

Incident Report

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

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

(1) Reporting Agency				Case Number (Agency Use)				Motor Vehicles Involved		Number Injured		Number Killed									
(2) Date of Collision (mm/dd/yyyy)				Time		County Number and Name				Nearest City or Town Number and Name											
(3) Distance from Nearest City or Town Limits				Control #		Int ID		Location		East Grid		North Grid		Administrative							
(4) Street, Road or Highway				Distance from (Nearest) Intersecting Street, Road or Highway																	
(5) Unit		Occupants		Type		Last Name				Date of Birth (mm/dd/yyyy)		Sex									
Hit & Run		CMV				First				Middle											
(6) Address				City				State		Zip		Telephone (Use Area Code)									
(7) Driver License Number				State		Class		Endorsement(s)		Restriction(s)		Inj. Sev.		Type of Injury		Drv./Ped. Cond.		OP Use			
(8) Ejected		Extricated		Test		(% BAC)		Transported by				To Medical Facility		License Plate Number		State		Month		Year	
Air Bag				0.																	
(9) VIN				Vehicle Year		Color		2nd Color		Make		Model		Veh. Conf.		Extent of Damage					
(10) Insurance Company Name				Policy Number				Insurance Telephone (Use Area Code)													
(11) Vehicle Removed by				Owner's Last Name				First		Middle Initial											
Driver				Same as Driver																	
(12) Owner's Address				City				State		Zip		Towed Veh. Type									
								Oversized Load				Rolled		Phone present							
												Burned		Phone in use							
(13) Citation Number				Statute/Ordinance Number				Citation Number				Statute/Ordinance Number									
(14) Unit		Occupants		Type		Last Name				Date of Birth (mm/dd/yyyy)		Sex									
Hit & Run		CMV				First				Middle											
(15) Address				City				State		Zip		Telephone (Use Area Code)									
(16) Driver License Number				State		Class		Endorsement(s)		Restriction(s)		Inj. Sev.		Type of Injury		Drv./Ped. Cond.		OP Use			
(17) Ejected		Extricated		Test		(% BAC)		Transported by				To Medical Facility		License Plate Number		State		Month		Year	
Air Bag				0.																	
(18) VIN				Vehicle Year		Color		2nd Color		Make		Model		Veh. Conf.		Extent of Damage					
(19) Insurance Company Name				Policy Number				Insurance Telephone (Use Area Code)													
(20) Vehicle Removed by				Owner's Last Name				First		Middle Initial											
Driver				Same as Driver																	
(21) Owner's Address				City				State		Zip		Towed Veh. Type									
								Oversized Load				Rolled		Phone present							
												Burned		Phone in use							
(22) Citation Number				Statute/Ordinance Number				Citation Number				Statute/Ordinance Number									

(23) Investigating Officer				Badge Number				Troop/Div.				Reviewed by (Init.)				Reviewer Badge Number				Date of Report (mm/dd/yyyy)			

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 - Internal	00 Not Applicable	05 Under the Influence	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 Arms	01 Apparently Normal	09 Dizzy/Faint	01 None Used	06 Restraint Used - Type Unknown	11 Other	X Pedestrian	A Animal	2 Possible	9 Unknown	2 Trunk - External	5 Legs	02 Drinking - Ability Impaired	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	06 Very Tired	11 Other	03 Shoulder Belt Only	08 Child Restraint - Forward Facing		B Bicyclist				3 Blood/Breath		04 Illegal Drugs	07 Sleepy	99 Unknown	04 Shoulder and Lap Belt	09 Child Restraint - Rear Facing							
Air Bag Deployed		Ejected		Extricated		Chemical Test		Extent of Damage		Insurance Verification		Oversized Load		Towed Vehicle Type																																																	
0 Not Applicable	4 Deployed - Other (knee, air belt, etc.)	0 Not Applicable	3 Ejected, Partially	0 N/A	2 Yes	0 N/A	4 Test Refused	0 N/A	3 Functional	0 N/A	3 Operator	0 N/A	05 Another Vehicle	09 Stock Trailer	1 Not Deployed	5 Deployed - Combination	1 Not Ejected	9 Unknown	1 No	3 Blood	1 None	4 Disabling	1 No	4 Exempt	00 N/A	06 Utility Trailer	10 Camping Trailer	2 Deployed - Front	9 Deployment Unknown	2 Ejected, Partially		2 Breath	6 Other	2 Minor	9 Unknown	2 Owner	02 House Trailer	07 Homemade Trailer	11 Combination Trailer	3 Deployed - Side				3 Blood/Breath		3 Blood/Breath			03 Farm Trailer	08 Box Trailer	12 Other										04 Horse Trailer		99 Unknown

