

Warning - State Law.

Pg 1 of 4

DO NOT WRITE IN THIS SPACE

Use of contents for Incident Report

commercial solicitation investigation Completed

Investigation Made at Scene

Photographs

Y N
☒ X

Revised

Y N

Fatality

☒ X

Hit and Run

☒ X

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

(1) Reporting Agency NORMAN POLICE DEPARTMENT		Case Number (Agency Use) 2025-00011479		Motor Vehicles Involved 02	Number Injured 00	Number Killed 00																																																												
(2) Date of Collision (mm/dd/yyyy) 02172025		Time 1438	County Number and Name 14 CLEVELAND	Nearest City or Town Number and Name In <input checked="" type="checkbox"/> 20 NORMAN Near <input type="checkbox"/>																																																														
(3) Distance from Nearest City or Town Limits Mi. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> Ft. <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		Control #	Int ID	Location	East Grid	North Grid																																																												
(4) Street, Road or Highway 48TH AVE NW		Distance from At 0200	(Nearest) Intersecting Street, Road or Highway DAVINBROOK DR																																																															
(5) Unit 01	Occupants Type 02 D	Hit & Run <input type="checkbox"/>	Last Name CHURCHWELL	First	Middle	Suffix																																																												
(6) Address [Redacted]		City [Redacted]	State [Redacted]	Zip [Redacted]	Telephone (Use Area Code) [Redacted]																																																													
(7) Driver License Number [Redacted]		State OK	Class A	Endorsement(s) [Redacted]	Restriction(s) [Redacted]	Inj. Sev. 0																																																												
(8) Ejected Extricated Test (% BAC) Transported by Air 1 1 1 5 0		To Medical Facility	License Plate Number C140171		State OK	Month 00																																																												
(9) VIN KKB71827		Vehicle Year 2019	Color SIL	2nd Color 0	Make FORD	Model TRAN																																																												
(10) Insurance Company Name CITY OF NORMAN		Policy Number	Insurance Telephone (Use Area Code) 4053211600		Veh. Conf. 21																																																													
(11) Vehicle Removed by Driver <input checked="" type="checkbox"/>		Owner's Last Name CITY OF NORMAN	First	Middle	Suffix																																																													
(12) Owner's Address 201 W GRAY ST		City NORMAN	State OK	Zip 73069	Towed Veh. Type 00																																																													
(13) Citation Number [Redacted]		Statute/Ordinance Number 32-411	Citation Number	Statute/Ordinance Number																																																														
(14) Unit 02		Occupants Type 02 D	Hit & Run <input type="checkbox"/>	Last Name FULLERTON	First RONALD	Middle																																																												
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(18) VIN [Redacted]		Vehicle Year 2021	Color SIL	2nd Color 0	Make LEXU	Model GX47																																																												
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(23) Investigating Officer PIERCE		Badge Number 145735	Trp/Div. Assigned	Trp/Div. Location	Reviewer (Init.) BF	Reviewer Badge Number 106184																																																												
Date of Report (mm/dd/yyyy) 02172025																																																																		
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WARNING - STATE LAW

