

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Incident Report

Investigation Completed

Investigation Made at Scene

Photographs

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

(1) Reporting Agency OKLAHOMA HIGHWAY PATROL				Case Number (Agency Use) OHP20-007688				Motor Vehicles Involved 03		Number Injured 00		Number Killed 00											
(2) Date of Collision (mm/dd/yyyy) 12/13/2020		Time 0756		County Number and Name 55 OKLAHOMA		Nearest City or Town Number and Name In <input checked="" type="checkbox"/> 70 OKLAHOMA CITY		Near <input type="checkbox"/>															
(3) Distance from Nearest City or Town Limits Mi. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> Ft. <input type="checkbox"/>				Control # 00		Int ID 00		Location 00		East Grid 011		North Grid +8 010		Administrative +8 PARIS									
(4) Street, Road or Highway I-40				Distance from 0154		Mi. <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/>		FL <input checked="" type="checkbox"/>		(Nearest) Intersecting Street, Road or Highway PENN. AVE.													
(5) Unit 01		Occupants Type 01 D		Last Name CRUZ CARTAGENA		First ALEX		Middle FRANCISCO		Suffix		Date of Birth (mm/dd/yyyy) 09/20/1971		Sex M									
(6) Address 1112 S PATTERSON				City MOORE		State OK		Zip 73160		Telephone (Use Area Code)													
(7) Driver License Number 9				State		Class		Endorsement(s)		Restriction(s)		Inj. Sev. 1		Type of Injury 0									
(8) Ejected <input type="checkbox"/> Extincted <input type="checkbox"/> Test <input type="checkbox"/> (% BAC) <input type="checkbox"/> Transported by <input type="checkbox"/>				To Medical Facility		License Plate Number DUT366		State OK		Month 08		Year 2021											
(9) VIN 1FTNE24W78DA97719				Vehicle Year 2008		Color WHI		2nd Color 0		Make FORD		Model CG		Veh. Conf. 23									
(10) Insurance Company Name 2 CHARTER INDEMNITY				Policy Number CCCIZB4567294		Insurance Telephone (Use Area Code) 4056315575																	
(11) Vehicle Removed by DON'S WRECKER				Owner's Last Name Same as Driver <input checked="" type="checkbox"/>		First		Middle		Suffix													
(12) Owner's Address				City		State		Zip		Towed Veh. Type Oversized Load <input type="checkbox"/> 0 00		Rolled <input type="checkbox"/> Phone present <input checked="" type="checkbox"/>		Burned <input type="checkbox"/> Phone in use <input type="checkbox"/>									
(13) Citation Number N191098				Statute/Ordinance Number 47/11-801A		Citation Number N191099		Statute/Ordinance Number 47/6-303A															
(14) Unit 02		Occupants Type 01 D		Last Name JOHNSON		First COREY		Middle NMN		Suffix		Date of Birth (mm/dd/yyyy) 07/23/1978		Sex M									
(15) Address 4918 TOULON ST				City NEW ORLEANS		State LA		Zip 70129		Telephone (Use Area Code) 9													
(16) Driver License Number 007193638				State LA		Class A		Endorsement(s) N		Restriction(s)		Inj. Sev. 1		Type of Injury 0									
(17) Ejected <input type="checkbox"/> Extincted <input type="checkbox"/> Test <input type="checkbox"/> (% BAC) <input type="checkbox"/> Transported by <input type="checkbox"/>				To Medical Facility		License Plate Number P976634		State IL		Month 12		Year 2020											
(18) VIN 3AKJHHDROKSHU5952				Vehicle Year 2019		Color BLK		2nd Color 0		Make FRHT		Model TR		Veh. Conf. 10									
(19) Insurance Company Name 3 AMERICAN TRUCKING				Policy Number ATTHTI120		Insurance Telephone (Use Area Code) 4065233934																	
(20) Vehicle Removed by				Owner's Last Name		First		Middle		Suffix													
(21) Owner's Address				City		State		Zip		Towed Veh. Type Oversized Load <input type="checkbox"/> 0 00		Rolled <input type="checkbox"/> Phone present <input checked="" type="checkbox"/>		Burned <input type="checkbox"/> Phone in use <input type="checkbox"/>									
(22) Citation Number				Statute/Ordinance Number		Citation Number		Statute/Ordinance Number															
(23) Investigating Officer Trevor Flanagan				Badge Number 193		Trp/Div. Assigned A		Trp/Div. Location A		Reviewer (Init.) ML		Reviewer Badge Number 170		Date of Report (mm/dd/yyyy) 12/13/2020									
Unit Type D Driver P Pedestrian X Pedestrian Conveyance B Bicyclist		Injury Severity 0 N/A 1 No Injury 2 Possible 3 Non-Incapacitating 4 Deployed - Other (knee, air belt, etc.) 5 Deployed - Front 6 Deployed - Side 7 Deployment Unknown		Type of Injury 0 N/A 1 Head 2 Trunk - External 3 Trunk - Internal 4 Arms 5 Legs 6 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 12 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 12 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 - Front 6 Deployed - Side 7 Deployment Unknown		Ejected 0 Not Applicable 1 Not Ejected 2 Ejected 3 Ejected - Paralysis 4 Deployed - Other (knee, air belt, etc.) 5 Deployed - Front 6 Deployed - Side 7 Deployment Unknown		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 5 Unknown		Insurance Verification 0 N/A 1 No 2 Owner 3 Operator 4 Exempt 5 Permitted		Oversized Load 0 N/A 1 Not Permitted 2 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 Stock Trailer 10 Camping Trailer 11 Combination 12 Other 13 Unknown	

