

Warning - State Law. Use of contents for commercial solicitation is unlawful.

DO NOT WRITE IN THIS SPACE

Incident Report

Investigation Completed [X] Revised [X]
Investigation Made at Scene [X] Fatality [X]
Photographs [X] Hit and Run [X]

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

(1) Reporting Agency: NORMAN POLICE DEPARTMENT, Case Number: 2022-00048461
(2) Date of Collision: 08082022, Time: 0937, County: 14 CLEVELAND, City: 20 NORMAN
(3) Distance from Nearest City or Town Limits: [] Mi, [] Ft. Control #: [] Int ID: [] Location: [] East Grid: [] North Grid: [] Administrative: []
(4) Street, Road or Highway: 24TH AVE NE, Distance from: 0681, (Nearest) Intersecting Street, Road or Highway: JACKSON DR
(5) Unit: 01, Occupants: 01, Type: D, Last Name: SCOTT, First: ROBERT, Middle: [REDACTED], Date of Birth: [REDACTED], Sex: M
(6) Address: 201 W GRAY ST B, City: NORMAN, State: OK, Zip: 73069, Telephone: 4053211600
(7) Driver License Number: [REDACTED], State: OK, Class: D, Endorsement(s): [], Restriction(s): [], Inj. Sev.: 1, Type of Injury: 0, Drv./Ped. Cond.: 01, OP Use: 04
(8) Ejected: 1, Extricated: 1, Test: 1, (% BAC): 0.0, Transported by: [], To Medical Facility: [], License Plate Number: CI24082, State: OK, Month: 12, Year: 2022
(9) VIN: 1FM5K8AR0GGB43569, Vehicle Year: 2016, Color: BLK, 2nd Color: WHI, Make: FORD, Model: EXPL, Veh. Conf.: 20, Extent of Damage: 2
(10) Insurance Company Name: [REDACTED], Policy Number: [REDACTED], Insurance Telephone: [REDACTED]
(11) Vehicle Removed by: [REDACTED], Owner's Last Name: CITY OF NORMAN, First: [REDACTED], Middle: [REDACTED], Suffix: [REDACTED]
(12) Owner's Address: 201 W GRAY ST, City: NORMAN, State: OK, Zip: 73069, Towed Veh. Type: [], Oversized Load: 0, Rollover: 0, Phone present: [X], Phone in use: []
(13) Citation Number: [REDACTED], Statute/Ordinance Number: [REDACTED], Citation Number: [REDACTED], Statute/Ordinance Number: [REDACTED]
(14) Unit: 02, Occupants: 01, Type: D, Last Name: NGUYEN, First: HOANG, Middle: [REDACTED], Date of Birth: [REDACTED], Sex: F
(15) Address: [REDACTED], City: NORMAN, State: OK, Zip: 73071, Telephone: [REDACTED]
(16) Driver License Number: [REDACTED], State: 99, Class: 9, Endorsement(s): [], Restriction(s): [], Inj. Sev.: 1, Type of Injury: 0, Drv./Ped. Cond.: 01, OP Use: 04
(17) Ejected: 1, Extricated: 1, Test: 1, (% BAC): 0.0, Transported by: [], To Medical Facility: [], License Plate Number: [REDACTED], State: OK, Month: 04, Year: 2023
(18) VIN: [REDACTED] 1336, Vehicle Year: 2018, Color: GRY, 2nd Color: 0, Make: NISS, Model: ROGU, Veh. Conf.: 20, Extent of Damage: 2
(19) Insurance Company Name: STATE FARM, Policy Number: [REDACTED], Insurance Telephone: 8007325246
(20) Vehicle Removed by: [REDACTED], Owner's Last Name: [REDACTED], First: [REDACTED], Middle: [REDACTED], Suffix: [REDACTED]
(21) Owner's Address: [REDACTED], City: [REDACTED], State: [REDACTED], Zip: [REDACTED], Towed Veh. Type: [], Oversized Load: 0, Rollover: 0, Phone present: [X], Phone in use: []
(22) Citation Number: [REDACTED], Statute/Ordinance Number: [REDACTED], Citation Number: [REDACTED], Statute/Ordinance Number: [REDACTED]
(23) Investigating Officer: WOODARD, Badge Number: 118464, Trp./Div. Assigned: [REDACTED], Trp./Div. Location: [REDACTED], Reviewer (Init.): JF, Reviewer Badge Number: 109239, Date of Report: 08082022
Unit Type: D Driver, P Pedestrian, X Conveyance, B Bicyclist
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, 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 Deployed, 1 Deployed - Front, 2 Deployed - Side, 3 Deployed - Other (knee, air belt, etc.), 4 Deployed - Combination, 9 Deployment Unknown
Ejected: 0 Not Applicable, 1 Not Ejected, 2 Ejected, 3 Ejected, 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, P Permitted
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 Homebased Trailer, 08 Box Trailer, 09 Stock Trailer, 10 Camping Trailer, 11 Combination, 12 Other, 99 Unknown

