

DO NOT WRITE IN THIS SPACE

## OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

## Incident Report

Investigation Completed

Investigation Made at Scene

Photographs

Y	N		
X		Revised	Y N
X		Fatality	X
X		Hit and Run	X

(1) Reporting Agency <b>NORMAN POLICE DEPARTMENT</b>				Case Number (Agency Use) <b>2023-00076832</b>				Motor Vehicles Involved <b>02</b>		Number Injured <b>00</b>		Number Killed <b>00</b>					
(2) Date of Collision (mm/dd/yyyy) <b>11132023</b>				Time <b>1457</b>		County Number and Name <b>14 CLEVELAND</b>		Nearest City or Town Number and Name In <input checked="" type="checkbox"/> <b>20</b> <b>NORMAN</b> Near <input type="checkbox"/>									
(3) Distance from Nearest City or Town Limits Mi. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Ft. <input type="checkbox"/>				Control # <input type="checkbox"/>		Int ID <input type="checkbox"/>		Location <input type="checkbox"/>		East Grid <input type="checkbox"/>		North Grid <input type="checkbox"/>		Administrative <input type="checkbox"/>			
(4) Street, Road or Highway <b>CLASSEN BLVD</b>				Distance from <input checked="" type="checkbox"/>		Mi. <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> Ft. <input type="checkbox"/>		(Nearest) Intersecting Street, Road or Highway <b>LOIS ST</b>									
(5) Unit <b>01</b>		Occupants <b>01</b>		Type <b>D</b>		Last Name <b>JENNINGS</b>		First <b>ANNE</b>		Middle <b></b>		Suffix <b></b>		Date of Birth (mm/dd/yyyy) <b></b>		Sex <b>F</b>	
(6) Address <b></b>				City <b>NORMAN</b>		State <b>OK</b>		Zip <b></b>		Telephone (Use Area Code) <b></b>							
(7) Driver License Number <b></b>				State <b>OK</b>		Class <b>D</b>		Endorsement(s) <b></b>		Restriction(s) <b></b>		Inj. Sev. <b>1</b>		Type of Injury <b>0</b>		Drv./Ped. Cond. OP Use <b>01 04</b>	
(8) Ejected <b>1</b>		Extricated <b>1</b>		Test <b>1</b>		(% BAC) <b>5.0</b>		Transported by <b></b>		To Medical Facility <b></b>		License Plate Number <b>CI16995</b>		State <b>OK</b>		Month Year <b>99 0</b>	
(9) VIN <b>KD88416</b>				Vehicle Year <b>2015</b>		Color <b>WHI</b>		2nd Color <b>0</b>		Make <b>FORD</b>		Model <b>F150</b>		Veh. Conf. <b>04</b>		Extent of Damage <b>2</b>	
(10) Insurance Company Name <b></b>				Policy Number <b></b>				Insurance Telephone (Use Area Code) <b></b>									
(11) Vehicle Removed by <b></b>				Owner's Last Name <b>CITY OF NORMAN</b>				First <b></b>		Middle <b></b>		Suffix <b></b>					
(12) Owner's Address <b>201 W GRAY ST</b>				City <b>NORMAN</b>		State <b>OK</b>		Zip <b>73069</b>		Towed Veh. Type <b>0 00</b>		Oversized Load <b>0</b>		Rollover <b>0</b>		Phone present <b>0</b>	
(13) Citation Number <b>660587</b>				Statute/Ordinance Number <b>32-402A</b>		Citation Number <b></b>		Statute/Ordinance Number <b></b>									
(14) Unit <b>02</b>		Occupants <b>01</b>		Type <b>D</b>		Last Name <b>BARBADILLO TRINIDAD</b>		First <b>CINDY</b>		Middle <b></b>		Suffix <b></b>		Date of Birth (mm/dd/yyyy) <b></b>		Sex <b>F</b>	
(15) Address <b></b>				City <b></b>		State <b></b>		Zip <b></b>		Telephone (Use Area Code) <b></b>							
(16) Driver License Number <b></b>				State <b>OK</b>		Class <b>D</b>		Endorsement(s) <b></b>		Restriction(s) <b></b>		Inj. Sev. <b>1</b>		Type of Injury <b>0</b>		Drv./Ped. Cond. OP Use <b>01 04</b>	
