

Claim #

36-855K-774

DO NOT WRITE IN THIS SPACE

COPY  
RELEASED BY RECORDS  
STILLWATER POLICE DEPT.

DSN#: 575

DATE: April 20, 2014

APR 20 2015

Y N Pg 1 of 5  
X  
Investigation Completed  
X  
Investigation Made at Scene  
X  
Photographs  
X  
Revised  
X  
Fatality  
X  
Hit and Run  
X

## OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

(1) Reporting Agency		Case Number (Agency Use)	
STILLWATER POLICE DEPARTMENT		2016-12838	
(2) Date of Collision (mm/dd/yyyy)		Time	
04/19/2016		0645	
(3) Distance from Nearest City or Town Limits		County Number and Name	
04192016		60 PAYNE	
(4) Street, Road or Highway		Nearest City or Town Number and Name	
WASHINGTON ST.		25 STILLWATER	
(5) Unit		Occupants Type	
0101D		Hit & Run CMV	
(6) Address		City	
208 FAIRWAY CIR.		SAND SPRINGS	
(7) Driver License Number		State	
D080680144		OK	
(8) Ejected Extricated Test (% BAC)		Transported by	
11150		NONE	
(9) VIN		Vehicle Year	
2GCEC13V061296497		2006	
(10) Insurance Company Name		Policy Number	
2 STATE FARM		3553455-D30-36	
(11) Vehicle Removed by		Owner's Last Name	
X		First	
(12) Owner's Address		City	
1416 W. LIBERTY		STILLWATER	
(13) Citation Number		Statute/Ordinance Number	
00000000		00000000	
(14) Unit		Occupants Type	
0201B		Hit & Run CMV	
(15) Address		City	
1416 W. LIBERTY		STILLWATER	
(16) Driver License Number		State	
G080508190		OK	
(17) Ejected Extricated Test (% BAC)		Transported by	
12150		LIFENET	
(18) VIN		Vehicle Year	
0000000000000000		0000	
(19) Insurance Company Name		Policy Number	
0000000000000000		0000000000000000	
(20) Vehicle Removed by		Owner's Last Name	
0000000000000000		First	
(21) Owner's Address		City	
0000000000000000		0000	
(22) Citation Number		Statute/Ordinance Number	
0000000000000000		0000000000000000	
(23) Investigating Officer		Badge Number	
A. LOWE		00075	
(24) Troop/Div.		Reviewed by (Init.)	
1164		DNH	
(25) Reviewer Badge Number		Date of Report (mm/dd/yyyy)	
1056		04/19/2016	
(26) Unit Type		Injury Severity	
D Driver P Pedestrian X Pedestrian Conveyance B Bicyclist		0 N/A 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal 6 Unknown 9 Unknown	
(27) Type of Injury		Driver/Pedestrian Condition	
0 N/A 1 Head 2 Trunk - 3 Arms 4 Legs 5 Unknown		00 Not Applicable 01 Apparently Normal 02 Drinking - Ability Impaired 03 Odor of Alcohol Beverage 04 Illegal Drugs 05 Under the Influence of 06 Dizziness/Faint 07 Medications 08 Emotional 09 Very Tired 10 Other 11 Sleepy 12 Unknown	
(28) Air Bag Deployed		Occupant Protection (OP) In Use	
0 Not Deployed 1 Deployed - Front 2 Deployed - Side 3 Deployed - Other (knee, air belt, etc.) 4 Deployed - Combination 5 Deployment Unknown		00 N/A 01 Child Restraint Type Unknown 02 Restraint Used - Type Unknown 03 Helmet 04 Child Restraint - Forward Facing 05 Child Restraint - Rear Facing 06 Another Vehicle 07 Utility Trailer 08 Horse Trailer 09 Stock Trailer 10 Camping Trailer 11 Combination 12 Other 13 Unknown	
(29) Ejected Extricated		Chemical Test	
0 Not Ejected 1 Ejected 2 Partially Ejected 3 Ejected 4 Ejected 5 Ejected 6 Ejected 7 Ejected 8 Ejected 9 Ejected		0 N/A 1 Blood 2 Breath 3 Blood/Breath 4 Test Refused 5 None Given 6 Other	
(30) Extent of Damage		Insurance Verification	
0 N/A 1 None 2 Minor 3 Moderate 4 Major 5 Total 6 Total 7 Total 8 Total 9 Total		0 N/A 1 None 2 Owner 3 Operator 4 Exempt 5 Permitted 6 Permitted 7 Permitted 8 Permitted 9 Permitted	
(31) Towed Vehicle Type		Towed Vehicle Type	
0 N/A 01 Boat Trailer 02 House Trailer 03 Farm Trailer 04 Horse Trailer 05 Another Vehicle 06 Utility Trailer 07 Homestead 08 Box Trailer 09 Stock Trailer 10 Camping Trailer 11 Combination 12 Other 13 Unknown		0 N/A 01 Boat Trailer 02 House Trailer 03 Farm Trailer 04 Horse Trailer 05 Another Vehicle 06 Utility Trailer 07 Homestead 08 Box Trailer 09 Stock Trailer 10 Camping Trailer 11 Combination 12 Other 13 Unknown	

