

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

DO NOT WRITE IN THIS SPACE

Incident Report

Y	N		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Revised	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fatality	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hit and Run	<input checked="" type="checkbox"/>

# OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

(1) Reporting Agency NORMAN POLICE DEPARTMENT		Case Number (Agency Use) 2023-00070529		Motor Vehicles Involved 02	Number Injured 00	Number Killed 00					
(2) Date of Collision (mm/dd/yyyy) 10192023	Time 2038	County Number and Name 14 CLEVELAND	In Near <input checked="" type="checkbox"/>	Nearest City or Town Number and Name 20 NORMAN							
(3) Distance from Nearest City or Town Limits Mi. <input type="checkbox"/> Ft. <input type="checkbox"/> N <input type="checkbox"/> S		Control #	Int ID	Location	East Grid	North Grid	Administrative				
(4) Street, Road or Highway E STATE HWY 9 HWY		Distance from At 0130	Mi. <input type="checkbox"/> Ft. <input checked="" type="checkbox"/>	N <input type="checkbox"/> S <input type="checkbox"/> W <input checked="" type="checkbox"/>	of JUANITA LN						
(5) Unit 01	Occupants 01	Type D	Hit & Run <input type="checkbox"/>	CMV <input type="checkbox"/>	Last Name FLORES	First BLAS	Middle	Suffix Jr.	Date of Birth (mm/dd/yyyy)	Sex M	
(6) Address 201 W GRAY ST		City NORMAN	State OK	Zip 73069	Telephone (Use Area Code) 4053211444						
(7) Driver License Number		State OK	Class Encorsement(s) D	Restriction(s)	Inj. Sev. 1	Type of Injury 0	Drv./Ped. Cord. 01	OP Use 04			
(8) Air Bag 1	Ejected 1	Extricated 1	Test 5	(% BAC) 0.	Transported by	To Medical Facility	License Plate Number CI27055	State OK	Month 12	Year 2023	
(9) VIN 43575	Vehicle Year 2015	Color BLK	2nd Color WHI	Make FORD	Model EXPL	Veh. Conf. 20	Extent of Damage 4				
(10) Insurance Company Name 4	Policy Number	Insurance Telephone (Use Area Code)									
(11) Vehicle Removed by Driver <input type="checkbox"/>	Other (SEE NARR)	Same as Driver <input checked="" type="checkbox"/>	Owner's Last Name CITY OF NORMAN	First	Middle	Suffix					
(12) Owner's Address		City	State	Zip	Towed Veh. Type Oversized Load <input type="checkbox"/> 0 00	Rolled <input type="checkbox"/>	Phone present <input checked="" type="checkbox"/>	Burned <input type="checkbox"/>	Phone in use <input type="checkbox"/>		
(13) Citation Number	Statute/Ordinance Number	Citation Number	Statute/Ordinance Number								
(14) Unit 02	Occupants 01	Type D	Hit & Run <input type="checkbox"/>	CMV <input type="checkbox"/>	Last Name HALLFORD	First HOYT	Middle JR	Suffix	Date of Birth (mm/dd/yyyy)	Sex M	
(15) Address		City	State	Zip OK 73068	Telephone (Use Area Code)						
(17) Air Bag 1		Ejected 1	Extricated 1	Test 5	(% BAC) 0.	Transported by	To Medical Facility	License Plate Number KBN143	State OK	Month 07	Year 2021
(18) VIN 6033	Vehicle Year 2017	Color GRY	2nd Color 0	Make HYUN	Model SONA	Veh. Conf. 02	Extent of Damage 4				
(19) Insurance Company Name 2	Policy Number	Insurance Telephone (Use Area Code) 8007325246									
(20) Vehicle Removed by Driver <input type="checkbox"/>	Other (SEE NARR)	Same as Driver <input checked="" type="checkbox"/>	Owner's Last Name	First	Middle	Suffix					
(21) Owner's Address		City	State	Zip	Towed Veh. Type Oversized Load <input type="checkbox"/> 0 00	Rolled <input type="checkbox"/>	Phone present <input checked="" type="checkbox"/>	Burned <input type="checkbox"/>	Phone in use <input type="checkbox"/>		
(22) Citation Number	Statute/Ordinance Number	Citation Number	Statute/Ordinance Number								
(23) Investigating Officer FRANKS		Badge Number 106184	Trp/Div. Assigned	Trp/Div. Location	Reviewer (Init.) ST	Reviewer Badge Number 124614	Date of Report (mm/dd/yyyy) 10192023				

