

MIAMI, OKLAHOMA 6/26/2009

HWY-09-M-H015

HIGHWAY FACTORS FACTUAL REPORT

ATTACHMENT E

**OKLAHOMA HIGHWAY PATROL REPORTS FOR ALL THREE
ACCIDENTS**

46 PAGES

COPY

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Incident Report	<input checked="" type="checkbox"/>	Y	N
Investigation Completed	<input checked="" type="checkbox"/>	Revised	<input checked="" type="checkbox"/>
Investigation Made at Scene	<input checked="" type="checkbox"/>	Fatality	<input checked="" type="checkbox"/>
Photographs	<input checked="" type="checkbox"/>	Hit and Run	<input checked="" type="checkbox"/>

Reporting Agency OKLAHOMA HIGHWAY PATROL	Case Number (Agency Use) XA01072009	Motor Vehicles Involved 07	Number Injured 05	Number Killed 10											
(2) Date of Collision (mm/dd/yyyy) 06/26/2009	Time 1316	County Number and Name 58 OTTAWA	Nearest City or Town Number and Name In <input type="checkbox"/> 00 Near <input checked="" type="checkbox"/> MIAMI												
(3) Distance from Nearest City or Town Limits MI <input type="checkbox"/> FL <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> 0081		Control # 00	Int ID 00	Location 00	East Grid 031	North Grid 5 034	Administrative 8								
(4) Street, Road or Highway I-44 (WILL ROGERS TURNPIKE)		Distance from 0003	(Nearest) Intersecting Street, Road or Highway TPO 321												
(5) Unit 01	Occupants Type 01	First Name (R)	First Name (R)	Middle Name (R)	Suffix (R)	Date of Birth (mm/dd/yyyy)	Sex M								
(6) Address [REDACTED]															
(7) Driver License Number [REDACTED]															
(8) Ejected Extricated Test (% BAC) Transported by Air Bag 0 1 1 1 0 DOWNSTREAM		To Medical Facility FREEMAN	License Plate Number [REDACTED]	State MO	Month A	Year DTP	Inj. Sev. 4	Type of Injury 1,2,3	Drv./Ped. Cond. 99	OP Use 01					
(9) VIN [REDACTED]		Vehicle Year 2008	Color WHI	2nd Color 0	Make VOLV	Model V9L6	Veh. Conf. 10	Extent of Damage 4							
(10) Insurance Company Name [REDACTED]		Policy Number [REDACTED]		Insurance Telephone (Use Area Code) 9											
(11) Vehicle Removed by GARNERS		Owner's Last Name [REDACTED]		First Name [REDACTED]	Middle Name [REDACTED]	Suffix [REDACTED]									
(12) Owner's Address [REDACTED]		City [REDACTED]		State [REDACTED]	Zip [REDACTED]	Towed Veh. Type Oversized Load 0 00 Rolled <input type="checkbox"/> Burned <input type="checkbox"/> Phone present <input checked="" type="checkbox"/> Phone in use <input type="checkbox"/>									
(13) Citation Number [REDACTED]		Statute/Ordinance Number [REDACTED]	Citation Number [REDACTED]	Statute/Ordinance Number [REDACTED]											
(14) Unit 02	Occupants Type 03	First Name LTAMIRANO	First Name RICARDO	Middle Name REYES	Suffix [REDACTED]	Date of Birth (mm/dd/yyyy)	Sex M								
(15) Address [REDACTED]															
(16) Driver License Number [REDACTED]															
(17) Ejected Extricated Test (% BAC) Transported by Air Bag 1 1 1 5 0 PAUL THOMAS		To Medical Facility OK MED EXAMINER	License Plate Number [REDACTED]	State AZ	Month D	Year [REDACTED]	Inj. Sev. 5	Type of Injury 1,2,3	Drv./Ped. Cond. 01	OP Use 01					
(18) VIN SALTY16463A792653		Vehicle Year 2003	Color GRN	2nd Color 0	Make LNDR	Model DSE	Veh. Conf. 20	Extent of Damage 4							
(19) Insurance Company Name [REDACTED]		Policy Number [REDACTED]		Insurance Telephone (Use Area Code) [REDACTED]											
(20) Vehicle Removed by RUPPERTS.		Owner's Last Name [REDACTED]		First Name [REDACTED]	Middle Name [REDACTED]	Suffix [REDACTED]									
(21) Owner's Address [REDACTED]		City [REDACTED]		State [REDACTED]	Zip [REDACTED]	Towed Veh. Type Oversized Load 0 00 Rolled <input checked="" type="checkbox"/> Burned <input type="checkbox"/> Phone present <input type="checkbox"/> Phone in use <input type="checkbox"/>									
(22) Citation Number [REDACTED]		Statute/Ordinance Number [REDACTED]	Citation Number [REDACTED]	Statute/Ordinance Number [REDACTED]											
(23) Investigating Officer ROGERS		Badge Number 844	Trip Div. Assigned XA	Trip Div. Location [REDACTED]	Reviewer (VIL) VW	Reviewer Badge Number 160	Date of Report (mm/dd/yyyy) 06/26/2009								
Driver Pedestrian Type Z Other Cyclist C Parked Car A Animal T Train		Injury Severity 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal 6 Unknown		Type of Injury 1 Head 2 Trunk - External 3 Trunk - Internal 4 Arms 5 Legs 6 Unknown		Driver/Pedestrian Condition 00 Not Applicable 01 Apparent Normal 02 Driving - Ability Impaired 03 Color of Alcohol Beverage 04 Illegal Drugs 05 Under the Influence of 06 Disoriented 07 Medications 08 Very Tired 09 Other 10 Unknown		Occupant Protection (OP) In Use 05 Child Restraint Type Unknown 06 Restraint Used - Type Unknown 07 Restraint 08 Child Restraint - Forward Facing 09 Child Restraint - Rear Facing							
Air Bag Deployed 1 Not Deployed 2 Deployed - Other (Use, 23 box, etc) 3 Deployed - Front 4 Deployed - Combination 5 Deployed - Side 6 Deployment Unknown		Ejected 0 Not Applicable 1 Ejected 2 Ejected - Parachute		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 Moderate 4 Severe 5 Total		Insurance Verification 0 N/A 1 Operator 2 Other		Oversized Load 0 N/A 1 Not Permitted 2 Permitted		Towed Vehicle Type 00 N/A 01 Box Trailer 02 Horse Trailer 03 Farm Trailer 04 Horse Trailer 05 Anchor Vehicle 06 Utility Trailer 07 Home Made 08 Trailer 09 Box Trailer 10 Camping Trailer 11 Other 12 Other 13 Unknown	