WARNING - STATE LAW

Use of contents for commercial solicitation is unlawful

DPS: 0192-01 REV 0107

(24) Unit		Pos in Veh.		Last Name		First		Middle Initial		Date of Birth (mm/dd/yyyy)		Sex	
<input type="checkbox"/>	Injured	<input type="checkbox"/>	Passenger	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Witness	<input type="checkbox"/>	Prop. Owner	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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		Pos in Veh.		Last Name		First		Middle Initial		Date of Birth (mm/dd/yyyy)		Sex	
<input type="checkbox"/>	Injured	<input type="checkbox"/>	Passenger	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Witness	<input type="checkbox"/>	Prop. Owner	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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		Pos in Veh.		Last Name		First		Middle Initial		Date of Birth (mm/dd/yyyy)		Sex	
<input type="checkbox"/>	Injured	<input type="checkbox"/>	Passenger	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Witness	<input type="checkbox"/>	Prop. Owner	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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		Pos in Veh.		Last Name		First		Middle Initial		Date of Birth (mm/dd/yyyy)		Sex	
<input type="checkbox"/>	Injured	<input type="checkbox"/>	Passenger	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Witness	<input type="checkbox"/>	Prop. Owner	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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		0 - 10K lbs.		Axle Qty.	
								GCWR		10,001 - 26K lbs.		Cargo Body	
										26K+ lbs.		Vehicle Use	
(38) U.S. DOT Number		NASI Report Number		Placard Number		Haz. Mat. Class		Haz. Mat. Involved		Haz. Mat. Release		Interstate Commerce	
		OK						Yes		Yes		Intrastate Commerce	
								No		No		Other Non-Commercial	
												Government	
(39) Unit		Carrier Name		Address									
(40) City				State		Zip		GVWR		0 - 10K lbs.		Axle Qty.	
								GCWR		10,001 - 26K lbs.		Cargo Body	
										26K+ lbs.		Vehicle Use	
(41) U.S. DOT Number		NASI Report Number		Placard Number		Haz. Mat. Class		Haz. Mat. Involved		Haz. Mat. Release		Interstate Commerce	
		OK						Yes		Yes		Intrastate Commerce	
								No		No		Other Non-Commercial	
												Government	