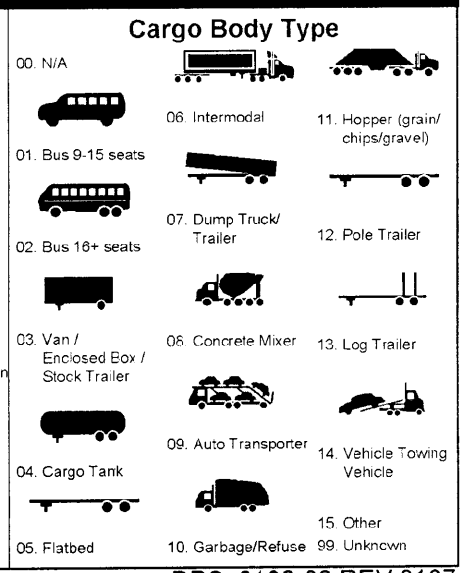
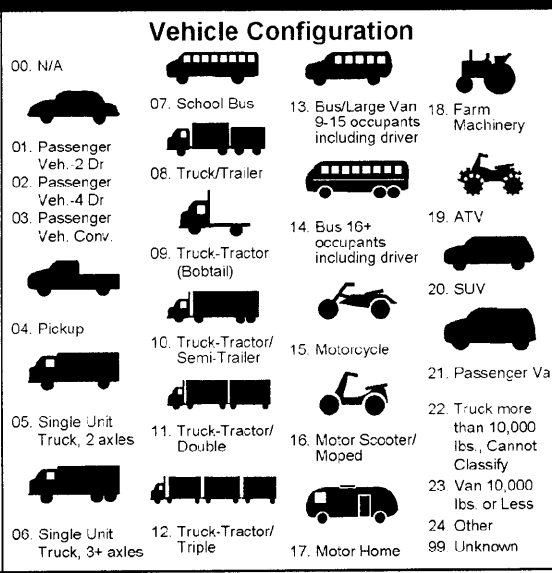
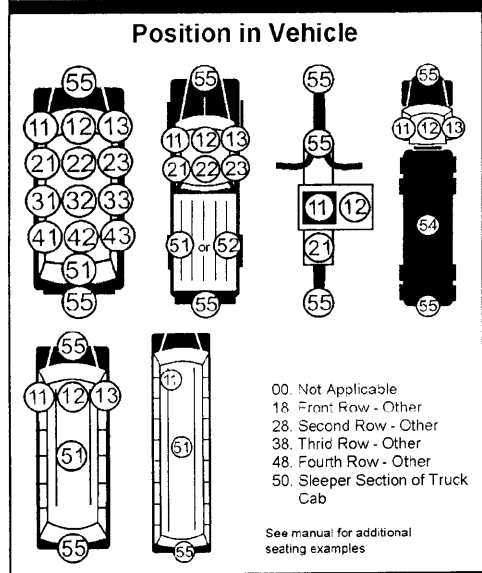
WARNING - STATE LAW

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(24) Unit	Injured <input type="checkbox"/>	Passenger <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
	Witness <input type="checkbox"/>	Prop. Owner <input type="checkbox"/>							
(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 <input type="checkbox"/>	Passenger <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
	Witness <input type="checkbox"/>	Prop. Owner <input type="checkbox"/>							
(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 <input type="checkbox"/>	Passenger <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
	Witness <input type="checkbox"/>	Prop. Owner <input type="checkbox"/>							
(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"/>	Passenger <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
	Witness <input type="checkbox"/>	Prop. Owner <input type="checkbox"/>							
(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 <input type="checkbox"/> 0 - 10K lbs. GCWR <input type="checkbox"/> 10,001 - 26K lbs. <input type="checkbox"/> 26K+ lbs.	Axle Qty. <input type="checkbox"/> <input type="checkbox"/>	Cargo Body <input type="checkbox"/> <input type="checkbox"/>	Vehicle Use Interstate Commerce <input type="checkbox"/> Intrastate Commerce <input type="checkbox"/> Other Non-Commercial <input type="checkbox"/> Government <input type="checkbox"/>
(38) U.S. DOT Number	NASI 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"/>	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. <input type="checkbox"/> 26K+ lbs.	Axle Qty. <input type="checkbox"/> <input type="checkbox"/>	Cargo Body <input type="checkbox"/> <input type="checkbox"/>	Vehicle Use Interstate Commerce <input type="checkbox"/> Intrastate Commerce <input type="checkbox"/> Other Non-Commercial <input type="checkbox"/> Government <input type="checkbox"/>
(41) U.S. DOT Number	NASI 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"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	