(24) Unit Injured Witness Passenger Prop. Owner Pos In Veh. 13 Last Name REYES First ANDREA Middle Suffix DOB (mm/dd/yyyy) Sex F

(25) Address City State Zip Telephone (Use Area Code)

(26) Injury Severity / Type 4 OP Use 1,2,3,4,5 Air Bag 01 Ejected 1 Extricated 2 Transported by MED FLIGHT To Medical Facility ST JOHNS JOPLIN Property Type

(27) Unit Injured Witness Passenger Prop. Owner Pos In Veh. 22 Last Name REYES First EARNISTINO Middle Suffix DOB (mm/dd/yyyy) Sex F

(28) Address City State Zip Telephone (Use Area Code)

(29) Injury Severity / Type 5 OP Use 1,2,3,4,5 Air Bag 01 Ejected 0 Extricated 2 Transported by PAUL THOMAS To Medical Facility OK MED EXAMINER Property Type

(30) Unit Injured Witness Passenger Prop. Owner Pos In Veh. 00 Last Name FLINT First SAMUEL Middle ALLEN Suffix DOB (mm/dd/yyyy) Sex M

(31) Address City State Zip Telephone (Use Area Code)

(32) Injury Severity / Type 0 OP Use 00 Air Bag 0 Ejected 0 Extricated 0 Transported by To Medical Facility Property Type

(33) Unit Injured Witness Passenger Prop. Owner Pos In Veh. 00 Last Name SCHLAIKJER First MICHAEL Middle JOSEPH Suffix DOB (mm/dd/yyyy) Sex M

(34) Address City State Zip Telephone (Use Area Code)

(35) Injury Severity / Type 0 OP Use 00 Air Bag 0 Ejected 0 Extricated 0 Transported by To Medical Facility Property Type

Complete information below this vehicle is being used for COMMERCE/BUSINESS and has a GVWR/GCWR IN EXCESS OF 10,000 LBS. OR IS A VEHICLE PLACARDED OR SALES WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER.

(36) Carrier Name AMERICAN WHOLESALE GROCERS Address 5000 KANSAS AVE

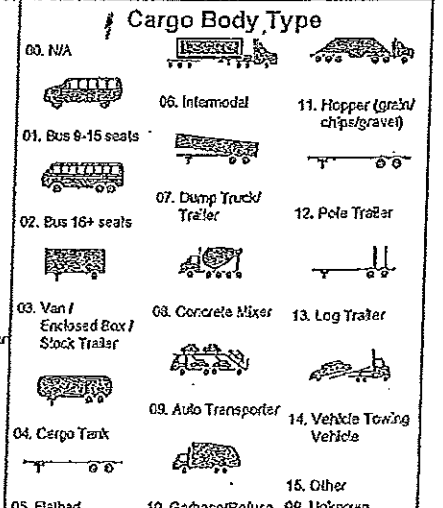
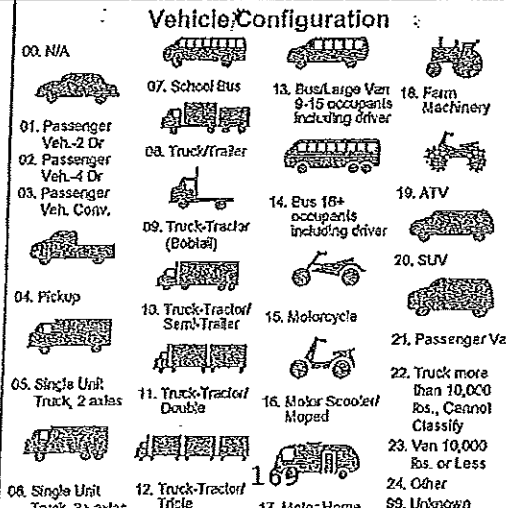
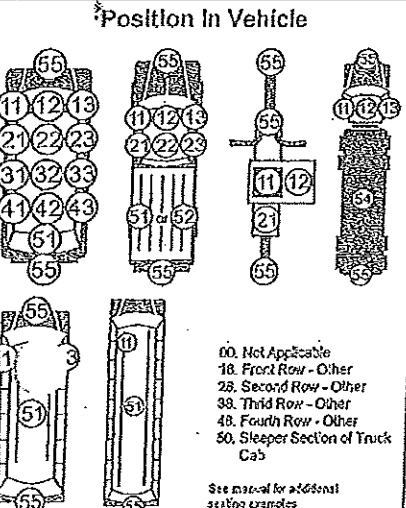
(37) City KANSAS CITY State KS Zip 66110 GVWR 0-10K lbs. GCWR 10,001-25K lbs. 25K+ lbs. Axle Qty. 05 Cargo Body 03 Vehicle Use Interstate Commerce Intrastate Commerce Other Non-Commercial Government

(38) U.S. DOT Number 0090053 NASI Report Number OK OCA3080377 Placard Number Haz. Mat. Class Haz. Mat. Involved Haz. Mat. Release Yes No Yes No Other Non-Commercial Government

(39) Unit Carrier Name Address

(40) City State Zip GVWR 0-10K lbs. GCWR 10,001-25K lbs. 25K+ lbs. Axle Qty. Cargo Body Vehicle Use Interstate Commerce Intrastate Commerce Other Non-Commercial Government

(41) U.S. DOT Number NASI Report Number OK Placard Number Haz. Mat. Class Haz. Mat. Involved Haz. Mat. Release Yes No Yes No Other Non-Commercial Government



Unit	Total Lanes in Roadway	Legal Speed	Actions Prior to Collision	Location at Time of Collision	Safety Equip.	Unit Number of Vehicle Sticking
01	02	75				
02	02	75				