WARNING - STATE LAW

Use of contents for commercial solicitation is unlawful

(24) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <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)			
(26) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(27) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <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)			
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(30) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <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)			
(32) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(33) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <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)			
(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 <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 Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
(39) Unit	Carrier Name	Address	
02	EARL L HENDERSON TRUCKING CO INC	8118 BUNKUM RD	
(40) City	State	Zip	GVWR <input checked="" 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 checked="" 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 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
146458	OK		

Position in Vehicle 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	Vehicle Configuration 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	Cargo Body Type 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
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Unit	Total Lanes in Roadway	Legal Speed	Actions Prior to Collision	Location at Time of Collision	Safety Equip.	Unit Number of Vehicle Striking
01	05	60				
02	05	60				

This unit will correspond to 'Unit 1'

This unit will correspond to 'Unit 2'

Light	What Vehicle Was Going to Do	Unit 1	Unit 2	Underride/Override	Unit 1	Unit 2
1 Daylight	00 Not Applicable	01	01	0 Not Applicable		
2 Dark-Not Lighted	01 Go Ahead			1 No Underride or Override		
3 Dark-Light	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					
	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					

Weather	What Vehicle Did	Unit 1	Unit 2	Traffic Control	Unit 1	Unit 2
01 Clear	00 Not Applicable	18	01	00 No Control	00	00
02 Fog/Smog/Smoke	01 Went Ahead			01 Stop Sign		
03 Cloudy	02 Turned Left			02 Traffic Signal		
04 Rain	03 Turned Right			03 Flashing Traffic Signal		
05 Snow	04 Entered "U" Turn			04 School Zone Signs		
06 Sleet/Hail (Freezing Rain/Drizzle)	05 Stopped			05 Yield Sign		
07 Severe Crosswind	06 Slowed			06 Warning Sign		
08 Blowing Snow	07 Started From Park/Stop			07 Railroad Advance Warning Sign		
09 Blowing Sand, Soil, Dirt	08 Entered Other Lane			08 Railroad Cross Bucks		
10 Other	09 Overtaking			09 Railroad Gates		
99 Unknown	10 Passing			10 Railroad Signal		
	11 Backed			11 No Passing Zone		
	12 Remained Stopped			12 Person (including flagger, law enforcement, crossing guard, etc.)		
	13 Remained Parked			13 Abnormal Control		
	14 Entered/Merged			14 Other		
	15 Departed Rdwy-Right			99 Unknown		
	16 Departed Rdwy-Left					
	17 Swerved Right					
	18 Swerved Left					
	19 Parked					
	20 Other					
	99 Unknown					