<p><b>Position in Vehicle</b></p> <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>	<p><b>Vehicle Configuration</b></p> <p>00. N/A</p> <p>01. Passenger Veh.-2 Dr</p> <p>02. Passenger Veh.-4 Dr</p> <p>03. Passenger Veh. Conv.</p> <p>04. Pickup</p> <p>05. Single Unit Truck, 2 axles</p> <p>06. Single Unit Truck, 3+ axles</p> <p>07. School Bus</p> <p>08. Truck/Trailer</p> <p>09. Truck-Tractor (Bobtail)</p> <p>10. Truck-Tractor/ Semi-Trailer</p> <p>11. Truck-Tractor/ Double</p> <p>12. Truck-Tractor/ Triple</p> <p>13. Bus/Large Van 9-15 occupants including driver</p> <p>14. Bus 16+ occupants including driver</p> <p>15. Motorcycle</p> <p>16. Motor Scooter/ Moped</p> <p>17. Motor Home</p> <p>18. Farm Machinery</p> <p>19. ATV</p> <p>20. SUV</p> <p>21. Passenger Van</p> <p>22. Truck more than 10,000 lbs., Cannot Classify</p> <p>23. Van 10,000 lbs. or Less</p> <p>24. Other</p> <p>99. Unknown</p>	<p><b>Cargo Body Type</b></p> <p>00. N/A</p> <p>01. Bus 9-15 seats</p> <p>02. Bus 16+ seats</p> <p>03. Van / Enclosed Box / Stock Trailer</p> <p>04. Cargo Tank</p> <p>05. Flatbed</p> <p>06. Intermodal</p> <p>07. Dump Truck/ Trailer</p> <p>08. Concrete Mixer</p> <p>09. Auto Transporter</p> <p>10. Garbage/Refuse</p> <p>11. Hopper (grain/ chips/gravel)</p> <p>12. Pole Trailer</p> <p>13. Log Trailer</p> <p>14. Vehicle Towing Vehicle</p> <p>15. Other</p> <p>99. Unknown</p>
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Pedestrian / Pedalcyclist Only										Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section)		Yes	No						
Unit	Total Lanes in Roadway	Legal Speed	Actions Prior to Collision	Location at Time of Collision	Safety Equip.	Unit Number of Vehicle Striking													
This unit will correspond to "Unit 1"	01	04	35																
This unit will correspond to "Unit 2"	02	04	35	06	05	2	01												
<b>Light</b> 4												<b>What Vehicle Was Going to Do</b>		Unit 1	Unit 2	<b>Underride/Override</b>		Unit 1	Unit 2
1 Daylight												00 Not Applicable		01	01	0 Not Applicable		1	1
2 Dark-Not Lighted												01 Go Ahead				1 No Underride or Override			
3 Dark-Lighted												02 Turn Left				2 Underride, Compartment Intrusion			
4 Dawn												03 Turn Right				3 Underride, No Compartment Intrusion			
5 Dusk												04 Make "U" Turn				4 Underride, Compartment Intrusion Unknown			
6 Dark-Unknown Lighting												05 Stop				5 Override, Motor Vehicle in Transport			
7 Other												06 Slow for Cause				6 Override, Other Motor Vehicle			
9 Unknown												07 Start from Park/Stop				9 Unknown			
08 Change Lanes												09 Overtake							
09 Overtake												10 Pass							
10 Pass												11 Back							
11 Back												12 Remain Stopped							
12 Remain Stopped												13 Remain Parked							
13 Remain Parked												14 Enter/Merge in Traffic							
14 Enter/Merge in Traffic												15 Negotiate a Curve							
15 Negotiate a Curve												16 Park							
16 Park												17 Other							
17 Other												99 Unknown							
99 Unknown																			
<b>Weather</b> 03												<b>What Vehicle Did</b>		Unit 1	Unit 2				
01 Clear												00 Not Applicable		01	01				
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							
<b>Locality</b> 1												<b>Visibility Obscured by</b>		Unit 1	Unit 2				
1 Residential												00 Not Applicable		00	00				
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							
<b>Incident Type</b> 00												<b>Driver Distracted by</b>		Unit 1	Unit 2				
00 Not an Incident												0 Not Applicable/None		0	0				
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																			
<b>Location of First Harmful Event</b> 01												<b>Road Surface Type</b>		Unit 1	Unit 2				

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Latitude										N	Longitude										W	Railroad Crossing Number								Roadway Orientation	Unit Number	<u>01</u>	NE	SW	<u>S</u>	Unit Number	<u>02</u>	NE	SW	<u>S</u>
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Indicate North  
by Arrow

SEE DIAGRAM SUPPLEMENT

## COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
<u>01</u>	<u>34</u>	<u>31</u>			<u>34</u>	<u>34</u>
Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	
<u>02</u>	<u>31</u>	<u>34</u>			<u>34</u>	

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

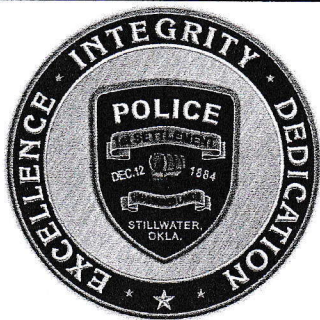
UNIT 1 AND UNIT 2 WERE TRAVELING SOUTH ON WASHINGTON IN THE OUTSIDE LANE IN THE 1700 BLOCK NORTH. UNIT 2 WAS RIDING A BICYCLE. UNIT 1 STRUCK UNIT 2 IN THE REAR TIRE WITH HIS FRONT BUMPER CAUSING THE RIDER OF UNIT 2 TO FALL OVER.