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	Under/Override	Unit 1	Unit 2
1 Daylight	00 Not Applicable	01	06	0 Not Applicable	5	1
2 Dark-Not Lighted	01 Go Ahead			1 No Under/Override		
3 Dark-Lighted	02 Turn Left			2 Under/Override, Compartment Intrusion		
4 Dawn	03 Turn Right			3 Under/Override, No Compartment Intrusion		
5 Dusk	04 Make "U" Turn			4 Under/Override, 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	01	06	00 No Control		
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	Road Surface Conditions	Unit 1	Unit 2	Road Character	Unit 1	Unit 2
1 Residential	01 Dry			1 Level		
2 Business	02 Wet			2 Hillcrest	1	1
3 Industrial	03 Ice/Frost			3 Uphill		
4 School	04 Snow			4 Downhill		
5 Non-Trip	05 Mud, Dirt, Gravel			5 Sag (bottom)		
6 Mixed Use	06 Slush					
7 Other	07 Water (standing, moving)					
9 Unknown	08 Sand					
	09 Oil					
	10 Other					
	99 Unknown					

Type of Intersection	Visibility Obscured by	Unit 1	Unit 2	Road Alignment	Unit 1	Unit 2
0 Not an Intersection	00 Not Applicable			1 Straight	1	1
1 Y-Intersection	01 Trees			2 Curve - Left		
2 T-Intersection	02 Embankment			3 Curve - Right		
3 Four-Way Intersection	03 Building					
4 Five-Point or More Intersection as Part of Interchange	04 Signs					
5 Traffic Circle	05 Parked Vehicles					
6 Roundabout	06 High Weeds					
9 Unknown	07 Fences					
	08 Shrubby					
	09 Ice, Snow or Frost on Windows					
	10 Smoke					
	11 Fog					
	12 Dust					
	13 Rain					
	14 Sun					
	15 Other					
	99 Unknown					

Accident Type	Driver Distracted by	Unit 1	Unit 2	Road Surface Type	Unit 1	Unit 2
00 Not an Incident	0 Not Applicable/None			1 Concrete		
1 Private Property	1 Electronic Communication Devices	9	0	2 Asphalt		
2 Deliberate Intent	2 Other Electronic Device			3 Gravel		
3 Medical Condition	3 Other Inside Vehicle			4 Dirt		
4 Legal Intervention	4 Other Outside Vehicle			5 Brick		
5 Suicide	9 Unknown			6 Other		
6 Drowning				8 Unknown		
8 Other						

Trafficway	Unit 1	Unit 2	Unsafe / Unlawful Contributing Factors	Unit 1	Unit 2
0 Not Applicable	4	4	49 Tires	73	98
1 One Way			01 From Stop Sign		
2 Two-Way - Not Divided			02 From Yield Sign		
3 Two-Way - Divided			03 Private Drive		
4 Two-Way - Divided - Positive Median Barrier			04 County Road at Through Highway		
6 Turn Lane			05 Exhaust System		
6 Ramp / Loop			06 From Alley		
7 Driveway			07 To Pedestrian		
8 Alley / Parking Lot			08 To Vehicle on Right		
9 Unknown			09 To Vehicle in Intersection		
			10 To Emergency Vehicles		
			12 Other		
			13 Human Element		
			14 Traffic Condition		
			15 Weather Condition		
			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		
			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		
			38 CHANGED LANES UNSAFELY		
			39 STOPPED IN TRAFFIC LANE		
			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		
			47 Brakes		
			48 Steering		

Vehicle Removal	Unit 1	Unit 2	Vehicle Condition	Unit 1	Unit 2
0 Not Applicable	1	1	00 Not Applicable	01	01
1 Towed Due to Vehicle Damage			01 Apparently Normal		
2 Towed For Reasons Other Than Damage			02 Brakes		
3 Remained at Scene			03 Headlights		
4 Driven from Scene			04 Steering		
9 Unknown			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 Highway Equipment		
			14 Special Mobilized Machine		
			15 Other		

Special Function of Vehicle	Unit 1	Unit 2	Point of First Contact on Vehicle	Unit 1	Unit 2
00 Not Applicable	00	00	01	02	
01 School Bus			03		
02 Transit Bus			04		
03 Intercity Bus			05		
04 Charter Bus			06		
05 Other Bus			07		
06 Military			08		
07 OHP			09		
08 Other Police			10		
09 Other Law Enforcement			11		
10 Ambulance			12		
11 Fire Truck			13		
12 Public Owned Vehicle			14		
13 Highway Equipment			15		
14 Special Mobilized Machine					
15 Other					

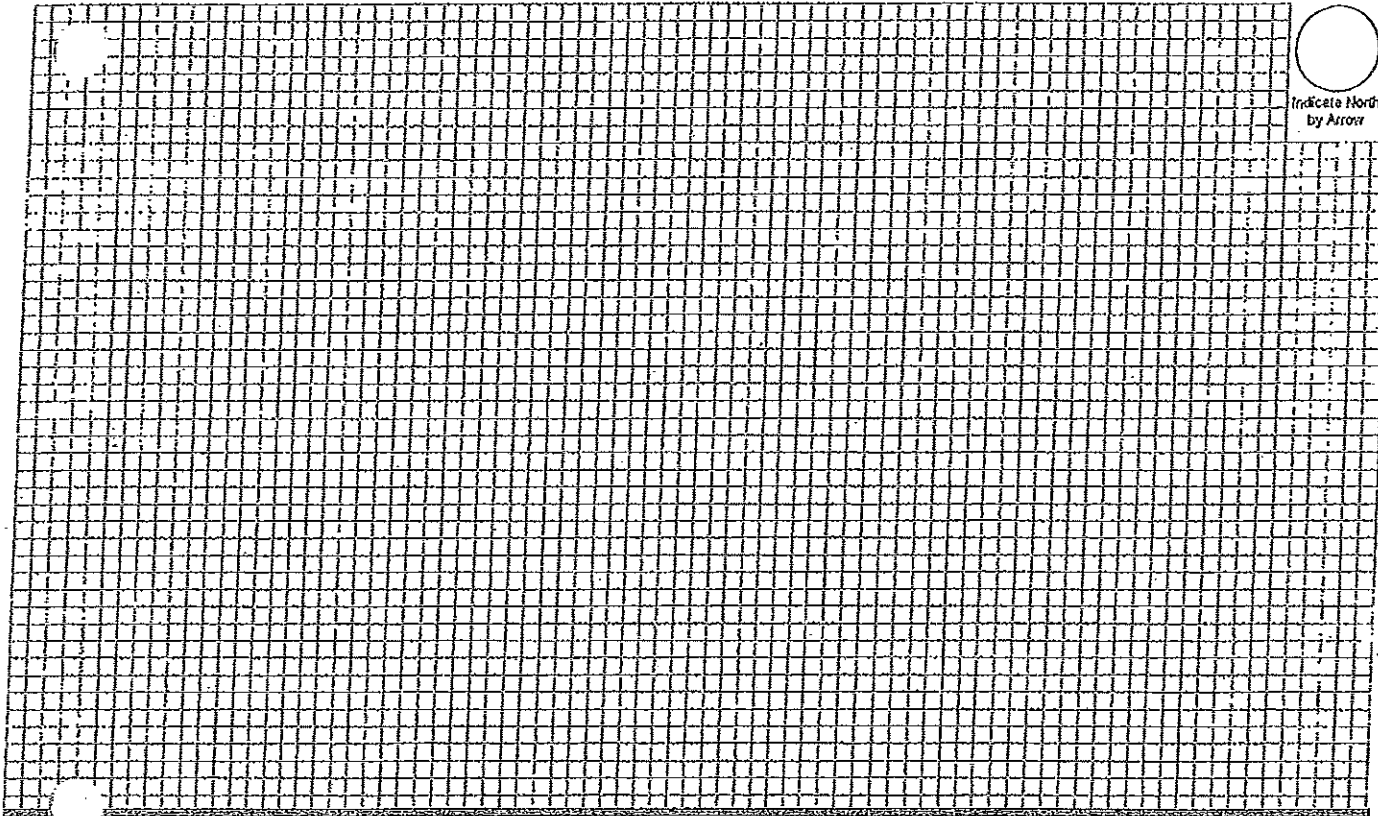
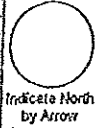
Emergency Vehicle Responding to an Emergency	Unit 1	Unit 2	Most Damaged Area	Unit 1	Unit 2
0 N/A	0	0	12	06	
1 Yes					
2 No					
9 Unknown					

