



# Oklahoma Official Collision Report

MRN  
2507004094  
Case Number  
25-013914

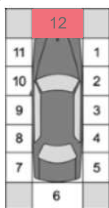
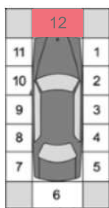
Type Vehicles Commercial Pedestrians Pedalcyclists Injuries Fatalities Photos Taken Witness

Incident 1 0 0 0 1 0 No No

Medical Condition

Overview	Location <b>S I-35 SERVICE RD at 528 feet North of MARKET PL</b>				County <b>Cleveland</b>	City <b>Norman</b>	Latitude <b>35.29468</b>	Longitude <b>-97.48835</b>
	Date of Collision <b>07/02/2025</b>	Day of Week <b>WEDNESDAY</b>	Time of Collision <b>12:53</b>	Date of Report <b>07/02/2025</b>	Locality <b>Business</b>	Crash Severity <b>(C) Possible Injury</b>		
						Manner of Crash <b>Not a Collision Between Two Motor Vehicles</b>		

<b>Unit 1</b>		# Occup <b>1</b>	Last Name [REDACTED]	First Name [REDACTED]	MI [REDACTED]	SFX [REDACTED]
Hit and Run <input type="checkbox"/>	Non Contact <input type="checkbox"/>	Address [REDACTED]			Phone # [REDACTED]	
Country <b>USA</b>	City <b>OKLAHOMA CITY</b>	State <b>OK</b>	Zip <b>73102</b>	Date of Birth <b>Unknown</b>	Age [REDACTED]	Sex <b>M</b>
DLN <b>9</b>	DL State <b>OK</b>	DL Class <b>D/Regular</b>		DL Status <b>Unknown</b>		
Injury Severity <b>(C) Possible Injury</b>		Injury Area <b>Head</b>		Condition <b>Other</b>		
Restraint Systems <b>Shoulder and Lap Belt Used</b>			Air Bag <b>Combination</b>			
Ejected <b>Not Ejected</b>			Extricated <b>No</b>	Phone in Use <b>NO</b>		
Endorsements		Restrictions				
Alcohol Suspected <b>NO</b>	Test Status <b>Test Not Given</b>		Alcohol Method		BAC	Pending
Drug Use Suspected <b>NO</b>	Test Status <b>Test Not Given</b>		Drug Method	Drug Test Results		Pending
Citation #	Description				Arrested	
<b>Owner Information</b>						
<input checked="" type="checkbox"/>	Driver is Owner		Owner Last Name	First Name	MI	SFX
Owner Address (Street, City, State, Zip)						
<b>Vehicle Information</b>						
Year <b>2024</b>	Make <b>JEEP</b>	Model <b>GRAND CHEROKEE L</b>				
VIN	Color	Plate #	Plate State <b>OK</b>	Plate Exp <b>12/2025</b>		
Insurance Company <b>STATE FARM INSURANCE</b>		Insurance Phone # <b>9999999999</b>	Policy #			
Vehicle Configuration <b>(Sport) Utility Vehicle</b>						
Special Function <b>No Special Function</b>						
Vehicle Removal <b>Towed Due to Disabling Damage</b>		Removal Location <b>Excel Towing</b>				
Removed By <b>Excel Towing</b>		Contributing Circumstance <b>None</b>				
Visibility Obscured By <b>Not Applicable</b>		Driver Distracted By <b>Not Distracted</b>				
Traffic Control Device <b>No Controls</b>			Traffic Controls Functional <b>No Controls</b>			
Contributing Factor 1 <b>Unknown/No Improper Act - No Improper Action By Driver</b>			Point of Initial Contact			
Contributing Factor 2			<input type="checkbox"/> Non-Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Cargo Loss <input type="checkbox"/> Not at Scene <input type="checkbox"/> Unknown			
Pre-Crash Action <b>Movements Essentially Straight Ahead</b>		Extent of Damage <b>Disabling Damage</b>				
Surface Type <b>Blacktop</b>	Speed Involved <b>NO</b>	Rolled <b>NO</b>	Burned <b>NO</b>			
Trafficway <b>Two-Way - Divided - Positive Median Barrier</b>			Direction <b>North</b>			
Alignment <b>Straight</b>	Grade <b>Level</b>	Total Lanes <b>3</b>	Legal Speed <b>65</b>			
Most Harmful Event <b>Other Fixed Object (wall, building, tunnel, etc.)</b>			Most Damaged Area			
Sequence of Events <b>Ran Off Roadway Right, Fence, Other Fixed Object (wall, building, tunnel, etc.)</b>			<input type="checkbox"/> No Damage <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> All Areas <input type="checkbox"/> Not at Scene			



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



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Type	Vehicles	Commercial	Pedestrians	Pedalcyclists	Injuries	Fatalities	Photos Taken	Witness
Incident	1	0	0	0	1	0	No	No
Medical Condition								

<b>CMV/LV</b>	No LV/CMV Data Entered.
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<b>Passengers</b>	No Passenger Data Entered.
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<b>EMS</b>	Unit # <b>1</b>	Last Name	First Name	MI	Address (Country, Street, City, State, Zip)
	EMS Run # <b>EMSTAT 1</b>	EMS Agency Name <b>EMSTAT</b>		Transported By <b>EMS Ground</b>	Transported to Medical Facility <b>Norman Regional</b>