(24) Unit	<input type="checkbox"/> Injured <input type="checkbox"/> Witness	<input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner	Pos in Veh.	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)	Sex
				City		State	Zip	Telephone (Use Area Code)
				Same as Driver				
Injury Severity / Type		OP Use	Air Bag Ejected	Extricated	Transported by		To Medical Facility	
							Property Type	

(27) Unit	<input type="checkbox"/> Injured <input type="checkbox"/> Witness	<input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner	Pos in Veh.	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)	Sex
				City		State	Zip	Telephone (Use Area Code)
				Same as Driver				
Injury Severity / Type		OP Use	Air Bag Ejected	Extricated	Transported by		To Medical Facility	
							Property Type	

(28) Unit	<input type="checkbox"/> Injured <input type="checkbox"/> Witness	<input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner	Pos in Veh.	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)	Sex
				City		State	Zip	Telephone (Use Area Code)
				Same as Driver				
Injury Severity / Type		OP Use	Air Bag Ejected	Extricated	Transported by		To Medical Facility	
							Property Type	

(29) Unit	<input type="checkbox"/> Injured <input type="checkbox"/> Witness	<input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner	Pos in Veh.	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)	Sex
				City		State	Zip	Telephone (Use Area Code)
				Same as Driver				
Injury Severity / Type		OP Use	Air Bag Ejected	Extricated	Transported by		To Medical Facility	
							Property Type	

(30) Unit	<input type="checkbox"/> Injured <input type="checkbox"/> Witness	<input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner	Pos in Veh.	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)	Sex
				City		State	Zip	Telephone (Use Area Code)
				Same as Driver				
Injury Severity / Type		OP Use	Air Bag Ejected	Extricated	Transported by		To Medical Facility	
							Property Type	

(31) Unit	<input type="checkbox"/> Injured <input type="checkbox"/> Witness	<input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner	Pos in Veh.	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)	Sex
				City		State	Zip	Telephone (Use Area Code)
				Same as Driver				
Injury Severity / Type		OP Use	Air Bag Ejected	Extricated	Transported by		To Medical Facility	
							Property Type	

(32) Unit	<input type="checkbox"/> Injured <input type="checkbox"/> Witness	<input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner	Pos in Veh.	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)	Sex
				City		State	Zip	Telephone (Use Area Code)
				Same as Driver				
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. <input type="checkbox"/> 10,001 - 26K lbs. <input type="checkbox"/> 26K+ lbs.	GCWR <input type="checkbox"/> 0 - 10K lbs. <input type="checkbox"/> 10,001 - 26K lbs. <input type="checkbox"/> 26K+ lbs.	Axle Qty.	Cargo Body	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"/>		
(39) Unit	Carrier Name	Address					
(40) City	State	Zip	GVWR <input type="checkbox"/> 0 - 10K lbs. <input type="checkbox"/> 10,001 - 26K lbs. <input type="checkbox"/> 26K+ lbs.	GCWR <input type="checkbox"/> 0 - 10K lbs. <input type="checkbox"/> 10,001 - 26K lbs. <input type="checkbox"/> 26K+ lbs.	Axle Qty.	Cargo Body	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"/>		