Point of First Contact on Vehicle

Most Damaged Area

00 Not Applicable
13 Top
14 Undercarriage
99 Unknown

Latitude Longitude Railroad Crossing Number Roadway Orientation Unit Number **01** Unit Number **02**



COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
01	34	34	34	34	34	
02	34	17	10	00	34	34

<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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
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- 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
- 66 Pavement Drop-Off
- 67 Ditch
- 68 Embankment
- 69 Tree (Standing)
- 70 Dividing Strip
- 71 Retaining Wall
- 72 Bridge Abutment
- 73 Bridge Pier or Support
- 74 Bridge Rail
- 75 Bridge Post
- 76 Bridge Curb
- 77 Bridge Super Structure (Beams)
- 78 Bridge Overhead Structure
- 79 Delineator
- 80 Mailbox
- 81 Other Fixed Object
- 82 Other Highway Structure
- 83 Ground
- 84 Unknown

Remarks

UPPLEMENTAL ADDITIONAL NARRATIVE FORM UTILIZED. SEE PAGES 18 AND 19. FOR DIAGRAM SEE PAGES 20 THRU 26.

DO NOT WRITE IN THIS SPACE

Incident Report Y H
Investigation Completed X Revised X
Investigation Made at Scene X Fatality X
Photographs X Hit and Run X

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Reporting Agency: OKLAHOMA HIGHWAY PATROL, Case Number: XA01072009, Date of Collision: 06/26/2009, Time: 1316, County: 58 OTTAWA, Nearest City: MIAMI. Includes driver information for RANDALL SCOTT and SYNTHIA ANNE TATE, and EAGLE MED FREEMAN.

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

(24) Unit Injured Witness Passenger Prop. Owner Pos In Veh. 13 Last Name HAYES First SHELBY Middle K Suffix [REDACTED] DOB (mm/dd/yyyy) [REDACTED] Sex F

(25) Address [REDACTED] City [REDACTED] State [REDACTED] Zip [REDACTED] Telephone (Use Area Code) [REDACTED]

(26) Injury Severity / Type 5 OP Use 04 Air Bag 1 Ejected 1 Extricated 2 Transported by MED FLIGHT To Medical Facility ST JOHNS JOPLIN Property Type [REDACTED]

(27) Unit Injured Witness Passenger Prop. Owner Pos In Veh. 21 Last Name HAYES First ETHAN Middle T Suffix [REDACTED] DOB (mm/dd/yyyy) [REDACTED] Sex M

(28) Address [REDACTED] City [REDACTED] State [REDACTED] Zip [REDACTED] Telephone (Use Area Code) [REDACTED]

(29) Injury Severity / Type 5 OP Use 04 Air Bag 0 Ejected 1 Extricated 2 Transported by PAUL THOMAS To Medical Facility OK MED EXAMINER Property Type [REDACTED]

(30) Unit Injured Witness Passenger Prop. Owner Pos In Veh. 23 Last Name OLSON First CYNTHIA Middle ROSE Suffix [REDACTED] DOB (mm/dd/yyyy) [REDACTED] Sex F

(31) Address [REDACTED] City [REDACTED] State [REDACTED] Zip [REDACTED] Telephone (Use Area Code) [REDACTED]

(32) Injury Severity / Type 5 OP Use 04 Air Bag 0 Ejected 1 Extricated 2 Transported by PAUL THOMAS To Medical Facility OK MED EXAMINER Property Type [REDACTED]

(33) Unit Injured Witness Passenger Prop. Owner Pos In Veh. 23 Last Name TATE First DILLON Middle S Suffix [REDACTED] DOB (mm/dd/yyyy) [REDACTED] Sex M

(34) Address [REDACTED] City [REDACTED] State [REDACTED] Zip [REDACTED] Telephone (Use Area Code) [REDACTED]

(35) Injury Severity / Type 2 OP Use 10 Air Bag 0 Ejected 1 Extricated 1 Transported by [REDACTED] To Medical Facility [REDACTED] Property Type [REDACTED]

Complete information below if this vehicle is being used for COMMERCE/BUSINESS and has a GVWR/GVW IN EXCESS OF 10,000 LBS. or has a HAZARDOUS MATERIAL PLACARD. THIS APPLIES TO BUSES WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER.