<b>Trailers</b>	No Trailer Data Entered.
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<b>Crash Details</b>	Weather Condition <b>Rain</b>	Light Condition <b>Daylight</b>	Road Surface Conditions <b>Wet</b>		
	Type of Intersection <b>Not an Intersection</b>	Relation to Junction <b>Non-Junction</b>		Interchange Related <b>NO</b>	Railroad Crossing #
	Workzone Information				
	Type of Work Zone	Location of Work Zone Collision			Workers Present
	Secondary Crash Information				
	Primary Crash Case Number	Any Roadways/Lanes Blocked	Original Collision Start Date	Start Time	Original Collision Cleared Date
Lane(s) Blocked		Lane Blocked Date	Block Time	Lane Cleared Date	Cleared Time

<b>Property Damage</b>	Property Owner <b>City of Norman</b>	Phone Number <b>4053290703</b>	Property Owner Address <b>135 SVC RD Indian Hills Road</b>	Property Description <b>Well House</b>
	Property Owner	Phone Number	Property Owner Address	Property Description

<b>Officers</b>	Investigating Officer <b>Nicholas Vinson</b>	Agency <b>OKLAHOMA HIGHWAY PATROL TROOP A</b>	Badge <b>737</b>	Troop/Division <b>Troop A</b>
	Reviewing Officer <b>Brandon Schneider</b>	Agency <b>OKLAHOMA HIGHWAY PATROL TROOP A</b>	Badge <b>179</b>	Troop/Division <b>Troop A</b>

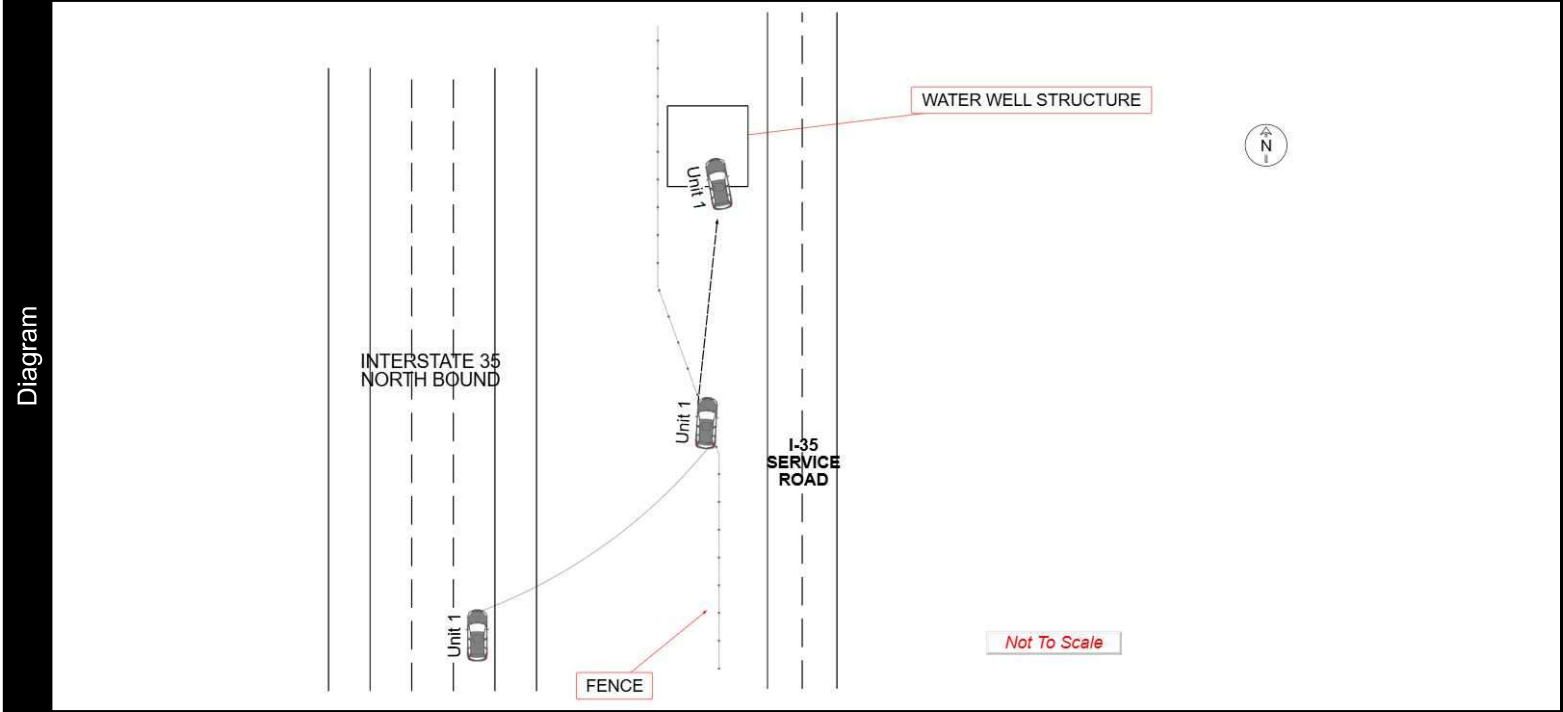


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Diagram



Narrative

Unit 1 was heading north on I35. The driver of Unit 1 experienced and medical episode, departed the roadway to the right and struck a barrier fence. Unit 1 then, struck a water well structure. A.O.I. was approximately .1 miles north of Market Place and approximately 30 feet east of the east edge of I35 northbound. A.O.R. was approximately 45 feet north and approximately 4 feet east of A.O.I.