POI-83 FT SOUTH OF THE SOUTH CURBLINE OF BROOKE AND 8FT EAST OF THE WEST CURBLINE OF WASHINGTON.

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



APR 20 2016

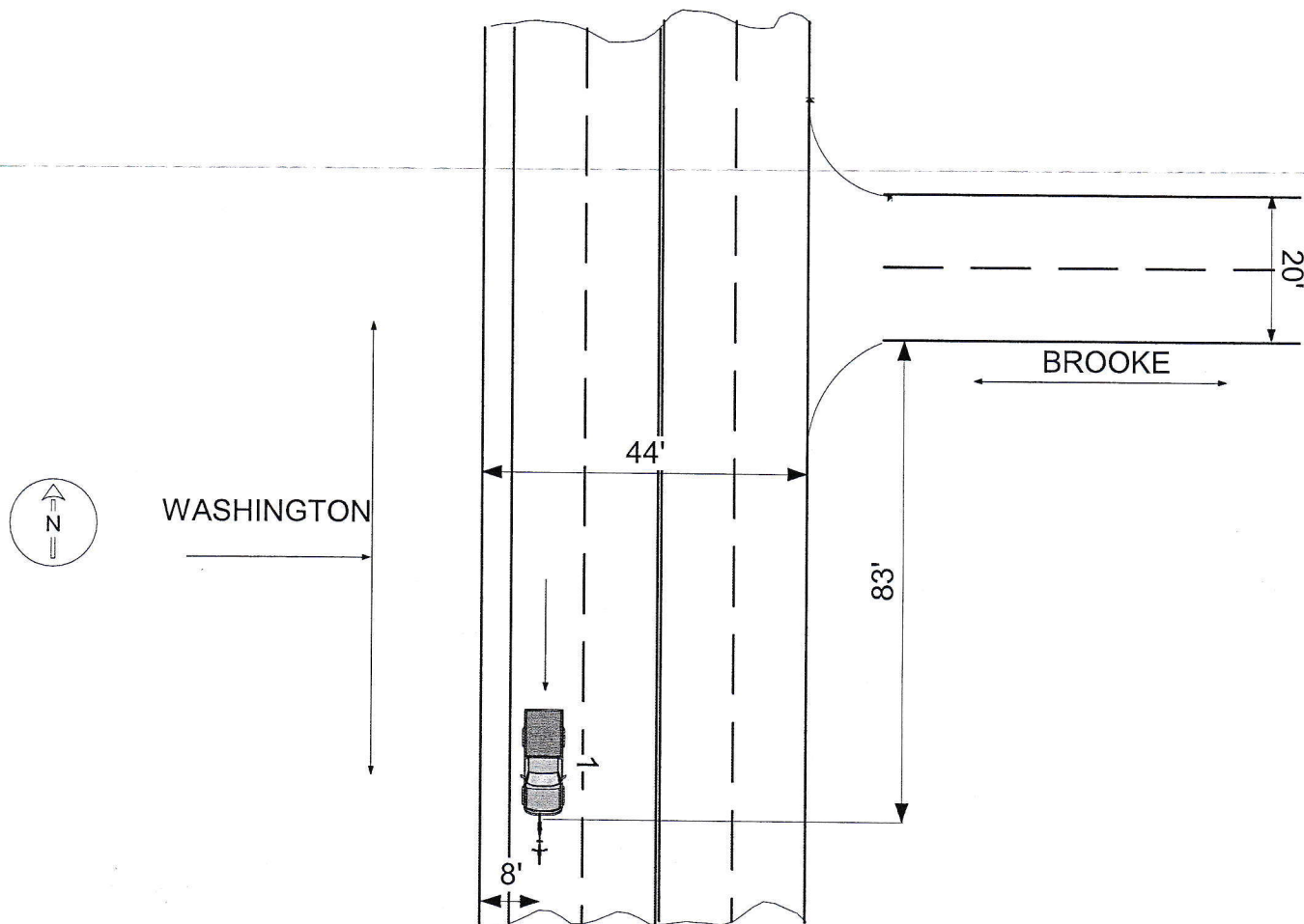


Case Number: 2016-12838

Date: 4/19/2016

Location and Officer Washington / Brooke

Officer Lowe



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