(17) Ejected <b>1</b>		Extricated <b>1</b>		Test <b>1</b>		(% BAC) <b>5.0</b>		Transported by <b></b>		To Medical Facility <b></b>		License Plate Number <b>FRC127</b>		State <b>OK</b>		Month Year <b>09 2024</b>	
(18) VIN <b>2717227</b>				Vehicle Year <b>2006</b>		Color <b>GRY</b>		2nd Color <b>0</b>		Make <b>TOYT</b>		Model <b>CORO</b>		Veh. Conf. <b>02</b>		Extent of Damage <b>2</b>	
(19) Insurance Company Name <b>HARBOR INSURANCE</b>				Policy Number <b></b>				Insurance Telephone (Use Area Code) <b></b>									
(20) Vehicle Removed by <b>X</b>				Owner's Last Name <b></b>				First <b></b>		Middle <b></b>		Suffix <b></b>					
(21) Owner's Address <b></b>				City <b></b>		State <b></b>		Zip <b></b>		Towed Veh. Type <b>0 00</b>		Oversized Load <b>0</b>		Rollover <b>0</b>		Phone present <b>0</b>	
(22) Citation Number <b></b>				Statute/Ordinance Number <b></b>		Citation Number <b></b>		Statute/Ordinance Number <b></b>									
(23) Investigating Officer <b>MADDEN</b>				Badge Number <b>185367</b>		Trp/Div. Assigned <b></b>		Trp/Div. Location <b></b>		Reviewer (Init.) <b>TW</b>		Reviewer Badge Number <b>110388</b>		Date of Report (mm/dd/yyyy) <b>11132023</b>			
Unit Type		Injury Severity		Type of Injury		Driver/Pedestrian Condition				Occupant Protection (OP) In Use							
D Driver	Z Other Cyclist	0 N/A	4 Incapacitating	0 N/A	3 Trunk -	00 Not Applicable	05 Under the	08 Ill (Sick)	00 Not Applicable	05 Child Restraint Type Unknown	10 Booster Seat						
P Pedestrian	C Parked Car	1 No Injury	5 Fatal	1 Head	4 Internal	01 Apparently Normal	06 Influence of	09 Dizzy/Faint	01 None Used	06 Restraint Used - Type Unknown	11 Other						
X Pedestrian	A Animal	2 Possible	9 Unknown	2 Trunk -	4 Arms	02 Drinking - Ability Impaired	07 Medications	10 Emotional	02 Lap Belt Only	07 Helmet	99 Unknown						
Conveyance	T Train	3 Non-incapacitating		3 External	9 Unknown	03 Odor of Alcohol Beverage	08 Very Tired	11 Other	03 Shoulder Belt Only	08 Child Restraint - Forward Facing							
B Bicyclist						04 Illegal Drugs	07 Sleepy	99 Unknown	04 Shoulder and Lap Belt	08 Child Restraint - Rear Facing							
Air Bag Deployed		Ejected		Extricated		Chemical Test		Extent of Damage		Insurance Verification		Oversized Load					
0 Not Applicable	4 Deployed - Other (knee, air bag, etc.)	0 Not Applicable	3 Ejected, Totally	0 N/A	4 Test Refused	0 N/A	3 Functional	0 N/A	3 Operator	0 N/A	3 Operator	0 N/A	3 Operator				
1 Not Deployed		1 Not Ejected	9 Unknown	1 No	5 None Given	1 None	4 Disabling	1 No	4 Exempt	1 No	4 Exempt	1 No	4 Exempt				
2 Deployed - Front	5 Deployed - Combination	2 Ejected, Partially		2 Yes	6 Other	2 Minor	9 Unknown	2 Minor	9 Unknown	2 Owner	2 Owner	2 Owner	2 Owner				
3 Deployed - Side	9 Deployment Unknown				3 Blood/Breath												
Towed Vehicle Type																	
00 N/A	05 Another Vehicle	08 Stock Trailer															
01 Boat Trailer	06 Utility Trailer	10 Camping Trailer															
02 House Trailer	07 Homemade Trailer	11 Combination															
03 Farm Trailer	08 Box Trailer	12 Other															
04 Horse Trailer		99 Unknown															