Locality	Visibility Obscured by	Unit 1	Unit 2	Road Surface Conditions	Unit 1	Unit 2
1 Residential	00 Not Applicable	00	00	01 Dry	04	04
2 Business	01 Trees			02 Wet		
3 Industrial	02 Embankment			03 Ice/Frost		
4 School	03 Building			04 Snow		
5 Not Built-up	04 Signs			05 Mud, Dirt, Gravel		
6 Mixed Use	05 Parked Vehicles			06 Slush		
7 Other	06 High Weeds			07 Water (standing, moving)		
9 Unknown	07 Fences			08 Sand		
	08 Shrubbery			09 Oil		
	09 Ice, Snow or Frost on Windows			10 Other		
	10 Smoke			99 Unknown		
	11 Fog					
	12 Dust					
	13 Rain					
	14 Sun					
	15 Other					
	99 Unknown					

Incident Type	Road Character	Unit 1	Unit 2	Road Alignment	Unit 1	Unit 2
00 Not an Incident	Grade	1	1	1 Straight	1	1
51 Private Property	1 Level			2 Curve - Left		
52 Deliberate Intent	2 Hillcrest			3 Curve - Right		
53 Medical Condition	3 Uphill					
54 Legal Intervention	4 Downhill					
55 Suicide	5 Sag (bottom)					
57 Drowning						
58 Other						

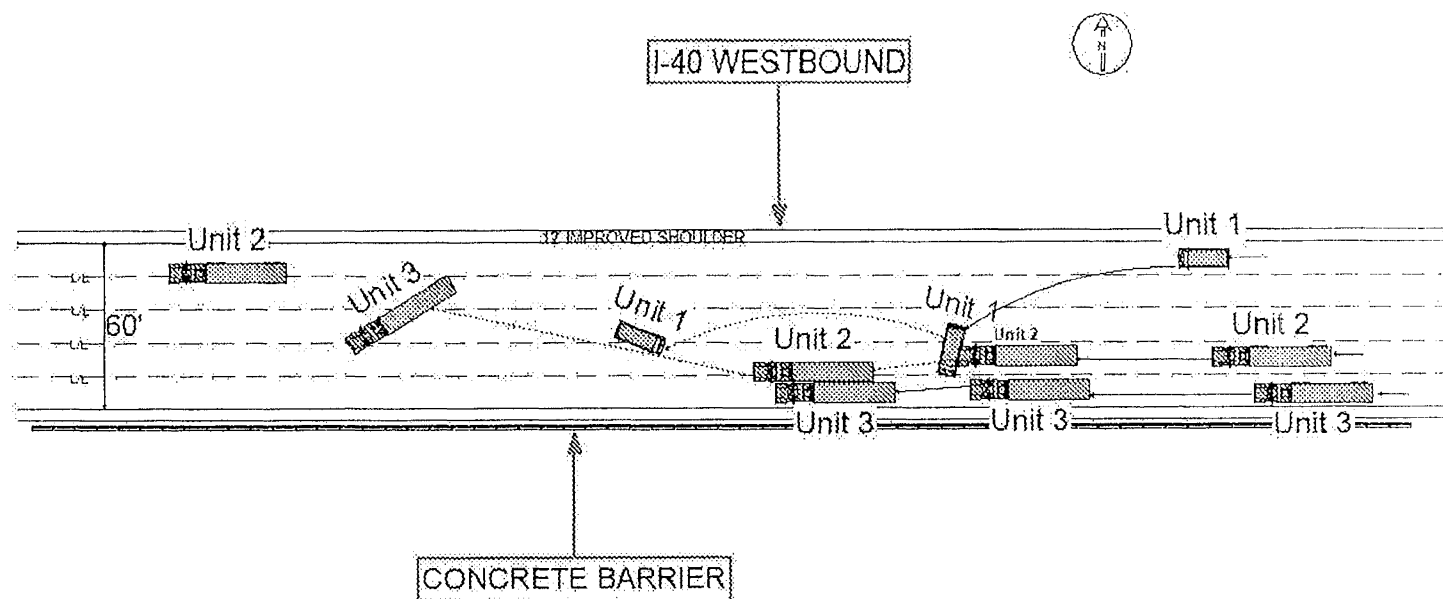
Location of First Harmful Event	Road Surface Type	Unit 1	Unit 2	Driver Distracted by	Unit 1	Unit 2
01 On Roadway	1 Concrete	1	1	0 Not Applicable/None	0	0
02 Shoulder	2 Asphalt			1 Electronic Communication Devices		
03 Median	3 Gravel			2 Other Electronic Device		
04 Roadside	4 Dirt			3 Other Inside Vehicle		
05 Gore	5 Brick			4 Other Outside Vehicle		
06 Separator	6 Other			9 Unknown		
07 Parking Lane/Zone	9 Unknown					
08 Off Roadway, Location Unknown						
09 Outside Right-of-Way						
10 Other						
99 Unknown						