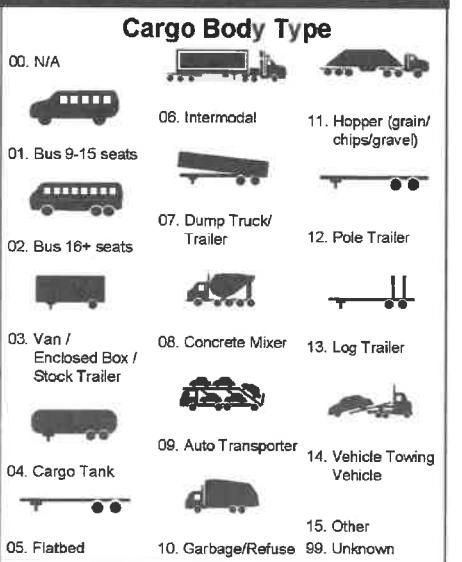
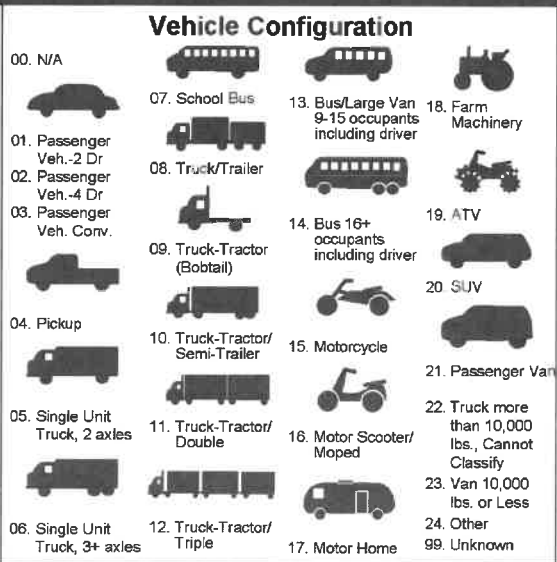
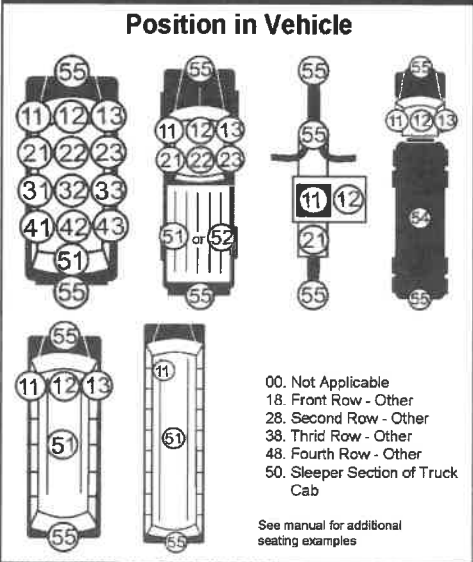
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(24) Unit		Pos in Veh.	Last Name	First	Middle	Suffix	DOB (mm/dd/yyyy)	Sex
<input type="checkbox"/> Injured	<input type="checkbox"/> Witness	<input type="checkbox"/> Passenger	<input type="checkbox"/> Prop. Owner					
(25) Address		City	State	Zip	Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>								
(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
<input type="checkbox"/> Injured	<input type="checkbox"/> Witness	<input type="checkbox"/> Passenger	<input type="checkbox"/> Prop. Owner					
(28) Address		City	State	Zip	Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>								
(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
<input type="checkbox"/> Injured	<input type="checkbox"/> Witness	<input type="checkbox"/> Passenger	<input type="checkbox"/> Prop. Owner					
(31) Address		City	State	Zip	Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>								
(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
<input type="checkbox"/> Injured	<input type="checkbox"/> Witness	<input type="checkbox"/> Passenger	<input type="checkbox"/> Prop. Owner					
(34) Address		City	State	Zip	Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>								
(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 <input type="checkbox"/> 0 - 10K lbs.	GCWR <input type="checkbox"/> 10,001 - 26K lbs.	26K+ lbs.	Axle Qty.	Cargo Body	Vehicle Use
									<input type="checkbox"/> Interstate Commerce <input type="checkbox"/> Intrastate Commerce <input type="checkbox"/> Other Non-Commercial <input type="checkbox"/> Government
(38) U.S. DOT Number		NAHI Report Number	Placard Number	Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release			
		OK			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
(39) Unit		Carrier Name	Address						
(40) City		State	Zip	GVWR <input type="checkbox"/> 0 - 10K lbs.	GCWR <input type="checkbox"/> 10,001 - 26K lbs.	26K+ lbs.	Axle Qty.	Cargo Body	Vehicle Use
									<input type="checkbox"/> Interstate Commerce <input type="checkbox"/> Intrastate Commerce <input type="checkbox"/> Other Non-Commercial <input type="checkbox"/> Government
(41) U.S. DOT Number		NAHI Report Number	Placard Number	Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release			
		OK			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			