(36) Carrier Name [REDACTED] Address [REDACTED]

(37) City [REDACTED] State [REDACTED] Zip [REDACTED] GVWR 0-10K lbs. 10,001-26K lbs. 26K+ lbs. Axle Qty. [REDACTED] Cargo Body [REDACTED] Vehicle Use Interstate Commerce Intrastate Commerce Other Non-Commercial Government

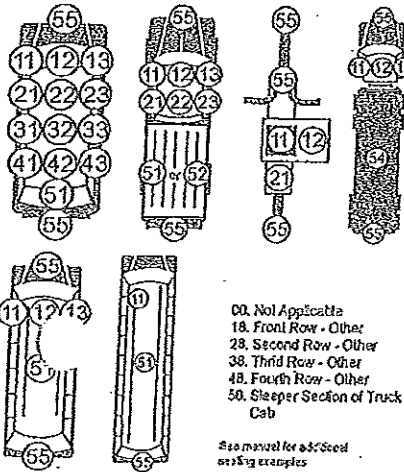
(38) U.S. DOT Number [REDACTED] NAST Report Number OK Placard Number [REDACTED] Haz. Mat. Class. [REDACTED] Haz. Mat. Involved Yes No Haz. Mat. Release Yes No

(39) Unit Carrier Name [REDACTED] Address [REDACTED]

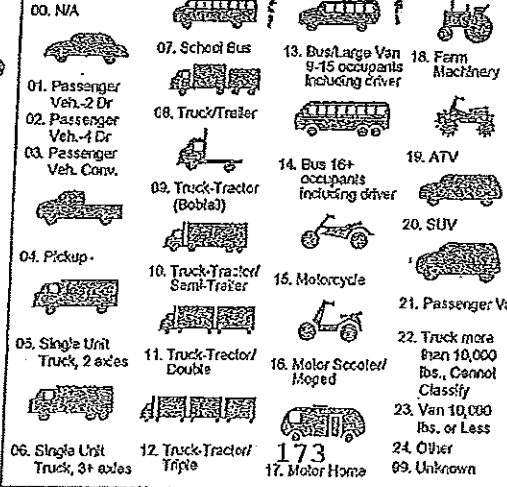
(40) City [REDACTED] State [REDACTED] Zip [REDACTED] GVWR 0-10K lbs. 10,001-26K lbs. 26K+ lbs. Axle Qty. [REDACTED] Cargo Body [REDACTED] Vehicle Use Interstate Commerce Intrastate Commerce Other Non-Commercial Government

(41) U.S. DOT Number [REDACTED] NAST Report Number OK Placard Number [REDACTED] Haz. Mat. Class. [REDACTED] Haz. Mat. Involved Yes No Haz. Mat. Release Yes No

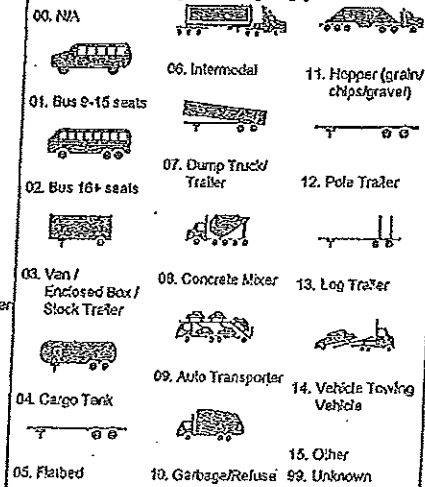
Position in Vehicle



Vehicle Configuration



Cargo Body Type



This unit will correspond to unit 2	Unit	Total Lanes in Roadway	Legal Speed	Pedestrian / Bicyclist Only	
	03	02	75	Actions Prior to Collision	Location at Time of Collision
I will correspond to unit 2	04	02	75	Safety Equip.	Unit Number of Vehicle Striking

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	<input type="checkbox"/>	1 Before the First Work Zone Warning Sign	<input type="checkbox"/>
2 Lane Shift/Crossover	<input type="checkbox"/>	2 Advance Warning Area	<input type="checkbox"/>
3 Work on Shoulder or Median	<input type="checkbox"/>	3 Transition Area	<input type="checkbox"/>
4 Intermittent or Moving Work	<input type="checkbox"/>	4 Activity Area	<input type="checkbox"/>
9 Unknown	<input type="checkbox"/>	5 Termination Area	<input type="checkbox"/>
		9 Unknown	<input type="checkbox"/>

Light	1	Unit 1	Unit 2
1 Daylight		06	06
2 Dark-Not Lighted			
3 Dark-Lighted			
4 Dawn			
5 Dusk			
6 Dark-Unknown			
7 Lighting			
8 Other			
9 Unknown			

Under/Override	Unit 1	Unit 2
0 Not Applicable	1	1
1 No Under/Override		
2 Under/Override, Compartment Intrusion		
3 Under/Override, No Compartment Intrusion		
4 Under/Override, Compartment Intrusion Unknown		
5 Under/Override, Motor Vehicle In Transport		
6 Under/Override, Other Motor Vehicle		
9 Unknown		

Weather	01
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	

What Vehicle Was Going to Do	Unit 1	Unit 2
00 Not Applicable	06	06
01 Go Ahead		
02 Turn Left		
03 Turn Right		
04 Make "U" Turn		
05 Stop		
06 Slow for Cause		
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		

Traffic Control	Unit 1	Unit 2
00 No Control	00	00
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		

Trafficway	Unit 1	Unit 2
0 Not Applicable	4	4
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
98	98	98
FAILED TO YIELD		
01 From Stop Sign		
02 From Yield Sign		
03 Private Drive		
04 County Road at Through Highway		
05 Exhaust System		
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		
38 CHANGED LANES UNSAFELY		
39 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 User 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		

Locality	5
1 Residential	
2 Business	
3 Industrial	
4 Commercial	
5 Rural	
6 Suburban	
7 Other	
9 Unknown	

What Vehicle Did	Unit 1	Unit 2
00 Not Applicable	06	06
01 Went Ahead		
02 Turned Left		
03 Turned Right		
04 Entered "U" Turn		
05 Stopped		
06 Slowed		
07 Started From Park/Stop		
08 Entered Other Lane		
09 Overtaking		
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		

Road Surface Conditions	Unit 1	Unit 2
01	01	01
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		

Vehicle Removal	Unit 1	Unit 2
0 Not Applicable	1	1
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
01	01	01
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		

Type of Intersection	0
0 Not an Intersection	
1 Y-Intersection	
2 T-Intersection	
3 Four-Way Intersection	
4 Five-Point or More Intersection as Part of Interchange	
5 Traffic Circle	
6 Roundabout	
9 Unknown	