Was the collision in or near a construction, maintenance or utility work zone? (if yes, complete this section)	Type of Work Zone	Location of the Work Zone	Workers Present	Unsafe / Unlawful Contributing Factors	Unit 1	Unit 2
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 9 Unknown	1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area 9 Unknown	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	21	98	

Trafficway	Unit 1	Unit 2	Vehicle Removal	Unit 1	Unit 2	Vehicle Condition	Unit 1	Unit 2	Special Function of Vehicle	Unit 1	Unit 2	Emergency Vehicle Responding to an Emergency	Unit 1	Unit 2
4	4	4	1	4	01	01	00	00	00	00	0	0	0	0

Point of First Contact on Vehicle	Unit 1	Unit 2	Most Damaged Area	Unit 1	Unit 2
09	12	09	10		

00 Not Applicable
13 Top
14 Undercarriage
99 Unknown



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	
Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	
02	34	00	00	00	34	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

ALL UNITS WERE WESTBOUND APPROACHING AGNEW. UNIT 1 IN THE OUTSIDE LANE LOST CONTROL ON THE SNOW COVERED ROADWAY. UNIT 1 SLID IN FRONT OF UNIT 2 IN THE LEFT MIDDLE LANE STRIKING THE FRONT OF UNIT 2 WITH UNIT 1'S DRIVER SIDE. UNIT 2 THEN FORCED INTO THE INSIDE LANE STRIKING UNIT 3. POI WAS APPROX. 10 FEET SOUTH OF THE CENTER OF WB I-40 AND 154 WEST OF PENN AVE. POR FOR UNIT 1 WAS APPROX. 68 FEET WEST AND 15 FEET NORTH OF POI. POR FOR UNIT 2 WAS APPROX. 154 FEET WEST AND 19 FEET NORTH OF POI. POR FOR UNIT 3 WAS APPROX. 98 FEET WEST AND 11 FEET NORTH OF POI.

