

DO NOT WRITE IN THIS SPACE

Incident Report

|                             |                                     |             |                                     |
|-----------------------------|-------------------------------------|-------------|-------------------------------------|
| Investigation Completed     | <input checked="" type="checkbox"/> | Revised     | <input checked="" type="checkbox"/> |
| Investigation Made at Scene | <input checked="" type="checkbox"/> | Fatality    | <input checked="" type="checkbox"/> |
| Photographs                 | <input checked="" type="checkbox"/> | Hit and Run | <input checked="" type="checkbox"/> |

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

|  |   |                               |                      |                     |
|--|---|-------------------------------|----------------------|---------------------|
| (1) Reporting Agency<br>NORMAN POLICE DEPARTMENT | Case Number (Agency Use)<br>2023-00071550 | Motor Vehicles Involved<br>04 | Number Injured<br>01 | Number Killed<br>00 |
|--|---|-------------------------------|----------------------|---------------------|

|  |              |  |  |
|--|--------------|--|--|
| (2) Date of Collision (mm/dd/yyyy)<br>10232023 | Time<br>1605 | County Number and Name<br>14 CLEVELAND | Nearest City or Town Number and Name<br>Near <input checked="" type="checkbox"/> 20 NORMAN |
|--|--------------|--|--|

|  |           |        |          |           |            |                |
|--|-----------|--------|----------|-----------|------------|----------------|
| (3) Distance from Nearest City or Town Limits<br>Mi. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> Ft. <input type="checkbox"/> | Control # | Int ID | Location | East Grid | North Grid | Administrative |
|--|-----------|--------|----------|-----------|------------|----------------|

|  |   |   |
|--|---|---|
| (4) Street, Road or Highway<br>W MAIN ST | Distance from<br>At <input checked="" type="checkbox"/> | (Nearest) Intersecting Street, Road or Highway<br>36TH AVE NW |
|--|---|---|

|                |                 |           |                                       |                    |       |        |        |                            |          |
|----------------|-----------------|-----------|---------------------------------------|--------------------|-------|--------|--------|----------------------------|----------|
| (5) Unit<br>01 | Occupants<br>01 | Type<br>D | Hit & Run<br><input type="checkbox"/> | Last Name<br>MILLS | First | Middle | Suffix | Date of Birth (mm/dd/yyyy) | Sex<br>M |
|----------------|-----------------|-----------|---------------------------------------|--------------------|-------|--------|--------|----------------------------|----------|

|             |      |       |     |                           |
|-------------|------|-------|-----|---------------------------|
| (6) Address | City | State | Zip | Telephone (Use Area Code) |
|-------------|------|-------|-----|---------------------------|

|                           |             |            |                |                |                |                     |                       |              |
|---------------------------|-------------|------------|----------------|----------------|----------------|---------------------|-----------------------|--------------|
| (7) Driver License Number | State<br>OK | Class<br>B | Endorsement(s) | Restriction(s) | Inj. Sev.<br>1 | Type of Injury<br>0 | Drv./Ped. Cond.<br>01 | OP Use<br>04 |
|---------------------------|-------------|------------|----------------|----------------|----------------|---------------------|-----------------------|--------------|

|                          |                 |           |                |                |                     |                                 |             |             |              |
|--------------------------|-----------------|-----------|----------------|----------------|---------------------|---------------------------------|-------------|-------------|--------------|
| (8) Ejected<br>Air Bag 1 | Extricated<br>1 | Test<br>1 | (% BAC)<br>5 0 | Transported by | To Medical Facility | License Plate Number<br>CI41628 | State<br>OK | Month<br>00 | Year<br>2021 |
|--------------------------|-----------------|-----------|----------------|----------------|---------------------|---------------------------------|-------------|-------------|--------------|

|                     |                      |              |                |              |               |                  |                       |
|---------------------|----------------------|--------------|----------------|--------------|---------------|------------------|-----------------------|
| (9) VIN<br>NF111521 | Vehicle Year<br>2022 | Color<br>GRN | 2nd Color<br>0 | Make<br>PTRB | Model<br>PETE | Veh. Conf.<br>22 | Extent of Damage<br>2 |
|---------------------|----------------------|--------------|----------------|--------------|---------------|------------------|-----------------------|

|                             |               |                                     |
|-----------------------------|---------------|-------------------------------------|
| (10) Insurance Company Name | Policy Number | Insurance Telephone (Use Area Code) |
|-----------------------------|---------------|-------------------------------------|