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
01	05	55				
02	05	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	Location of the Work Zone Collision
1 Lane Closure	1 Before the First Work Zone Warning Sign
2 Lane Shift/Crossover	2 Advance Warning Area
3 Work on Shoulder or Median	3 Transition Area
4 Intermittent or Moving Work	4 Activity Area
9 Unknown	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

What Vehicle Was Going to Do

Unit 1: 04  
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

Underride/Override

Unit 1:   
Unit 2:

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 Intersection as Part of Interchange  
7 Traffic Circle  
8 Roundabout  
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

What Vehicle Did

Unit 1: 04  
Unit 2: 18

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  
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

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

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

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

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

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: 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: 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: 08  
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: 1  
Unit 2: 0

0 N/A  
1 Yes  
2 No  
9 Unknown

Unsafe / Unlawful Contributing Factors

Unit 1: 34  
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 Aligned  
07 To Pedestrian  
08 To Vehicle on Right  
09 To Vehicle in Intersection  
10 To Emergency Vehicles

**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  
39 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

**ALCOHOL-DUI/DWI**  
80  
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: 01  
Unit 2: 05

Most Damaged Area

Unit 1: 01  
Unit 2: 05

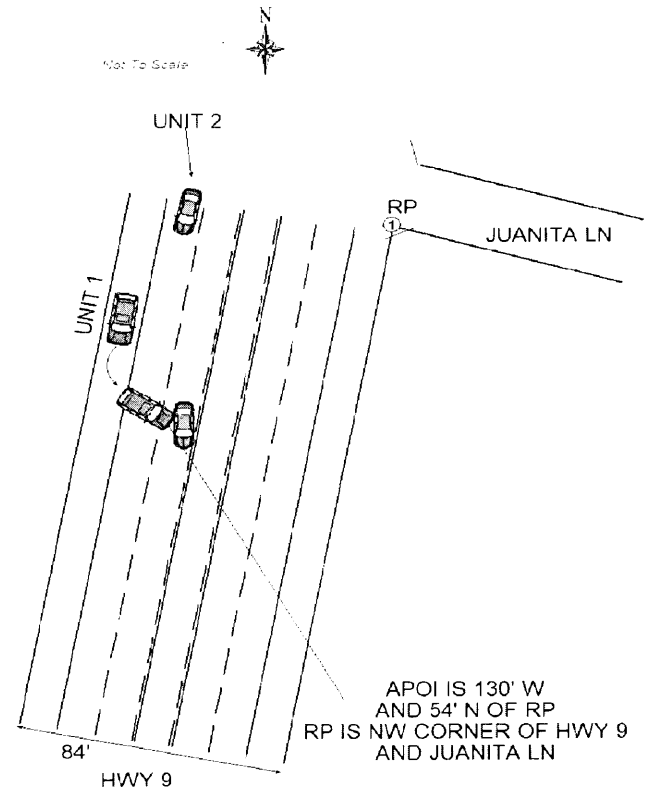
00 Not Applicable  
13 Top  
14 Undercarriage  
99 Unknown

Latitude

Longitude

Railroad Crossing Number

Roadway Orientation Unit Number 01 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	21 Fell/Jumped From Motor Vehicle
10 Overtum/Rollover	22 Thrown Or Falling Object
11 Fire/Explosion	23 Other Non-Collision
12 Immersion	<b>PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:</b>
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
- 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 STOPPED ON THE SHOULDER OF HWY 9 FACING WESTBOUND AS A MARKED POLICE UNIT WAITING FOR TRAFFIC OFFENDERS. UNIT 1 WAS PARKED WITH PARKING LAMPS ON. UNIT 2 WAS WESTBOUND ON HWY 9. UNIT 1 OBSERVED A SPEEDER PASS BY HIM SO HE PULLED OUT ONTO HWY 9 TO CONDUCT A U-TURN. AS UNIT 1 ENTERED THE INSIDE LANE. UNIT 2 SWERVED LEFT HOWEVER THE VEHICLES COLLIDED. THE FRONT BUMPER/FRONT PASSENGER CORNER OF UNIT 1 COLLIDED WITH THE REAR PASSENGER QUARTER PANEL OF UNIT 2. UNIT 1 HAD ACTIVATED HIS HEADLIGHTS AND OVERHEAD LIGHTS JUST PRIOR TO THE COLLISION.

BOTH UNITS WERE MOVED PRIOR TO MY ARRIVAL. NO ONE WAS INJURED. BOTH VEHICLES REQUIRED WRECKERS DUE TO SUSTAINED DAMAGE. A CITY OF NORMAN WRECKER TOWED UNIT 1. UNIT 2 WAS TOWED BY AMERICAN WRECKER.

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