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



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Y	N	<input checked="" type="checkbox"/>	Y	N	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Revised	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fatality	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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(3) Distance from Nearest City or Town Limits Mi. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> FL <input type="checkbox"/>		Control # 00	Int ID 00	Location 00	East Grid 011	North Grid 010
(4) Street, Road or Highway I-40		Distance from 0154	(Nearest) Intersecting Street, Road or Highway PENN. AVE.			
(5) Unit 03	Occupants Type 01 D	Hit & Run <input checked="" type="checkbox"/>	Last Name EMERY	First TANYA	Middle MARIE	Suffix
(6) Address 37954 MARTIN RD		City WISTER	State OK	Zip 74966	Telephone (Use Area Code) (580)591-3157	
(7) Driver License Number L082157689		State OK	Class A	Endorsement(s) E	Inj. Sev. 1	Type of Injury 0
(8) Ejected Extricated Test (% BAC) Transported by Air Bag <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 0		To Medical Facility	License Plate Number 3DJ636		State OK	Month 12
(9) VIN 3HSDZAPR8LN869210		Vehicle Year 2020	Color RED	2nd Color 0	Make ITNL	Model TT
(10) Insurance Company Name 3 MOUNTAIN LAKE RISK		Policy Number USX188121-20	Insurance Telephone (Use Area Code) 8006015500			
(11) Vehicle Removed by Driver <input type="checkbox"/> FARRINGTON		Owner's Last Name Same as Driver <input type="checkbox"/>	First	Middle	Suffix	
(12) Owner's Address		City	State	Zip	Towed Veh. Type Oversized Load <input type="checkbox"/> 00 Rolled <input type="checkbox"/> Phone present <input checked="" type="checkbox"/>	
(13) Citation Number		Statute/Ordinance Number	Citation Number	Statute/Ordinance Number		
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(15) Address		City	State	Zip	Telephone (Use Area Code)	
(16) Driver License Number		State	Class	Endorsement(s)	Restriction(s)	Inj. Sev.
(17) Ejected Extricated Test (% BAC) Transported by Air Bag <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0		To Medical Facility	License Plate Number		State	Month
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(36) Unit	Carrier Name	Address	
03	US XPRESS	4080 JENKINS RD	
(37) City	State	Zip	GVWR <input checked="" type="checkbox"/> 0 - 10K lbs. <input type="checkbox"/> 10,001 - 26K lbs. <input type="checkbox"/> 26K+ lbs. Axle Qty. <input checked="" type="checkbox"/> 05 <input type="checkbox"/> 03 Cargo Body <input type="checkbox"/> Interstate Commerce <input type="checkbox"/> Intrastate Commerce <input checked="" type="checkbox"/> Other Non-Commercial <input type="checkbox"/> Government <input type="checkbox"/>
CHATTANOOGA	TN	37421	
(38) U.S. DOT Number	NAI Report Number	Placard Number	Haz. Mat. Class Haz. Mat. Involved Haz. Mat. Release
303024	OK		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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. Axle Qty. <input type="checkbox"/> Cargo Body <input type="checkbox"/> Vehicle Use <input type="checkbox"/> 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	NAI 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"/>