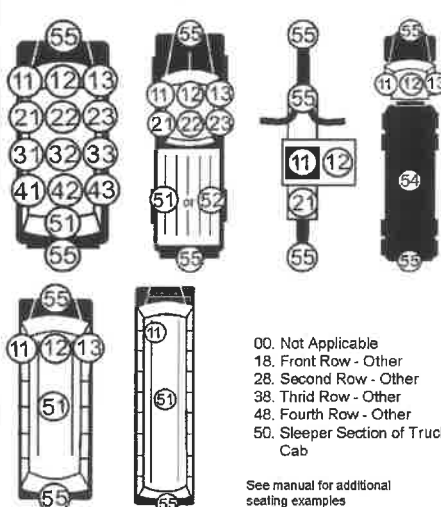
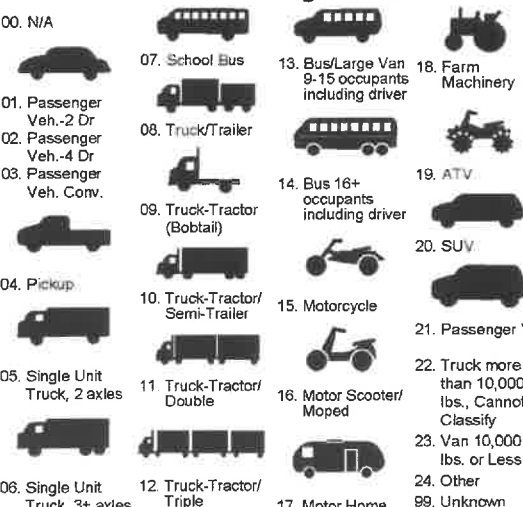
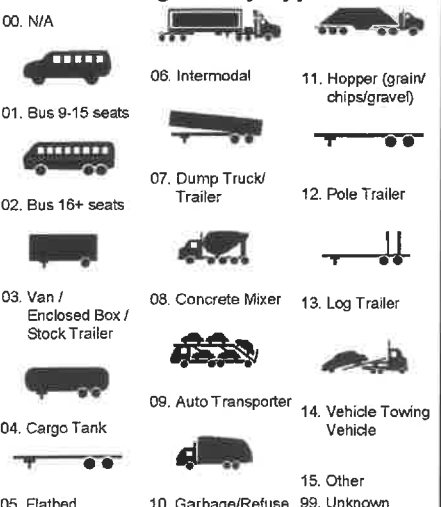
WARNING - STATE LAW

Use of contents for commercial solicitation is unlawful

(24) 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
(25) Address					City	State	Zip	Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>											
(26) Injury Severity / Type	OP Use <input type="checkbox"/>	Air Bag <input type="checkbox"/>	Ejected <input type="checkbox"/>	Extricated <input type="checkbox"/>	Transported by	To Medical Facility			Property Type		
(27) 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
(28) Address					City	State	Zip	Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>											
(29) Injury Severity / Type	OP Use <input type="checkbox"/>	Air Bag <input type="checkbox"/>	Ejected <input type="checkbox"/>	Extricated <input type="checkbox"/>	Transported by	To Medical Facility			Property Type		
(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 <input type="checkbox"/>											
(32) Injury Severity / Type	OP Use <input type="checkbox"/>	Air Bag <input type="checkbox"/>	Ejected <input type="checkbox"/>	Extricated <input type="checkbox"/>	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 <input type="checkbox"/>											
(35) Injury Severity / Type	OP Use <input type="checkbox"/>	Air Bag <input type="checkbox"/>	Ejected <input type="checkbox"/>	Extricated <input type="checkbox"/>	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				
	OK					
(39) Unit	Carrier Name	Address				
(40) City	State	Zip				
(41) U.S. DOT Number	NASI Report Number	Placard Number				
	OK					
		GVWR <input type="checkbox"/>	0 - 10K lbs.	Axle Qty.	Cargo Body	Vehicle Use
		GCWR <input type="checkbox"/>	10,001 - 26K lbs.			Interstate Commerce <input type="checkbox"/>
			26K+ lbs.			Intrastate Commerce <input type="checkbox"/>
		Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release		Other Non-Commercial <input type="checkbox"/>
			Yes <input type="checkbox"/>	Yes <input type="checkbox"/>		Government <input type="checkbox"/>
			No <input type="checkbox"/>	No <input type="checkbox"/>		