Visibility Obscured by	Unit 1	Unit 2
00	00	00
00 Not Applicable		
01 Trees		
02 Embankment		
03 Building		
04 Signs		
05 Parked Vehicles		
06 High Weeds		
07 Fences		
08 Shrubby		
09 Ice, Snow or Frost on Windows		
10 Smoke		
11 Fog		
12 Dust		
13 Rain		
14 Sun		
15 Other		
99 Unknown		

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

Special Function of Vehicle	Unit 1	Unit 2
00	00	00
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
06	06	06
00 Not Applicable		
13 Top		

Incident Type	00
00 Not an Incident	
01 Private Property	
02 Deliberate Intent	
03 Medical Condition	
04 Legal Intervention	
05 Suicide	
06 Drowning	
08 Other	

Location of First Harmful Event	01
01 On Roadway	
02 Shoulder	
03 Median	
04 Roadside	
05 Gore	
06 Safety Zone	
07 Off Roadway, Location Unknown	
08 Outside Right-of-Way	
09 Other	
9 Unknown	

Road Surface Type	Unit 1	Unit 2
2	2	2
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	0	0
0 No		
1 Yes		

Most Damaged Area	Unit 1	Unit 2
13	13	13
00 Not Applicable		
14 Undercarriage		
99 Unknown		

Case Number XA01072009

Latitude [] [] [] []

Longitude N [] [] [] [] W

Railroad Crossing Number [] [] [] []

Roadway Orientation Unit Number 03 NE SW E

Pg 8 of 32 Unit Number 04 NE SW E



Indicate North by Arrow

COLLISION EVENTS

Unit 03	First Event 34	Second Event 34	Third Event 00	Fourth Event 00	Most Harmful Event 34	First Harmful Event for the Entire Collision 34
Unit 04	First Event 34	Second Event 34	Third Event 00	Fourth Event 00	Most Harmful Event 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

[Empty box for Remarks]

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

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

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

Reporting Agency: OKLAHOMA HIGHWAY PATROL Case Number (Agency Use): XA01072009

(2) Date of Collision (mm/dd/yyyy): 06/26/2009 Time: 1316 County Number and Name: 58 OTTAWA Motor Vehicles Involved: 07 Number Injured: 05 Number Killed: 10

(3) Distance from Nearest City or Town Limits: In Near Nearest City or Town Number and Name: 00 MIAMI

(4) Street, Road or Highway: I-44 (WILL ROGERS TURNPIKE) Distance from: 0003 (Nearest) Intersecting Street, Road or Highway: TPO 321

(5) Unit: 05 Occupants: 04 Type: D Last Name: HOOKS First: ORAL Middle: MATTHEW Suffix: Date of Birth (mm/dd/yyyy): [Redacted] Sex: M

(6) Address: [Redacted] City: [Redacted] State: [Redacted] Zip: [Redacted] Telephone (Use Area Code): [Redacted]

(7) Driver License Number: [Redacted] State: [Redacted] Class Endorsement(s): [Redacted] Restriction(s): [Redacted] Int. Sev.: [Redacted] Type of Injury: [Redacted] Dry/Ped. Cond.: [Redacted] OP Use: [Redacted]

(8) Ejected/Extricated/Trapped (% BAC): 2/1/2/5/0. Transported by: PAUL THOMAS To Medical Facility: OK MED EXAMINER License Plate Number: [Redacted] State: [Redacted] Month: [Redacted] Year: [Redacted]

(9) VIN: [Redacted] Vehicle Year: 2004 Color: GRN 2nd Color: 0 Make: FORD Model: WIND Veh. Cond.: 21 Extent of Damage: 4

(10) Insurance Company Name: [Redacted] Policy Number: [Redacted] Insurance Telephone (Use Area Code): [Redacted]

(11) Vehicle Removed by: GARNERS Same as Driver Owner's Last Name: [Redacted] First: [Redacted] Middle: [Redacted] Suffix: [Redacted]

(12) Owner's Address: [Redacted] City: [Redacted] State: [Redacted] Zip: [Redacted] Telephone (Use Area Code): [Redacted]

(13) Citation Number: [Redacted] Statute/Ordinance Number: [Redacted] Citation Number: [Redacted] Towed Veh. Type: [Redacted] Oversized Load: [Redacted] Rollover: [Redacted] Burned: [Redacted] Phone present: [Redacted] Phone in use: [Redacted]

4) Unit: 16 Occupants: 02 Type: D Last Name: DAVIS First: JIMMY Middle: MAC Suffix: Date of Birth (mm/dd/yyyy): [Redacted] Sex: M

5) Address: [Redacted] City: [Redacted] State: [Redacted] Zip: [Redacted] Telephone (Use Area Code): [Redacted]

6) Driver License Number: [Redacted] State: [Redacted] Class Endorsement(s): [Redacted] Restriction(s): [Redacted] Int. Sev.: [Redacted] Type of Injury: [Redacted] Dry/Ped. Cond.: [Redacted] OP Use: [Redacted]

Ejected/Extricated/Trapped (% BAC): 1/1/1/5/0. Transported by: [Redacted] To Medical Facility: [Redacted] License Plate Number: [Redacted] State: [Redacted] Month: [Redacted] Year: [Redacted]

VIN: [Redacted] Vehicle Year: 2004 Color: SIL 2nd Color: 0 Make: FORD Model: 2500 Veh. Cond.: 04 Extent of Damage: 4

Insurance Company Name: [Redacted] Policy Number: [Redacted] Insurance Telephone (Use Area Code): [Redacted]

(11) Vehicle Removed by: BROTHERS Same as Driver Owner's Last Name: WALTERS First: IND SCHOOL Middle: [Redacted] Suffix: [Redacted]

Owner's Address: [Redacted] City: [Redacted] State: [Redacted] Zip: [Redacted] Telephone (Use Area Code): [Redacted]

(13) Citation Number: [Redacted] Statute/Ordinance Number: [Redacted] Citation Number: [Redacted] Towed Veh. Type: [Redacted] Oversized Load: [Redacted] Rollover: [Redacted] Burned: [Redacted] Phone present: [Redacted] Phone in use: [Redacted]

Reporting Officer: [Redacted] Badge Number: 844 Trp/Div. Assigned: XA Trp/Div. Location: [Redacted] Reviewer (Inlt.): [Redacted] Reviewer Badge Number: 160 Date of Report (mm/dd/yyyy): 06/26/2009