Use of contents for commercial solicitation is unlawful

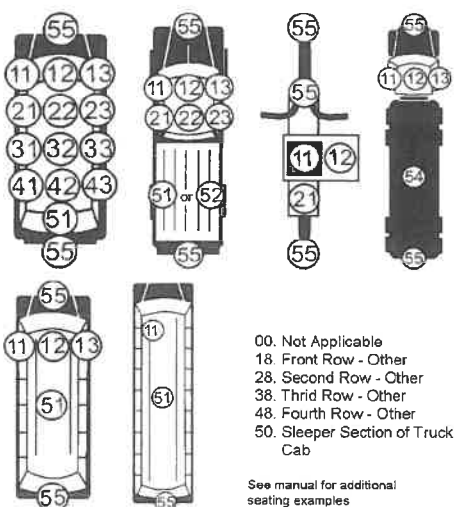
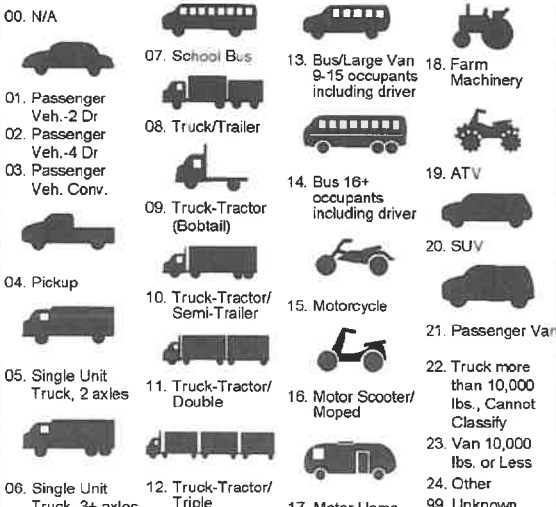
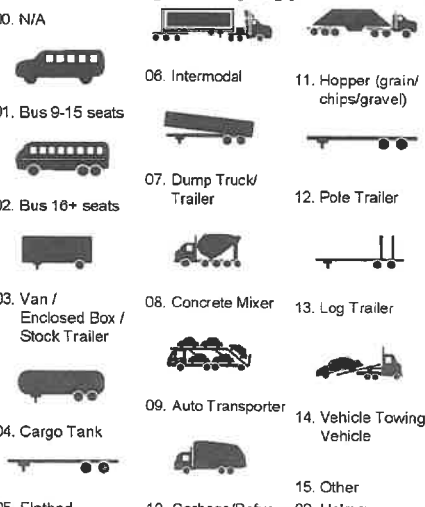
DPS: 0192-01 REV 0107

Unit		Total Lanes in Roadway	Legal Speed	Pedestrian / Pedalcyclist Only			Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section)		
1	2			Actions Prior to Collision	Location at Time of Collision	Safety Equip.	Unit Number of Vehicle Striking	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
This unit will correspond to 'Unit 1'		01	02	45					
This unit will correspond to 'Unit 2'		02	02	45					
Light		1	What Vehicle Was Going to Do		Unit 1	Unit 2	Location of the Work Zone Collision		
1 Daylight			11	05			1 Before the First Work Zone Warning Sign		
2 Dark-Not Lighted							2 Advance Warning Area		
3 Dark-Lighted							3 Transition Area		
4 Dawn							4 Activity Area		
5 Dusk							5 Termination Area		
6 Dark-Unknown Lighting							9 Unknown		
7 Other									
9 Unknown									
Weather		01	What Vehicle Did		Unit 1	Unit 2	Workers Present Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		
01 Clear			11	05					
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		6	What Vehicle Did		Unit 1	Unit 2	Unsafe / Unlawful Contributing Factors		
1 Residential			11	05			Unit 1 Unit 2		
2 Business							85 98		
3 Industrial									
4 School									
5 Not Built-up									
6 Mixed Use									
7 Other									
9 Unknown									
Type of Intersection		0	What Vehicle Did		Unit 1	Unit 2	Trafficway		
0 Not an Intersection			11	05			Unit 1 Unit 2		
2 Y-Intersection							2 2		
3 T-Intersection									
4 Four-Way Intersection									
5 Five-Point or More Intersection as Part of Interchange									
7 Traffic Circle									
8 Roundabout									
9 Unknown									
Incident Type		00	What Vehicle Did		Unit 1	Unit 2	Vehicle Removal		
00 Not an Incident			11	05			Unit 1 Unit 2		
51 Private Property							4 4		
52 Deliberate Intent									
53 Medical Condition									
54 Legal Intervention									
55 Suicide									
57 Drowning									
58 Other									
Location of First Harmful Event		01	What Vehicle Did		Unit 1	Unit 2	Vehicle Condition		
01 On Roadway			11	05			Unit 1 Unit 2		
02 Shoulder							01 01		
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									
Driver Distracted by		0	What Vehicle Did		Unit 1	Unit 2	Special Function of Vehicle		
0 Not Applicable/None			11	05			Unit 1 Unit 2		
1 Electronic Communication Devices							00 00		
2 Other Electronic Device									
3 Other Inside Vehicle									
4 Other Outside Vehicle									
9 Unknown									
Road Surface Type		2	What Vehicle Did		Unit 1	Unit 2	Emergency Vehicle Responding to an Emergency		
1 Concrete			11	05			Unit 1 Unit 2		
2 Asphalt							0 0		
3 Gravel									
4 Dirt									
5 Brick									
6 Other									
9 Unknown									
Point of First Contact on Vehicle		07	What Vehicle Did		Unit 1	Unit 2	Most Damaged Area		
07			11	05			Unit 1 Unit 2		
01							01 01		
14 Undercarriage									
99 Unknown									
Diagram									