Position in Vehicle 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	Vehicle Configuration 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	Cargo Body Type 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
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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'	03	05	60					
This unit will correspond to 'Unit 2'								
Light	1	What Vehicle Was Going to Do	Unit 1: 01	Unit 2:	Underride/Override	Unit 1:	Unit 2:	
1 Daylight		00 Not Applicable			0 Not Applicable			
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			
Weather	05	08 Change Lanes			Traffic Control	Unit 1:	Unit 2:	
01 Clear		09 Overtake			00 No Control			
02 Fog/Smog/Smoke		10 Pass			01 Stop Sign			
03 Cloudy		11 Back			02 Traffic Signal			
04 Rain		12 Remain Stopped			03 Flashing Traffic Signal			
05 Snow		13 Remain Parked			04 School Zone Signs			
06 Sleet/Hail (Freezing Rain/Drizzle)		14 Enter/Merge In Traffic			05 Yield Sign			
07 Severe Crosswind		15 Negotiate a Curve			06 Warning Sign			
08 Blowing Snow		16 Park			07 Railroad Advance Warning Sign			
09 Blowing Sand, Soil, Dirt		17 Other			08 Railroad Cross Bucks			
10 Other		99 Unknown			09 Railroad Gates			
99 Unknown					10 Railroad Signal			
Locality	2	What Vehicle Did	Unit 1: 01	Unit 2:	11 No Passing Zone			
1 Residential		00 Not Applicable			12 Person (including flagger, law enforcement, crossing guard, etc.)			
2 Business		01 Went Ahead			13 Abnormal Control			
3 Industrial		02 Turned Left			14 Other			
4 School		03 Turned Right			99 Unknown			
5 Not Built-up		04 Entered "U" Turn			Road Surface Conditions	Unit 1:	Unit 2:	
6 Mixed Use		05 Stopped			01 Dry			
7 Other		06 Slowed			02 Wet			
9 Unknown		07 Started From Park/Stop			03 Ice/Frost			
Type of Intersection	0	08 Entered Other Lane			04 Snow			
0 Not an Intersection		09 Overtaking			05 Mud, Dirt, Gravel			
2 Y-Intersection		10 Passing			06 Slush			
3 T-Intersection		11 Backed			07 Water (standing, moving)			
4 Four-Way Intersection		12 Remained Stopped			08 Sand			
5 Five-Point or More		13 Remained Parked			09 Oil			
6 Intersection as Part of Interchange		14 Entered/Merged			10 Other			
7 Traffic Circle		15 Departed Rdwy-Right			99 Unknown			
8 Roundabout		16 Departed Rdwy-Left			Road Character	Unit 1:	Unit 2:	
9 Unknown		17 Swerved Right			Grade			
Incident Type	00	18 Swerved Left			1 Level			
00 Not an Incident		19 Parked			2 Hillcrest			
51 Private Property		20 Other			3 Uphill			
52 Deliberate Intent					4 Downhill			
53 Medical Condition					5 Sag (bottom)			
54 Legal Intervention					Road Alignment	Unit 1:	Unit 2:	
55 Suicide					1 Straight			
57 Drowning					2 Curve - Left			
58 Other					3 Curve - Right			
Location of First Harmful Event	01	Visibility Obscured by	Unit 1:	Unit 2:	Road Surface Type	Unit 1:	Unit 2:	
01 On Roadway		00 Not Applicable			1 Concrete			
02 Shoulder		01 Trees			2 Asphalt			
03 Median		02 Embankment			3 Gravel			
04 Roadside		03 Building			4 Dirt			
05 Gore		04 Signs			5 Brick			
06 Separator		05 Parked Vehicles			6 Other			
07 Parking Lane/Zone		06 High Weeds			9 Unknown			
08 Off Roadway, Location Unknown		07 Fences			Driver Distracted by	Unit 1:	Unit 2:	
09 Outside Right-of-Way		08 Shrubbery			0 Not Applicable/None			
10 Other		09 Ice, Snow or Frost on Windows			1 Electronic Communication Devices			
99 Unknown		10 Smoke			2 Other Electronic Device			
Point of First Contact on Vehicle	01	11 Fog			3 Other Inside Vehicle			
01 Not Applicable		12 Dust			4 Other Outside Vehicle			
13 Top		13 Rain			9 Unknown			
Most Damaged Area	01	14 Sun			Emergency Vehicle Responding to an Emergency	Unit 1:	Unit 2:	
00 Not Applicable		15 Other			0 N/A			
14 Undercarriage					2 No			
99 Unknown					1 Yes			
					9 Unknown			

Workers Present Yes ☐ No ☐ Unknown ☐

Trafficway Unit 1: 4 Unit 2:

Vehicle Removal Unit 1: 1 Unit 2:

Vehicle Condition Unit 1: 01 Unit 2:

Special Function of Vehicle Unit 1: 00 Unit 2:

Point of First Contact on Vehicle Unit 1: 01 Unit 2:

Most Damaged Area Unit 1: 01 Unit 2:

00 Not Applicable 14 Undercarriage 99 Unknown

Unsafe / Unlawful Contributing Factors Unit 1: 98 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

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

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

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

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

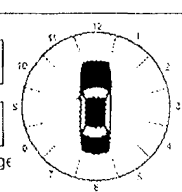
95 Defect in Roadway

96 Abnormal Traffic Control

97 Improper Bicyclist Action

98 NO IMPROPER ACTION BY DRIVER

99 PEDESTRIAN ACTION



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Latitude

35.4618

N

Longitude

-97.5518

W

Railroad Crossing Number

Roadway Orientation

Unit
Number

03

NE
SW

W

Unit
NumberIndicate North
by Arrow

COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
03	34	00	00	00	34	34
Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	

00 Not Applicable
10 Overtum/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.



DPS: 0192-04 REV 0107