Unit Type	Injury Severity	Type of Injury	Driver/Pedestrian Condition	Occupant Protection (OP) In Use
0 N/A 1 Other (Specify)	0 Not Applicable 1 Not Ejected 2 Ejected, Parity	0 N/A 1 Head 2 Trunk - External 3 Trunk - Internal 4 Arms 5 Legs 6 Other	00 Not Applicable 01 Apparently Normal 02 Dizziness - Altered 03 Odor of Alcohol/Beverage 04 Blood/Drugs 05 Under the Influence of 06 Drowsy 07 Slurred Speech 08 Unconscious 09 Other	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 - Type Unknown 07 Helmet 08 Child Restraint - Forward Facing 09 Child Restraint - Rear Facing
Air Bag Deployed 1 Deployed - Other (Make, Model, etc.) 2 Deployed - Combination 3 Deployment Unknown	Ejected 0 Not Applicable 1 Ejected, Parity 2 Ejected, Parity	Extricated 0 N/A 1 No 2 Yes	Extent of Damage 0 N/A 1 None 2 Minor 3 Moderate 4 Major	Towed Vehicle's Type 00 N/A 01 Boat Trailer 02 Horse Trailer 03 Farm Trailer 04 Horse Trailer 05 Other Trailer 06 Other Trailer 07 Home Made Trailer 08 Boat Trailer 09 Stock Trailer 10 Camping Trailer 11 Combination 12 Other 13 Unknown

(24) Unit Injured Witness Passenger Prop. Owner Pos in Veh. 21 Last Name TATE First AMY Middle L Suffix [Redacted] DOB (mm/dd/yyyy) [Redacted] Sex F

(26) Address [Redacted] City [Redacted] State [Redacted] Zip [Redacted] Telephone (Use Area Code) [Redacted]

(25) Injury Severity / Type 1 0 OP Use 10 Air Bag 0 Ejected 1 Extricated 1 Transported by [Redacted] To Medical Facility [Redacted] Property Type [Redacted]

(27) Unit Injured Witness Passenger Prop. Owner Pos in Veh. 13 Last Name HOOKS First EARLENE Middle [Redacted] Suffix [Redacted] DOB (mm/dd/yyyy) [Redacted] Sex F

(28) Address [Redacted] City [Redacted] State [Redacted] Zip [Redacted] Telephone (Use Area Code) [Redacted]

(29) Injury Severity / Type 5 1,2,3,4,5 OP Use 04 Air Bag 2 Ejected 1 Extricated 2 Transported by [Redacted] To Medical Facility OK MED EXAMINER Property Type [Redacted]

(30) Unit Injured Witness Passenger Prop. Owner Pos in Veh. 23 Last Name HOOKS First ANTONIO Middle DELANO Suffix [Redacted] DOB (mm/dd/yyyy) [Redacted] Sex M

(31) Address [Redacted] City [Redacted] State [Redacted] Zip [Redacted] Telephone (Use Area Code) [Redacted]

(32) Injury Severity / Type 5 1,2,3,4,5 OP Use 01 Air Bag 0 Ejected 1 Extricated 2 Transported by [Redacted] To Medical Facility OK MED EXAMINER Property Type [Redacted]

(33) Unit Injured Witness Passenger Prop. Owner Pos in Veh. 21 Last Name HOOKS First DIONE Middle M Suffix [Redacted] DOB (mm/dd/yyyy) [Redacted] Sex M

(34) Address [Redacted] City [Redacted] State [Redacted] Zip [Redacted] Telephone (Use Area Code) [Redacted]

(35) Injury Severity / Type 5 1,2,3,4,5 OP Use 01 Air Bag 0 Ejected 1 Extricated 2 Transported by [Redacted] To Medical Facility OK MED EXAMINER Property Type [Redacted]

Complete information below in this vehicle is being used for COMMERCIAL/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) Carrier Name [Redacted] Address [Redacted]

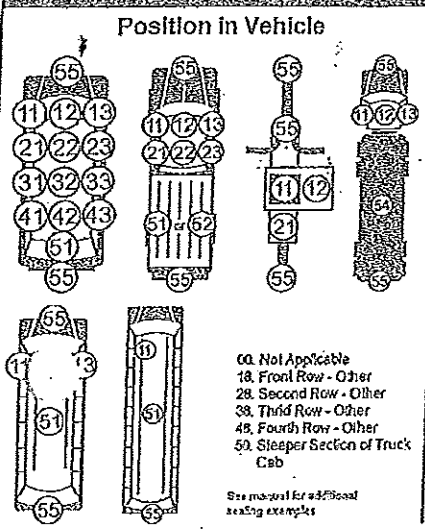
(37) City [Redacted] State [Redacted] Zip [Redacted] GVWR 0-10K lbs. 10,001-25K lbs. 25K+ lbs. Axle Qty. [Redacted] Cargo Body [Redacted] Vehicle Use Interstate Commerce Intrastate Commerce Other Non-Commercial Government

(38) U.S. DOT Number [Redacted] NAST Report Number OK Placard Number [Redacted] Haz. Mat. Class [Redacted] Haz. Mat. Involved [Redacted] Haz. Mat. Release [Redacted]

(39) Unit Carrier Name [Redacted] Address [Redacted]

(40) City [Redacted] State [Redacted] Zip [Redacted] GVWR 0-10K lbs. 10,001-25K lbs. 25K+ lbs. Axle Qty. [Redacted] Cargo Body [Redacted] Vehicle Use Interstate Commerce Intrastate Commerce Other Non-Commercial Government

(41) U.S. DOT Number [Redacted] NAST Report Number OK Placard Number [Redacted] Haz. Mat. Class [Redacted] Haz. Mat. Involved [Redacted] Haz. Mat. Release [Redacted]



- ### 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 (Double)
 - 10. Truck-Tractor/ Semi-Trailer
 - 11. Truck-Tractor/ Double
 - 12. Truck-Tractor/ Triple
 - 13. Bus/arga 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

Case Number XA01072009

Latitude [] [] [] []

Longitude N [] [] [] []

Railroad Crossing Number

Roadway Orientation

Pg 12 of 32

Unit Number 05 NE SW E

Unit Number 06 NE SW E



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
05	34	34	00	00	34	34
06	34	34	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
- 58 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 Deflector
- 70 Mailbox
- 71 Other Fixed Object
- 72 Other Highway Structure
- 73 Ground
- 99 Unknown

Remarks

[Empty box for remarks]