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

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)	
				Actions Prior to Collision	Location at Time of Collision	Safety Equip.	Unit Number of Vehicle Striking	Yes	No
This unit will correspond to 'Unit 1'	01	02	45						
This unit will correspond to 'Unit 2'	02	02	45						
<b>Light</b>		1	<b>What Vehicle Was Going to Do</b>	Unit 1	Unit 2	<b>Underride/Override</b>		<b>Type of Work Zone</b>	
1 Daylight			00 Not Applicable	08	01			1 Lane Closure	
2 Dark-Not Lighted			01 Go Ahead					2 Lane Shift/Crossover	
3 Dark-Lighted			02 Turn Left					3 Work on Shoulder or Median	
4 Dawn			03 Turn Right					4 Intermittent or Moving Work	
5 Dusk			04 Make "U" Turn					9 Unknown	
6 Dark-Unknown Lighting			05 Stop					<b>Location of the Work Zone Collision</b>	
7 Other			06 Slow for Cause					1 Before the First Work Zone Warning Sign	
9 Unknown			07 Start from Park/Stop					2 Advance Warning Area	
			08 Change Lanes					3 Transition Area	
			09 Overtake					4 Activity Area	
			10 Pass					5 Termination Area	
			11 Back					9 Unknown	
			12 Remain Stopped						
			13 Remain Parked						
			14 Enter/Merge in Traffic						
			15 Negotiate a Curve						
			16 Park						
			17 Other						
			99 Unknown						
<b>Weather</b>		01	<b>What Vehicle Did</b>	Unit 1	Unit 2	<b>Traffic Control</b>		<b>Workers Present</b>	
01 Clear			00 Not Applicable	08	01	00		Yes	
02 Fog/Smog/Smoke			01 Went Ahead					No	
03 Cloudy			02 Turned Left					Unknown	
04 Rain			03 Turned Right						
05 Snow			04 Entered "U" Turn						
06 Sleet/Hail (Freezing Rain/Drizzle)			05 Stopped						
07 Severe Crosswind			06 Slowed						
08 Blowing Snow			07 Started From Park/Stop						
09 Blowing Sand, Soil, Dirt			08 Entered Other Lane						
10 Other			09 Overtaking						
99 Unknown			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						
<b>Locality</b>		1	<b>Visibility Obscured by</b>	Unit 1	Unit 2	<b>Road Surface Conditions</b>		<b>Trafficway</b>	
1 Residential			00 Not Applicable			01		Unit 1 Unit 2	
2 Business			01 Trees					2	
3 Industrial			02 Embankment						
4 School			03 Building						
5 Not Built-up			04 Signs						
6 Mixed Use			05 Parked Vehicles						
7 Other			06 High Weeds						
9 Unknown			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						
<b>Type of Intersection</b>		0	<b>Road Alignment</b>	Unit 1	Unit 2	<b>Road Character</b>		<b>Vehicle Removal</b>	
0 Not an Intersection			1 Straight			1		Unit 1 Unit 2	
2 Y-Intersection			2 Curve - Left					4	
3 T-Intersection			3 Curve - Right						
4 Four-Way Intersection									
5 Five-Point or More Intersection as Part of Interchange									
6 Intersection as Part of Interchange									
7 Traffic Circle									
8 Roundabout									
9 Unknown									
<b>Incident Type</b>		00	<b>Road Surface Type</b>	Unit 1	Unit 2	<b>Special Function of Vehicle</b>		<b>Unsafe / Unlawful Contributing Factors</b>	
00 Not an Incident			1 Concrete			00		Unit 1 Unit 2	
51 Private Property			2 Asphalt					38	
52 Deliberate Intent			3 Gravel					98	
53 Medical Condition			4 Dirt						
54 Legal Intervention			5 Brick						
55 Suicide			6 Other						
57 Drowning			9 Unknown						
58 Other									
<b>Location of First Harmful Event</b>		01	<b>Emergency Vehicle Responding to an Emergency</b>	Unit 1	Unit 2	<b>Point of First Contact on Vehicle</b>		<b>Most Damaged Area</b>	
01 On Roadway			0 N/A			03		Unit 1 Unit 2	
02 Shoulder			1 Yes			03		03	
03 Median								09	
04 Roadside									
05 Gore									
06 Separator									
07 Parking Lane/Zone									
08 Off Roadway, Location Unknown									
09 Outside Right-of-Way									
10 Other									
99 Unknown									