|   |                                     |       |        |        |
|---|-------------------------------------|-------|--------|--------|
| (11) Vehicle Removed by<br>Driver <input checked="" type="checkbox"/> | Owner's Last Name<br>CITY OF NORMAN | First | Middle | Suffix |
|---|-------------------------------------|-------|--------|--------|

|                                       |                |             |              |   |   |                                       |
|---------------------------------------|----------------|-------------|--------------|---|---|---------------------------------------|
| (12) Owner's Address<br>201 W GRAY ST | City<br>NORMAN | State<br>OK | Zip<br>73069 | Towed Veh. Type<br>Oversized Load <input type="checkbox"/> 0 00 | Phone present <input checked="" type="checkbox"/> | Phone in use <input type="checkbox"/> |
|---------------------------------------|----------------|-------------|--------------|---|---|---------------------------------------|

|                      |                          |                 |                          |
|----------------------|--------------------------|-----------------|--------------------------|
| (13) Citation Number | Statute/Ordinance Number | Citation Number | Statute/Ordinance Number |
|----------------------|--------------------------|-----------------|--------------------------|

|                 |                 |           |                                       |                    |                |        |        |                            |          |
|-----------------|-----------------|-----------|---------------------------------------|--------------------|----------------|--------|--------|----------------------------|----------|
| (14) Unit<br>02 | Occupants<br>01 | Type<br>D | Hit & Run<br><input type="checkbox"/> | Last Name<br>CASTO | First<br>KAYLA | Middle | Suffix | Date of Birth (mm/dd/yyyy) | Sex<br>F |
|-----------------|-----------------|-----------|---------------------------------------|--------------------|----------------|--------|--------|----------------------------|----------|

|              |      |       |     |                           |
|--------------|------|-------|-----|---------------------------|
| (15) Address | City | State | Zip | Telephone (Use Area Code) |
|--------------|------|-------|-----|---------------------------|

|                            |             |            |                |                |                |                     |                       |              |
|----------------------------|-------------|------------|----------------|----------------|----------------|---------------------|-----------------------|--------------|
| (16) Driver License Number | State<br>OK | Class<br>D | Endorsement(s) | Restriction(s) | Inj. Sev.<br>2 | Type of Injury<br>5 | Drv./Ped. Cond.<br>01 | OP Use<br>04 |
|----------------------------|-------------|------------|----------------|----------------|----------------|---------------------|-----------------------|--------------|

|                           |                 |           |                |                                   |                                |                      |             |             |              |
|---------------------------|-----------------|-----------|----------------|-----------------------------------|--------------------------------|----------------------|-------------|-------------|--------------|
| (17) Ejected<br>Air Bag 1 | Extricated<br>1 | Test<br>1 | (% BAC)<br>5 0 | Transported by<br>REFUSED (TO OF) | To Medical Facility<br>REFUSED | License Plate Number | State<br>OK | Month<br>08 | Year<br>2023 |
|---------------------------|-----------------|-----------|----------------|-----------------------------------|--------------------------------|----------------------|-------------|-------------|--------------|

|                  |                      |              |                |              |              |                  |                       |
|------------------|----------------------|--------------|----------------|--------------|--------------|------------------|-----------------------|
| (18) VIN<br>9902 | Vehicle Year<br>2014 | Color<br>WHI | 2nd Color<br>0 | Make<br>MAZD | Model<br>323 | Veh. Conf.<br>02 | Extent of Damage<br>3 |
|------------------|----------------------|--------------|----------------|--------------|--------------|------------------|-----------------------|

|                                     |               |                                     |
|-------------------------------------|---------------|-------------------------------------|
| (19) Insurance Company Name<br>USAA | Policy Number | Insurance Telephone (Use Area Code) |
|-------------------------------------|---------------|-------------------------------------|

|   |                   |       |        |        |
|---|-------------------|-------|--------|--------|
| (20) Vehicle Removed by<br>Driver <input checked="" type="checkbox"/> | Owner's Last Name | First | Middle | Suffix |
|---|-------------------|-------|--------|--------|

|                      |      |       |     |   |   |                                       |
|----------------------|------|-------|-----|---|---|---------------------------------------|
| (21) Owner's Address | City | State | Zip | Towed Veh. Type<br>Oversized Load <input type="checkbox"/> 0 00 | Phone present <input checked="" type="checkbox"/> | Phone in use <input type="checkbox"/> |
|----------------------|------|-------|-----|---|---|---------------------------------------|