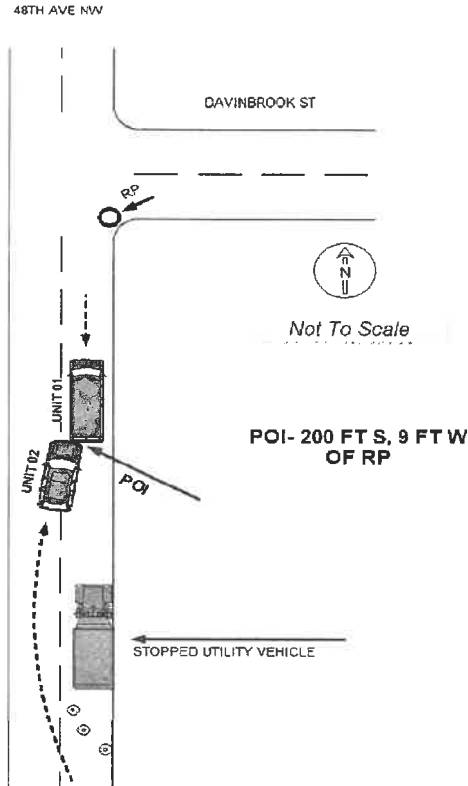
(24) Unit	Injured <input type="checkbox"/> Witness <input type="checkbox"/>	Passenger <input checked="" type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB (mm/dd/yyyy)	Sex
01									M
(25)	Address		City		State	Zip	Telephone (Use Area Code)		
Same as Driver									
(26) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility		Property Type	
1 0	04	1	1	1					
(27) Unit	Injured <input type="checkbox"/> Witness <input type="checkbox"/>	Passenger <input checked="" type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB (mm/dd/yyyy)	Sex
02									F
(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	
0 0	04	0	1	1					
(30) Unit	Injured <input type="checkbox"/> Witness <input type="checkbox"/>	Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB (mm/dd/yyyy)	Sex
(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	Injured <input type="checkbox"/> Witness <input type="checkbox"/>	Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB (mm/dd/yyyy)	Sex
(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	
(38) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class
	OK		
(39) Unit	Carrier Name	Address	
(40) City	State	Zip	
(41) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class
	OK		

Position in Vehicle	Vehicle Configuration	Cargo Body Type
		

Latitude					Longitude	N					W	Railroad Crossing Number		Roadway Orientation	Unit Number	01	NE	N	SW	Unit Number	02	NE	N	SW
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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
Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	
02	34	00	00	00	34	

00 Not Applicable	21 Fell/Jumped From Motor Vehicle
10 Overturn/Rollover	22 Thrown Or Falling Object
11 Fire/Explosion	23 Other Non-Collision
12 Immersion	PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:
13 Jackknife	30 Pedestrian
14 Cargo/Equipment Loss or Shift	31 Pedal Cycle
15 Equipment Failure (Blown Tire, Brake Failure, etc.)	32 Railway Vehicle (train, engine)
16 Separation of Units	33 Animal
17 Departed Road Right	34 Motor Vehicle in Transport
18 Departed Road Left	35 Parked Motor Vehicle
19 Cross Median/Centerline	36 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
20 Downhill Runaway	

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

Remarks

UNIT 02 WAS TRAVELING NORTH ON 48TH NW JUST S OF DAVINBROOK. THERE WAS A STATIONARY CITY UTILITIES TRUCK BLOCKING THE LANE OF TRAVEL. UNIT 02 PASSED THE STATIONARY TRUCK AND ATTEMPTED TO RETURN TO THE NORTHBOUND LANE. UNIT 01 WAS WORKING WITH THE STATIONARY UTILITIES TRUCK AND BEGAN TO BACK UP. UNIT 02 COULD NOT MOVE OUT OF THE WAY DUE TO ONCOMING TRAFFIC AND TRIED TO WAFFLE UNIT 01 BUT UNIT 01 KEPT BACKING AND THEN COLLIDED WITH UNIT 02