Unit		Total Lanes in Roadway	Legal Speed	Pedestrian / Pedalcyclist Only				Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section)	
01		04	40	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"/>	
02		04	40					Type of Work Zone	
This unit will correspond to Unit 1								Location of the Work Zone Collision	
This unit will correspond to Unit 2								1 Lane Closure <input type="checkbox"/>	
								2 Lane Shift/Crossover <input type="checkbox"/>	
								3 Work on Shoulder or Median <input type="checkbox"/>	
								4 Intermittent or Moving Work <input type="checkbox"/>	
								9 Unknown <input type="checkbox"/>	

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

Weather	Unit 1	Unit 2
01 Clear	01	
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	Unit 1	Unit 2
1 Residential		
2 Business		
3 Industrial		
4 School		
5 Not Built-up		
6 Mixed Use		
7 Other		
9 Unknown		

Type of Intersection	Unit 1	Unit 2
0 Not an Intersection		
2 Y-Intersection		
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	Unit 1	Unit 2
00 Not an Incident	00	
01 Private Property		
02 Deliberate Intent		
03 Medical Condition		
04 Legal Intervention		
05 Suicide		
06 Drowning		
58 Other		

Location of First Harmful Event	Unit 1	Unit 2
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		

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

What Vehicle Was Going to Do	Unit 1	Unit 2
00 Not Applicable	04	01
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	Unit 2
00 Not Applicable	04	01
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		

Road Surface Conditions	Unit 1	Unit 2
01 Dry	01	01
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	Unit 1	Unit 2
Grade	Unit 1	Unit 2
1 Level	4	4
2 Hillcrest		
3 Uphill		
4 Downhill		
5 Sag (bottom)		
Road Alignment	Unit 1	Unit 2
1 Straight	1	1
2 Curve - Left		
3 Curve - Right		

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

Trafficway	Unit 1	Unit 2
0 Not Applicable	2	2
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	Unit 2
0 Not Applicable	4	4
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	Unit 2
00 Not Applicable	01	01
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		

Special Function of Vehicle	Unit 1	Unit 2
00 Not Applicable	08	00
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		