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

|                                      |                        |                   |                   |                        |                                 |   |
|--------------------------------------|------------------------|-------------------|-------------------|------------------------|---------------------------------|---|
| (23) Investigating Officer<br>RAINES | Badge Number<br>185375 | Trp/Div. Assigned | Trp/Div. Location | Reviewer (Init.)<br>RM | Reviewer Badge Number<br>118466 | Date of Report (mm/dd/yyyy)<br>10232023 |
|--------------------------------------|------------------------|-------------------|-------------------|------------------------|---------------------------------|---|

| Unit Type   | Injury Severity  | Type of Injury   | Driver/Pedestrian Condition  | Occupant Protection (OP) In Use  |
|---|--|--|--|--|
| D Driver<br>X Pedestrian<br>A Conveyance<br>B Bicyclist | Z Other Cyclist<br>C Parked Car<br>A Animal<br>T Train | 0 N/A<br>1 Head<br>2 Trunk - External<br>3 Trunk - Internal<br>4 Arms<br>5 Legs<br>9 Unknown | 00 Not Applicable<br>01 Apparently Normal<br>02 Drinking - Ability Impaired<br>03 Odor of Alcohol Beverage<br>04 Illegal Drugs<br>05 Under the Influence of Medications<br>06 Very Tired<br>07 Sleepy<br>08 Ill (Sick)<br>09 Dizzy/Faint<br>10 Emotional<br>11 Other<br>99 Unknown | 00 Not Applicable<br>01 None Used<br>02 Lap Belt Only<br>03 Shoulder Belt Only<br>04 Shoulder and Lap Belt<br>05 Child Restraint Type Unknown<br>06 Restraint Used - Type Unknown<br>07 Helmet<br>08 Child Restraint - Forward Facing<br>09 Child Restraint - Rear Facing<br>10 Booster Seat<br>11 Other<br>99 Unknown |

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

(24) Unit  Injured  Passenger  Pos in Veh. Last Name First Middle Suffix DOB(mm/dd/yyyy) Sex  
 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  Injured  Passenger  Pos in Veh. Last Name First Middle Suffix DOB(mm/dd/yyyy) Sex  
 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  Injured  Passenger  Pos in Veh. Last Name First Middle Suffix DOB(mm/dd/yyyy) Sex  
 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  Injured  Passenger  Pos in Veh. Last Name First Middle Suffix DOB(mm/dd/yyyy) Sex  
 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  0 - 10K lbs.  Axle Qty. Cargo Body Vehicle Use  
 GCWR  10,001 - 26K lbs.   Interstate Commerce  
 26K+ lbs.   Intrastate Commerce

(38) U.S. DOT Number NASI Report Number Placard Number Haz. Mat. Class Haz. Mat. Involved Haz. Mat. Release  
    Yes  No  Yes  No  Other Non-Commercial  Government

(39) Unit Carrier Name Address

(40) City State Zip GVWR  0 - 10K lbs.  Axle Qty. Cargo Body Vehicle Use  
 GCWR  10,001 - 26K lbs.   Interstate Commerce  
 26K+ lbs.   Intrastate Commerce

(41) U.S. DOT Number NASI Report Number Placard Number Haz. Mat. Class Haz. Mat. Involved Haz. Mat. Release  
    Yes  No  Yes  No  Other Non-Commercial  Government

