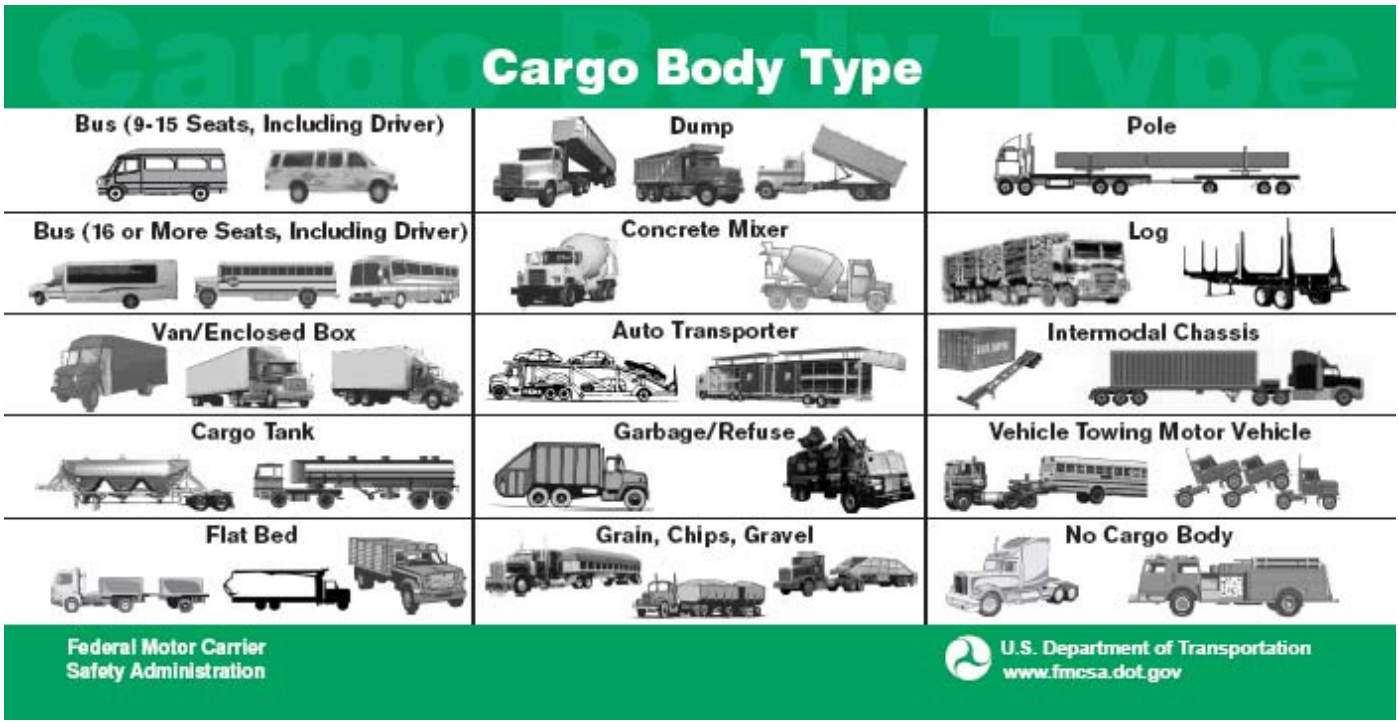
d) Government

1. Any government vehicle whether operated by local, state or federal government over 10,000 pounds GVWR/GCWR.
2. In most circumstances, will not have a USDOT number

If you have any questions, please contact OHP Troop S at 405/702-0813 or Kathy Evans at 405/523-1576.

CMV Visor Cards





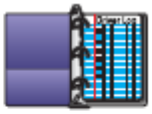
How to Find the Responsible Carrier and Correct U.S. DOT Number

SIDE OF THE VEHICLE
In most cases, this is good for name and number. Look for a number preceded by the letters: USDOT.

DON'T STOP
...keep on looking...
The information on the side of the truck may not be the U.S. DOT number, name, or address of the responsible motor carrier.

DRIVER INTERVIEW
1. Is the vehicle leased or rented?
2. Who is the motor carrier responsible for this load?
3. Who is directing and controlling the movement of this vehicle?
4. Where is the motor carrier's principal place of business?

