

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 Hit & Run CMV Last Name First Middle 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) Ejected Extricated Test (% BAC) 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 Company Name Policy Number Insurance Telephone (Use Area Code)  
(11) Vehicle Removed by Driver Owner's Last Name First Middle Initial Same as Driver  
(12) Owner's Address City State Zip Towed Veh. Type Oversized Load Rolled Burned Phone present Phone in use  
(13) Citation Number Statute/Ordinance Number Citation Number Statute/Ordinance Number  
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(15) Address City State Zip Telephone (Use Area Code)  
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(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 P Pedestrian X Pedestrian Conveyance B Bicyclist	Z Other Cyclist C Parked Car A Animal T Train N/A 1 No Injury 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal 9 Unknown	0 N/A 1 Head 2 Trunk - External 3 Trunk - Internal 4 Arms 5 Legs 9 Unknown	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	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	Ejected	Extricated	Chemical Test	Extent of Damage	Insurance Verification	Oversized Load	Towed Vehicle Type		
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	0 Not Applicable 1 Not Ejected 2 Ejected, Partially	3 Ejected, Totally 9 Unknown	0 N/A 1 No 2 Yes	0 N/A 1 Blood 2 Breath 3 Blood/Breath	4 Test Refused 5 None Given 6 Other	0 N/A 1 None 2 Minor 3 Functional 9 Unknown	0 N/A 1 No 2 Owner 3 Operator 4 Exempt P Permitted	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 Stock Trailer 10 Camping Trailer 11 Combination 12 Other 99 Unknown

WARNING - STATE LAW

Use of contents for commercial solicitation is unlawful



(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	

(33) 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'	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
This unit will correspond to 'Unit 2'	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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
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
0 Not Applicable
1 No Override or Override
2 Override, Compartment Intrusion
3 Underdrive, No Compartment Intrusion
4 Underdrive, Compartment Intrusion Unknown
5 Override, Motor Vehicle in Transport
6 Override, Other Motor Vehicle
9 Unknown

Trafficway
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
<b>FAILED TO YIELD</b>
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
09 To Vehicle in Intersection
10 To Emergency Vehicles
12 Other
<b>FOLLOWED TOO CLOSELY</b>
13 Human Element
14 Traffic Condition
15 Weather Condition
<b>UNSAFE SPEED</b>
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
<b>IMPROPER TURN</b>
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
<b>CHANGED LANES UNSAFELY</b>
38 <b>STOPPED IN TRAFFIC LANE</b>
<b>FAILED TO STOP</b>
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
<b>UNSAFE VEHICLE</b>
47 Brakes
48 Steering

Weather
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

Traffic Control
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
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
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
1 Residential
2 Business
3 Industrial
4 School
5 Not Built-up
6 Mixed Use
7 Other
9 Unknown

Road Surface Conditions
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
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
00 Not Applicable
13 Top
14 Undercarriage
99 Unknown

Incident Type
00 Not an Incident
51 Private Property
52 Deliberate Intent
53 Medical Condition
54 Legal Intervention
55 Suicide
57 Drowning
58 Other

Road Character
1 Level
2 Hillcrest
3 Uphill
4 Downhill
5 Sag (bottom)

Road Alignment
1 Straight
2 Curve - Left
3 Curve - Right

Most Damaged Area
00 Not Applicable
13 Top
14 Undercarriage
99 Unknown



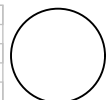
Latitude  N

Longitude  W

Railroad Crossing Number

Roadway Orientation Unit Number  NE  SW

Unit Number  NE  SW



Indicate North by Arrow

**COLLISION EVENTS**

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

- 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


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



OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT  
PERSONS SUPPLEMENTAL

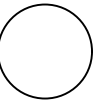
Case Number \_\_\_\_\_

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(43) Address	Same as Driver <input type="checkbox"/>		City	State	Zip	Telephone (Use Area Code)		
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(49) Address	Same as Driver <input type="checkbox"/>		City	State	Zip	Telephone (Use Area Code)		
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(55) Address	Same as Driver <input type="checkbox"/>		City	State	Zip	Telephone (Use Area Code)		
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(65) Injury Severity / Type	OP Use	Air Bag Ejected	Extricated	Transported by	To Medical Facility	Property Type		
(66) 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 Initial	Date of Birth (mm/dd/yyyy)	Sex
(67) Address	Same as Driver <input type="checkbox"/>		City	State	Zip	Telephone (Use Area Code)		
(68) Injury Severity / Type	OP Use	Air Bag Ejected	Extricated	Transported by	To Medical Facility	Property Type		



OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT  
DIAGRAM SUPPLEMENTAL

Case Number \_\_\_\_\_



Indicate North  
by Arrow

A large grid area for drawing a traffic diagram.