| Position in Vehicle   | Vehicle Configuration   | Cargo Body Type  |
|---|---|--|
| <p>00. Not Applicable<br/>           18. Front Row - Other<br/>           28. Second Row - Other<br/>           38. Third Row - Other<br/>           48. Fourth Row - Other<br/>           50. Sleeper Section of Truck Cab</p> <p>See manual for additional seating examples</p> | <p>00. N/A</p> <p>01. Passenger Veh.-2 Dr<br/>           02. Passenger Veh.-4 Dr<br/>           03. Passenger Veh. Conv.<br/>           04. Pickup<br/>           05. Single Unit Truck, 2 axles<br/>           06. Single Unit Truck, 3+ axles</p> <p>07. School Bus<br/>           08. Truck/Trailer<br/>           09. Truck-Tractor (Bobtail)<br/>           10. Truck-Tractor/Semi-Trailer<br/>           11. Truck-Tractor/Double<br/>           12. Truck-Tractor/Triple</p> <p>13. Bus/Large Van 9-15 occupants including driver<br/>           14. Bus 16+ occupants including driver<br/>           15. Motorcycle<br/>           16. Motor Scooter/Moped<br/>           17. Motor Home</p> <p>18. Farm Machinery<br/>           19. ATV<br/>           20. SUV<br/>           21. Passenger Van<br/>           22. Truck more than 10,000 lbs., Cannot Classify<br/>           23. Van 10,000 lbs. or Less<br/>           24. Other<br/>           99. Unknown</p> | <p>00. N/A</p> <p>01. Bus 9-15 seats<br/>           02. Bus 16+ seats<br/>           03. Van / Enclosed Box / Stock Trailer<br/>           04. Cargo Tank<br/>           05. Flatbed</p> <p>06. Intermodal<br/>           07. Dump Truck/Trailer<br/>           08. Concrete Mixer<br/>           09. Auto Transporter<br/>           10. Garbage/Refuse</p> <p>11. Hopper (grain/chips/gravel)<br/>           12. Pole Trailer<br/>           13. Log Trailer<br/>           14. Vehicle Towing Vehicle<br/>           15. Other<br/>           99. Unknown</p> |

Table with columns: 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)

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

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 (1-9) and What Vehicle Was Going to Do (00-99) for Unit 1 and Unit 2

Underride/Override (0-9) for Unit 1 and Unit 2

Weather (01-99)

What Vehicle Did (00-99) for Unit 1 and Unit 2

Traffic Control (00-14, 99) for Unit 1 and Unit 2

Locality (1-9)

What Vehicle Did (00-99) for Unit 1 and Unit 2

Road Surface Conditions (01-14, 99) for Unit 1 and Unit 2

Type of Intersection (0-9)

Visibility Obscured by (00-19, 99) for Unit 1 and Unit 2

Road Character (Grade 1-5, Road Alignment 1-3) for Unit 1 and Unit 2

Incident Type (00-58)

Visibility Obscured by (00-19, 99) for Unit 1 and Unit 2

Road Character (Grade 1-5, Road Alignment 1-3) for Unit 1 and Unit 2

Location of First Harmful Event (01-99)

Driver Distracted by (0-9) for Unit 1 and Unit 2

Road Surface Type (1-9) for Unit 1 and Unit 2

Trafficway (0-9) for Unit 1 and Unit 2

Vehicle Removal (0-9) for Unit 1 and Unit 2

Vehicle Condition (00-14) for Unit 1 and Unit 2

Special Function of Vehicle (00-15) for Unit 1 and Unit 2

Emergency Vehicle Responding to an Emergency (0-9) for Unit 1 and Unit 2

Unsafe / Unlawful Contributing Factors (01-41) for Unit 1 and Unit 2

Failed to Yield, Followed Too Closely, Unsafe Speed, Inattention, Improper Turn, Stopped in Traffic Lane, Failed to Stop, Unsafe Vehicle, Point of First Contact on Vehicle, Most Damaged Area, and a clock diagram.