<h3 style="text-align: center;">Position in Vehicle</h3> <p>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</p> <p>See manual for additional seating examples</p>	<h3 style="text-align: center;">Vehicle Configuration</h3> <table style="width:100%;"> <tr> <td>00. N/A</td> <td>07. School Bus</td> <td>13. Bus/Large Van 9-15 occupants including driver</td> <td>18. Farm Machinery</td> </tr> <tr> <td>01. Passenger Veh.-2 Dr</td> <td>08. Truck/Trailer</td> <td>14. Bus 16+ occupants including driver</td> <td>19. ATV</td> </tr> <tr> <td>02. Passenger Veh.-4 Dr</td> <td>09. Truck-Tractor (Bobtail)</td> <td>15. Motorcycle</td> <td>20. SUV</td> </tr> <tr> <td>03. Passenger Veh. Conv.</td> <td>10. Truck-Tractor/Semi-Trailer</td> <td>16. Motor Scooter/Moped</td> <td>21. Passenger Van</td> </tr> <tr> <td>04. Pickup</td> <td>11. Truck-Tractor/Double</td> <td>17. Motor Home</td> <td>22. Truck more than 10,000 lbs., Cannot Classify</td> </tr> <tr> <td>05. Single Unit Truck, 2 axles</td> <td>12. Truck-Tractor/Triple</td> <td></td> <td>23. Van 10,000 lbs. or Less</td> </tr> <tr> <td>06. Single Unit Truck, 3+ axles</td> <td></td> <td></td> <td>24. Other</td> </tr> <tr> <td></td> <td></td> <td></td> <td>99. Unknown</td> </tr> </table>	00. N/A	07. School Bus	13. Bus/Large Van 9-15 occupants including driver	18. Farm Machinery	01. Passenger Veh.-2 Dr	08. Truck/Trailer	14. Bus 16+ occupants including driver	19. ATV	02. Passenger Veh.-4 Dr	09. Truck-Tractor (Bobtail)	15. Motorcycle	20. SUV	03. Passenger Veh. Conv.	10. Truck-Tractor/Semi-Trailer	16. Motor Scooter/Moped	21. Passenger Van	04. Pickup	11. Truck-Tractor/Double	17. Motor Home	22. Truck more than 10,000 lbs., Cannot Classify	05. Single Unit Truck, 2 axles	12. Truck-Tractor/Triple		23. Van 10,000 lbs. or Less	06. Single Unit Truck, 3+ axles			24. Other				99. Unknown	<h3 style="text-align: center;">Cargo Body Type</h3> <table style="width:100%;"> <tr> <td>00. N/A</td> <td>06. Intermodal</td> <td>11. Hopper (grain/chips/gravel)</td> </tr> <tr> <td>01. Bus 9-15 seats</td> <td>07. Dump Truck/Trailer</td> <td>12. Pole Trailer</td> </tr> <tr> <td>02. Bus 16+ seats</td> <td>08. Concrete Mixer</td> <td>13. Log Trailer</td> </tr> <tr> <td>03. Van / Enclosed Box / Stock Trailer</td> <td>09. Auto Transporter</td> <td>14. Vehicle Towing Vehicle</td> </tr> <tr> <td>04. Cargo Tank</td> <td>10. Garbage/Refuse</td> <td>15. Other</td> </tr> <tr> <td>05. Flatbed</td> <td></td> <td>99. Unknown</td> </tr> </table>	00. N/A	06. Intermodal	11. Hopper (grain/chips/gravel)	01. Bus 9-15 seats	07. Dump Truck/Trailer	12. Pole Trailer	02. Bus 16+ seats	08. Concrete Mixer	13. Log Trailer	03. Van / Enclosed Box / Stock Trailer	09. Auto Transporter	14. Vehicle Towing Vehicle	04. Cargo Tank	10. Garbage/Refuse	15. Other	05. Flatbed		99. Unknown
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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
This unit will correspond to 'Unit 1'						
This unit will correspond to 'Unit 2'						

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	What Vehicle Was Going to Do	Unit 1	Unit 2
1 Daylight	00 Not Applicable		
2 Dark-Not Lighted	01 Go Ahead		
3 Dark-Lighted	02 Turn Left		
4 Dawn	03 Turn Right		
5 Dusk	04 Make "U" Turn		
6 Dark-Unknown Lighting	05 Stop		
7 Other	06 Slow for Cause		
9 Unknown	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		

Override/Override	Unit 1	Unit 2
0 Not Applicable		
1 No Override 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		

Trafficway	Unit 1	Unit 2
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		

Unsafe / Unlawful Contributing Factors	Unit 1	Unit 2
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 Intersection		
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		

Weather	What Vehicle Did	Unit 1	Unit 2
01 Clear	00 Not Applicable		
02 Fog/Smog/Smoke	01 Went Ahead		
03 Cloudy	02 Turned Left		
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		

Traffic Control	Unit 1	Unit 2
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		

Vehicle Removal	Unit 1	Unit 2
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	Unit 2
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		

Locality	Visibility Obscured by	Unit 1	Unit 2
1 Residential	00 Not Applicable		
2 Business	01 Trees		
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		

Road Surface Conditions	Unit 1	Unit 2
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		

Special Function of Vehicle	Unit 1	Unit 2
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		

Point of First Contact on Vehicle	Unit 1	Unit 2
00 Not Applicable		
13 Top		



Most Damaged Area	Unit 1	Unit 2
00 Not Applicable		
14 Undercarriage		
99 Unknown		

Incident Type	Driver Distracted by	Unit 1	Unit 2
00 Not an Incident	0 Not Applicable/None		
51 Private Property	1 Electronic Communication Devices		
52 Deliberate Intent	2 Other Electronic Device		
53 Medical Condition	3 Other Inside Vehicle		
54 Legal Intervention	4 Other Outside Vehicle		
55 Suicide	9 Unknown		
57 Drowning			
58 Other			

Road Character	Unit 1	Unit 2
Grade		
1 Level		
2 Hillcrest		
3 Uphill		
4 Downhill		
5 Sag (bottom)		
Road Alignment		
1 Straight		
2 Curve - Left		
3 Curve - Right		
Road Surface Type		
1 Concrete		
2 Asphalt		
3 Gravel		
4 Dirt		
5 Brick		
6 Other		
9 Unknown		

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



