[DO NOT WRITE IN THIS SPACE]

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

	Y	N		Y	N
Incident Report					
Investigation Completed			**Revised**		
Investigation Made at Scene			**Fatality**		
Photographs			Hit and Run		

(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 | In / Near

(3) Distance from Nearest City or Town Limits | Mi. / Ft. | N / S | Mi. / Ft. | E / W | Control # | Int ID | Location | East Grid | North Grid | Administrative

(4) Street, Road or Highway | Distance from | At | Mi. / Ft. | N / S | E / W | of | (Nearest) Intersecting Street, Road or Highway

(5) Unit | Occupants | Type | Hit & Run | CMV | Last Name | First | Middle | Suffix | Date of Birth (mm/dd/yyyy) | Sex

(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) Air Bag | Ejected | Extricated | Test | (% BAC) 0. | Transported by | To Medical Facility | License Plate Number | State | Month | Year

(9) VIN | Vehicle Year | Color | 2nd Color | Make | Model | Veh. Conf. | Extent of Damage

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

(11) Vehicle Removed by | Driver | Same as Driver | Owner's Last Name | First | Middle | Suffix

(12) Owner's Address | City | State | Zip | Oversized Load | Towed Veh. Type | Rolled | Burned | Phone present | Phone in use

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

(14) Unit | Occupants | Type | Hit & Run | CMV | Last Name | First | Middle | Suffix | Date of Birth (mm/dd/yyyy) | Sex

(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) Air Bag | Ejected | Extricated | Test | (% BAC) 0. | Transported by | To Medical Facility | License Plate Number | State | Month | Year

(18) VIN | Vehicle Year | Color | 2nd Color | Make | Model | Veh. Conf. | Extent of Damage

(19) Insurance Verification | Insurance Company Name | Policy Number | Insurance Telephone (Use Area Code)

(20) Vehicle Removed by | Driver | Same as Driver | Owner's Last Name | First | Middle | Suffix

(21) Owner's Address | City | State | Zip | Oversized Load | Towed Veh. Type | Rolled | Burned | Phone present | Phone in use

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

(23) Investigating Officer | Badge Number | Trp/Div. Assigned | Trp/Div. Location | Reviewer (Init.) | Reviewer Badge Number | Date of Report (mm/dd/yyyy)

Unit Type
D Driver
P Pedestrian
X Pedestrian Conveyance
B Bicyclist
Z Other Cyclist
C Parked Car
A Animal
T Train

Injury Severity
0 N/A
1 No Injury
2 Possible
3 Non-incapacitating
4 Incapacitating
5 Fatal
9 Unknown

Type of Injury
0 N/A
1 Head
2 Trunk - External
3 Trunk - Internal
4 Arms
5 Legs
9 Unknown

Driver/Pedestrian Condition
00 Not Applicable
01 Apparently Normal
02 Drinking - Ability Impaired
03 Odor of Alcohol Beverage
04 Illegal Drugs
05 Under the Influence of Medications
06 Very Tired
07 Sleepy
08 Ill (Sick)
09 Dizzy/Faint
10 Emotional
11 Other
99 Unknown

Occupant Protection (OP) In Use
00 Not Applicable
01 None Used
02 Lap Belt Only
03 Shoulder Belt Only
04 Shoulder and Lap Belt
05 Child Restraint Type Unknown
06 Restraint Used - Type Unknown
07 Helmet
08 Child Restraint - Forward Facing
09 Child Restraint - Rear Facing
10 Booster Seat
11 Other
99 Unknown

Air Bag Deployed
0 Not Applicable
1 Not Deployed
2 Deployed - Front
3 Deployed - Side
4 Deployed - Other (knee, air belt, etc.)
5 Deployed - Combination
9 Deployment Unknown

Ejected
0 Not Applicable
1 Not Ejected
2 Ejected, Partially
3 Ejected, Totally
9 Unknown

Extricated
0 N/A
1 No
2 Yes

Chemical Test
0 N/A
1 Blood
2 Breath
3 Blood/Breath
4 Test Refused
5 None Given
6 Other

Extent of Damage
0 N/A
1 None
2 Minor
3 Functional
4 Disabling
9 Unknown

Insurance Verification
0 N/A
1 No
2 Owner
3 Operator
4 Exempt

Oversized Load
0 N/A
N Not Permitted
P Permitted

Towed Vehicle Type
00 N/A
01 Boat Trailer
02 House Trailer
03 Farm Trailer
04 Horse Trailer
05 Another Vehicle
06 Utility Trailer
07 Homemade Trailer
08 Box Trailer
09 StockTrailer
10 Camping Trailer
11 Combination
12 Other
99 Unknown

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