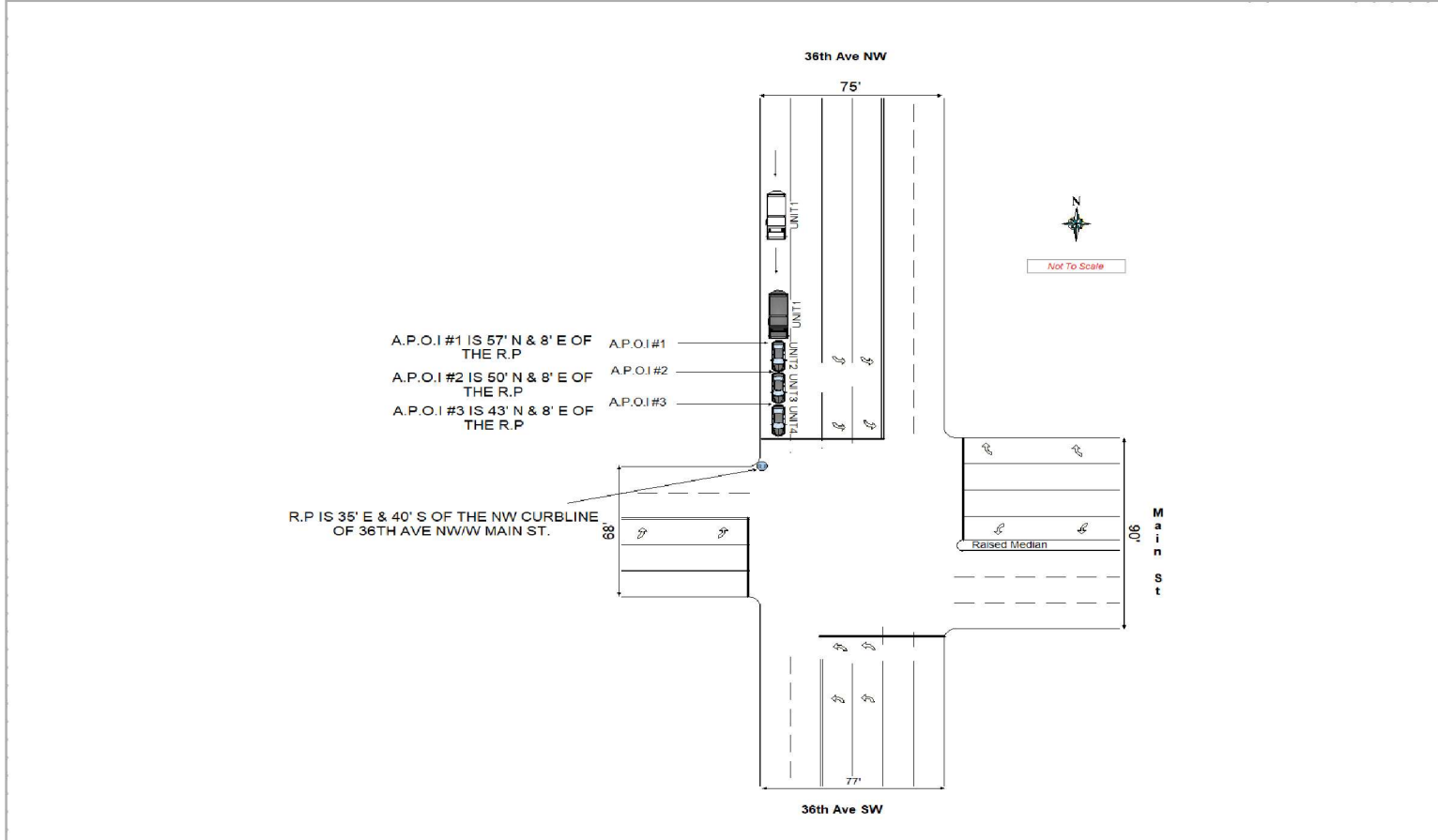
Latitude

Longitude N

Railroad Crossing Number W

Roadway Orientation Unit Number 01 NE SW S

Unit Number 02 NE SW S



**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          | 34           | 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**

UNIT1, UNIT2, UNIT3, AND UNIT4 ALL STATED THAT THEY WERE DRIVING SOUTH BOUND ON NW 36TH AVE. UNITS 2,3, AND 4 ALL STATED THAT THEY WERE IN THE OUTSIDE LANES AND WERE STOPPED AT THE INTERSECTION OF 36TH AVE/W MAIN ST. DUE TO THE TRAFFIC SIGNAL BEING RED.

UNIT1 STATED THAT HE WAS UNABLE TO STOP IN TIME WHILE HE WAS PULLING UP TO THE STOP LIGHT AND DUE TO THIS HE REAR ENDED UNIT2.

UNIT2 STATED THAT THEY WERE STOPPED AT THE LIGHT AND WERE REAR ENDED BY UNIT1 AND DUE TO THIS THEIR VEHICLE WAS PUSHED INTO UNIT3.

UNIT3 STATED THAT THEY WERE STOPPED AT THE LIGHT AND WERE REAR ENDED BY UNIT2 AND DUE TO THIS THEIR VEHICLE WAS PUSHED INTO UNIT4.

UNIT4 STATED THAT WHILE THEY WERE STOPPED THE WERE REAR ENDED BY UNIT3. UNIT4 STATED THAT THERE VEHICLE WAS PUSHED FORWARD BUT THEY DID NOT HAVE A CAR IN FRONT OF THEM SO THEY DID NOT HIT ANOTHER VEHICLE.

UNIT1 WAS NOT CITED DUE TO THE VEHICLE BEING A CITY OF NORMAN OWNED VEHICLE.

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