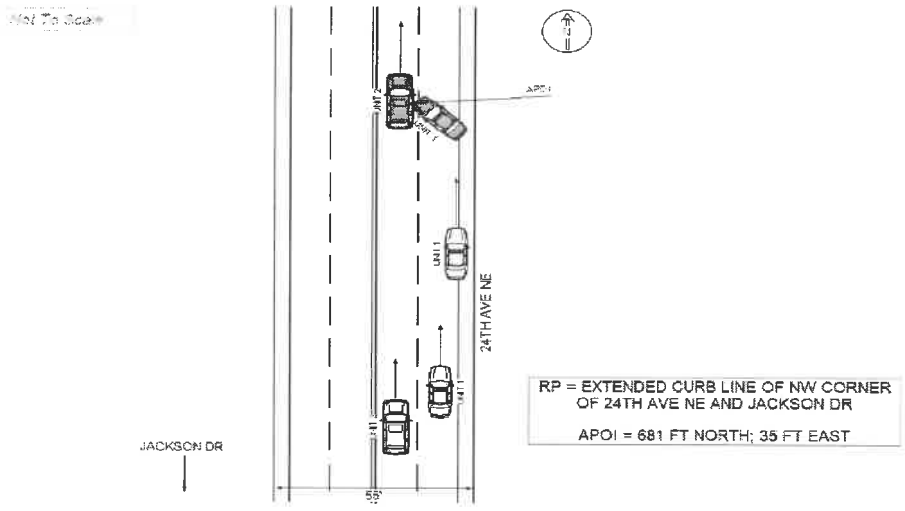
Emergency Vehicle Responding to an Emergency	Unit 1	Unit 2
0 N/A	1	0
1 Yes		
2 No		
9 Unknown		

Workers Present	Yes	No	Unknown
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Unsafe / Unlawful Contributing Factors	Unit 1	Unit 2
12	12	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		
CHANGED LANES UNSAFELY		
38 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		
Point of First Contact on Vehicle	Unit 1	Unit 2
11	11	03
Most Damaged Area	Unit 1	Unit 2
11	11	03
00 Not Applicable		
13 Top		
14 Undercarriage		
99 Unknown		



Latitude Longitude Railroad Crossing Number Roadway Orientation Unit Number Unit Number



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 Overtum/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 A MARKED NORMAN POLICE DEPARTMENT PATROL CAR. UNIT 1 WAS NB IN THE OUTSIDE LANE OF 24TH AVE NE IN APPROXIMATELY THE 500 BLOCK. UNIT 2 WAS NB ON 24TH AVE NE IN APPROXIMATELY THE SAME LOCATION IN THE INSIDE LANE.

UNIT 1 OBSERVED A MOVING TRAFFIC VIOLATION ON A VEHICLE TRAVELING SB ON 24TH AVE NE IN APPROXIMATELY THE SAME LOCATION. UNIT 1 ACTIVATED ITS EMERGENCY LIGHTS AND ATTEMPTED TO PERFORM A U-TURN IN ORDER TO STOP THE TRAFFIC VIOLATOR. AS UNIT 1 ENTERED ITS U-TURN THE FRONT DRIVER SIDE PUSH BAR IMPACTED THE PASSENGER SIDE FRONT A REAR PASSENGER DOORS ON UNIT 2.

D1 STATED THAT AFTER HE ACTIVATED HIS EMERGENCY LIGHTS HE LOOKED BEHIND HIM AND OBSERVED TRAFFIC TO BE STOPPED. HE BEGAN TO START HIS U-TURN WHEN HIS VEHICLE IMPACTED UNIT 2.

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT
ADDITIONAL NARRATIVE

Case Number 2022-00048461

Pg 5 of 5

D2 STATED THAT SHE SAW THE POLICE CAR WITH THE LIGHTS ON BUT WAS NOT SURE OF ITS INTENTION AND CONTINUED NB IN THE INSIDE LANE AND WHEN UNIT 1 ENTERED THE U-TURN THE CARS COLLIDED.

THERE WERE NO INJURIES. BOTH VEHICLES WERE DRIVEN FROM THE SCENE.

* My wife disputes the statement ABOVE. At No time did she tell the police officer that she seen his lights were on - She did not say that.