LEASE AGREEMENT identifies the name of the lessee and their U.S. DOT number.



DRIVER'S LOG contains the name of the motor carrier and the city and State for the carrier's principal place of business.

SHIPPING PAPERS provide the name of the motor carrier responsible for the load, but not the carrier's U.S. DOT number.

NOTE: VEHICLE REGISTRATION
Generally good for identifying owner or registrant.
CAREFUL: This may not be the responsible carrier!

FMCSA WEB SITE: http://safer.fmcsa.dot.gov/CompanySnapshot.aspx
is an excellent source for verifying a motor carrier's U.S. DOT number, legal name, "doing business as" name, physical address, and phone number.

Revised 06/05

Federal Motor Carrier Safety Administration

U.S. Department of Transportation
www.fmcsa.dot.gov

How to Find the Responsible Carrier and Correct U.S. DOT Number

EXAMPLE 1: John Smith owns his own truck tractor, operating under John Smith Trucking. He contracts with White Manufacturing to take one of its trailers loaded with its goods from New York to Los Angeles.

Who is the Motor Carrier:
A. John Smith?
B. White Manufacturing?

John Smith is the motor carrier, because he is the entity that has agreed to carry this particular load.

EXAMPLE 2: John Smith, driving his truck tractor, utilizes a cargo broker, K&S Trucking, to obtain goods from Intermodal Inc. shipping company for his return trip back to New York.

Who is the Motor Carrier:
A. John Smith?
B. K&S Trucking?
C. Intermodal Inc.?

John Smith is the motor carrier, because K&S transferred the responsibility of the load to John Smith.

EXAMPLE 3: John Smith, driving his truck tractor, leases his services to Polyester Chemical Company. Polyester directs Smith to deliver a semi-trailer from New York to St. Louis.

Who is the Motor Carrier:
A. John Smith?
B. Polyester?

The lease agreement between Polyester and Mr. Smith makes Polyester the motor carrier responsible for the load.

EXAMPLE 4: John Smith is driving a tractor/semi-trailer owned and operated by ABC Trucking.

Who is the Motor Carrier:
A. John Smith?
B. ABC Trucking?

ABC Trucking is the motor carrier. John Smith is just a driver for ABC Trucking.

EXAMPLE 5: John Smith is driving a tractor owned by ABC Trucking, which has been leased to XYZ Trucking. XYZ uses the tractor to pull XYZ trailers in its regular shipping service.

Who is the Motor Carrier:
A. John Smith?
B. ABC Trucking?
C. XYZ Trucking?

In this case XYZ is the motor carrier, because XYZ is directing the carrying of the load.

Federal Motor Carrier Safety Administration

U.S. Department of Transportation
www.fmcsa.dot.gov

Nine Classes of Hazardous Materials

Class 1: Explosives
Divisions: 1.1, 1.2, 1.3, 1.4, 1.5, 1.6

Class 2: Gases
Divisions: 2.1, 2.2, 2.3

Class 3: Flammable Liquid and Combustible Liquid

Class 4: Flammable Solid, Spontaneously Combustible, and Dangerous When Wet
Divisions 4.1, 4.2, 4.3

Class 5: Oxidizer and Organic Peroxide
Divisions 5.1, 5.2

Class 6: Poison (Toxic) and Poison Inhalation Hazard

Class 7: Radioactive

Class 8: Corrosive

Class 9: Miscellaneous

Dangerous

Revised 06/05

Federal Motor Carrier Safety Administration

U.S. Department of Transportation
www.fmcsa.dot.gov

Reporting Hazardous Materials Information

ACCURATE REPORTING SAVES LIVES

Data you collect is used to calculate risk assessment, determine response methods, and develop regulations. Vehicles carrying hazardous materials are required to carry shipping papers containing the HM Class and ID number (or name). Your Accident or Collision Report/Supplement may ask the following hazardous materials questions (exact wording will vary by State):

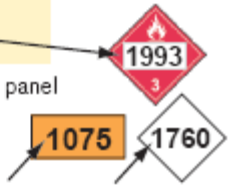
1. DOES THE VEHICLE HAVE A HAZARDOUS MATERIALS PLACARD? YES ● NO ○

Placards should be on all four sides of the vehicle. For containers with bulk packages inside, if the required ID# marking is not visible, the transport vehicle must be marked on each side and each end.