00 Not Applicable/None

1 Electronic Communication Devices

2 Other Electronic Device

3 Other Inside Vehicle

4 Other Outside Vehicle

9 Unknown

0 Not Applicable

1 No Underride or Override

2 Underride, Compartment Intrusion

3 Underride, No Compartment Intrusion

4 Underride, Compartment Intrusion Unknown

5 Override, Motor Vehicle in Transport

6 Override, Other Motor Vehicle

9 Unknown

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

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

01 Level

2 Hillcrest

3 Uphill

4 Downhill

5 Sag (bottom)

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

0 N/A

1 Yes

2 No

9 Unknown

00 Not Applicable

13 Top

14 Undercarriage

99 Unknown

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

80 **ALCOHOL-DUI/DWI**

81 **DRUG-DUI**

82 **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

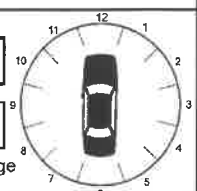
95 Defect in Roadway

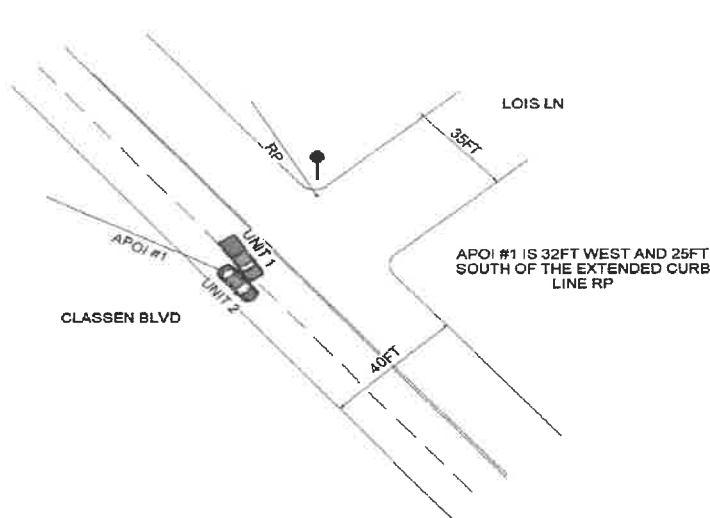
96 Abnormal Traffic Control

97 Improper Bicyclist Action

98 **NO IMPROPER ACTION BY DRIVER**

99 **PEDESTRIAN ACTION**





## 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  
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

UNIT 1 WAS DRIVING SOUTH BOUND IN THE INSIDE LANE ON CLASSEN BLVD AND LOIS LN. THE VEHICLE IN FRONT OF UNIT 1 SLAMMED ON THEIR BRAKES. UNIT 1 THEN ATTEMPTED TO CHANGE LANES TO THE OUTSIDE LANE AND STRUCK THE DRIVERS SIDE OF UNIT 2. UNIT 2 WAS DRIVING SOUTHBOUND IN THE OUTSIDE LANE ON CLASSEN BLVD AND LOIS LN. UNIT 2 WAS THEN STRUCK BY UNIT 1 ATTEMPTING TO CHANGE LANES. NO INJURIES. BOTH VEHICLES DRIVEN FROM SCENE. CITATION WAS ISSUED TO UNIT 1 FOR FAILURE TO DEVOTE TIME AND ATTENTION. UNIT 1 WAS A CITY OF NORMAN VEHICLE SO THEY ARE SELF INSURED.