Some Common Placards

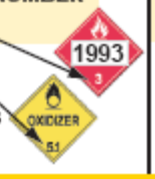
2. ENTER THE FOUR-DIGIT NUMBER (OR NAME) FROM THE PLACARD 1 9 9 3

The four-digit number may be on an orange panel or a white "square-on-point" panel. If no four-digit number appears on the placard, enter the Placard Name.



3. ENTER THE HAZARDOUS MATERIALS CLASS NUMBER FROM THE BOTTOM OF THE PLACARD 3

The Class Number can be a one- or two-digit number with a decimal in the middle. 5.1 It is critical for identifying and studying various types of hazardous materials involved in traffic crashes.



4. WAS HAZARDOUS CARGO RELEASED? YES ● NO ○

The intent of this question is to determine whether any of the placarded material was released or escaped from its transport container into the environment. Fuel or oil carried by the vehicle for its own use is NOT considered cargo and should not be reported in this section.

Federal Motor Carrier Safety Administration

U.S. Department of Transportation
www.fmcsa.dot.gov

Commercial Driver's License(CDL)

Commercial Motor Vehicle Groups

Group A (Combination Vehicle)
Any combination of vehicles with a gross combination weight rating (GCWR) of 26,001 pounds or more provided the GVWR of the vehicle(s) being towed is in excess of 10,000 pounds.

Group B (Heavy Straight Vehicle)
Any single vehicle with a GVWR of 26,0001 pounds or more, or any such vehicle towing a vehicle not in excess of 10,000 pounds GVWR.

Group C (Small Vehicle)
Any single vehicle or combination of vehicles, that meets neither the definition of Group A nor Group B, but is designed to transport 16 or more passengers including the driver, or is used in the transportation of materials found to be hazardous which require the motor vehicle to be placarded. This includes any quantity of chemical or biological material or agent posing a threat to national security, including toxins.

Commercial Driver's License(CDL)

CDL Endorsements

Double/Triple Trailers (T)

Passenger Vehicles (P)

Tank Vehicles (N)

Hazardous Materials (H) (any size vehicle)

School Buses (S)

Tank & Hazardous Materials (X)

Appendix N: Oklahoma Driver License Endorsement and Restriction Codes

Endorsement Codes

H	A non-tank vehicle use to transport hazardous materials in placardable
M	A motorcycle
N	A tank vehicle as
P	A vehicle designed by manufacturer to transport sixteen or more passengers
S	A school bus
T	A vehicle with double or triple trailer
X	A tank vehicle use to transport hazardous material in placardable amounts

Restriction Codes

1	Corrective lenses
2	Left outside rearview mirror
3	Restriction 1 or 2
4	Automatic transmission
5	Turn indicators, power steering, or steering knob
6	Food, fruit, or candy within reach of driver
7	Adequate artificial limbs
8	Detailed restriction - Inquire Oklahoma driver license file (This restriction code is used when other restrictions are not applicable. A narrative explaining the restriction will appear on the person's driver license file.)
9	Accompanied by licensed driver age 21 or older in front seat
0	Motorcycle only - if under age 16, restricted to 250 cc motorcycle or motor scooter between the hours of 4:30 a.m. and 9:00 p.m.
A	Regardless of age, when operating a motorcycle must be in view of licensed driver at least 21 years old
B	When operating Class B vehicle, restricted to automatic transmission
C	When operating Class C vehicle, restricted to automatic transmission
D	When operating Class A vehicle, restricted to automatic transmission
E	When operating passenger bus, restricted to Class B or C vehicle
F	When operating passenger bus, restricted to class C vehicle
G	Inquire Oklahoma driver license file until age 17 or older
K	CDL intrastate only
R	Ignition interlock device
V	Vehicle without air brakes
W	When operating an airbrake vehicle, restricted to air over hydraulic