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

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Incident Report Y N
Investigation Completed X
Investigation Made at Scene X
Photographs X

(1) Agency: OKLAHOMA HIGHWAY PATROL
Case Number (Agency Use): XA01072009
Motor Vehicles Involved: 07
Number Injured: 05
Number Killed: 10

(2) Date of Collision (mm/dd/yyyy): 06/26/2009
Time: 1316
County Number and Name: 58 OTTAWA
Nearest City or Town Number and Name: 00 MIAMI

(3) Distance from Nearest City or Town Limits: 0081
Control # Int ID Location East Grid North Grid Administrative: 00 00 00 031 5 034 8

(4) Street, Road or Highway: I-44 (WILL ROGERS TURNPIKE)
Distance from (Nearest) Intersecting Street, Road or Highway: 0003 of TPO 321

(5) Unit: 07
Occupants Type: 04 D
Last Name: SMITH
First: LARRY
Middle: DUANE
Date of Birth (mm/dd/yyyy): [Redacted]
Sex: M

(6) Address: [Redacted]
City: [Redacted]
State: [Redacted]
Zip: [Redacted]
Telephone (Use Area Code): [Redacted]

(7) Driver License Number: [Redacted]
State: [Redacted]
Class Endorsement(s) Restriction(s) Inj. Sev. Type of Injury: 1 0
Drv./Ped. Cond. OP Use: 01 04

(8) Ejected Extricated Test (% BAC) Transported by: 1 1 1 5 0
To Medical Facility: [Redacted]
License Plate Number: [Redacted]
State Month Year: [Redacted]

(9) VIN: [Redacted]
Vehicle Year: 2008
Color: WHI
2nd Color: 0
Make: CHEV
Model: TAHO
Veh. Conf.: 20
Extent of Damage: 3

(10) Insurance Company Name: [Redacted]
Policy Number: [Redacted]
Insurance Telephone (Use Area Code): [Redacted]

(11) Vehicle Removed by: [Redacted]
Owner's Last Name: [Redacted]
First: [Redacted]
Middle: [Redacted]
Suffix: [Redacted]

(12) Owner's Address: [Redacted]
City: [Redacted]
State: [Redacted]
Zip: [Redacted]
Towed Veh. Type: 00
Oversized Load: 0
Rollover: [Redacted]
Phone present: [Redacted]
Burned: [Redacted]
Phone in use: [Redacted]

(13) Citation Number: [Redacted]
Statute/Ordinance Number: [Redacted]
Citation Number: [Redacted]
Statute/Ordinance Number: [Redacted]

(14) Unit: [Redacted]
Occupants Type: [Redacted]
Last Name: [Redacted]
First: [Redacted]
Middle: [Redacted]
Date of Birth (mm/dd/yyyy): [Redacted]
Sex: [Redacted]

(15) Address: [Redacted]
City: [Redacted]
State: [Redacted]
Zip: [Redacted]
Telephone (Use Area Code): [Redacted]

(16) Driver License Number: [Redacted]
State: [Redacted]
Class Endorsement(s) Restriction(s) Inj. Sev. Type of Injury: [Redacted]
Drv./Ped. Cond. OP Use: [Redacted]

(17) Ejected Extricated Test (% BAC) Transported by: [Redacted]
To Medical Facility: [Redacted]
License Plate Number: [Redacted]
State Month Year: [Redacted]

(18) VIN: [Redacted]
Vehicle Year: [Redacted]
Color: [Redacted]
2nd Color: [Redacted]
Make: [Redacted]
Model: [Redacted]
Veh. Conf.: [Redacted]
Extent of Damage: [Redacted]

(19) Insurance Company Name: [Redacted]
Policy Number: [Redacted]
Insurance Telephone (Use Area Code): [Redacted]

(20) Vehicle Removed by: [Redacted]
Owner's Last Name: [Redacted]
First: [Redacted]
Middle: [Redacted]
Suffix: [Redacted]

(21) Owner's Address: [Redacted]
City: [Redacted]
State: [Redacted]
Zip: [Redacted]
Towed Veh. Type: [Redacted]
Oversized Load: [Redacted]
Rollover: [Redacted]
Phone present: [Redacted]
Burned: [Redacted]
Phone in use: [Redacted]

(22) Citation Number: [Redacted]
Statute/Ordinance Number: [Redacted]
Citation Number: [Redacted]
Statute/Ordinance Number: [Redacted]

(23) Investigating Officer: ROGERS
Badge Number: 844
Tri/Div. Assigned: XA
Tri/Div. Location: [Redacted]
Reviewer (Init): VW
Reviewer Badge Number: 160
Date of Report (mm/dd/yyyy): 06/26/2009

Driver/Pedestrian Condition: 00 Not Applicable, 01 Apparently Horrible, 02 Dying - Alky Injured, 03 Obs of Alcohol/Berage, 04 Regal Drugs, 05 Under the Influence of 09 Drugg/Int, 06 Medically Unstable, 07 Sleepy, 08 Other, 09 Unknown
Occupant Protection (OP) In Use: 00 N/A, 01 Not Applicable, 02 Not Applicable, 03 Not Applicable, 04 Not Applicable, 05 Child Restraint - Type Unknown, 06 Restraint Used - Type Unknown, 07 Not Used, 08 Child Restraint - Forward Facing, 09 Child Restraint - Rear Facing, 10 Booster Seat, 11 Other, 99 Unknown
Towed Vehicle Type: 00 N/A, 01 Another Vehicle, 02 Stock Trailer, 03 Utility Trailer, 04 Horse Trailer, 05 Horse Trailer, 06 Horse Trailer, 07 Horse Trailer, 08 Horse Trailer, 09 Horse Trailer, 10 Horse Trailer, 11 Horse Trailer, 12 Other, 99 Unknown

(24) Unit Injured Witness Passenger Prop. Owner Pos in Veh. 13 Last Name DAVIS First TAYLOR Middle M Suffix DOB (mm/dd/yyyy) Sex F

(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 Witness Passenger Prop. Owner Pos in Veh. 13 Last Name SMITH First MARCELLA Middle M Suffix DOB (mm/dd/yyyy) Sex F

(28) Address City State Zip Telephone (Use Area Code)

(29) Injury Severity / Type OP Use Air Bag Ejected Extricated Transported by To Medical Facility Property Type

(30) Unit Injured Witness Passenger Prop. Owner Pos in Veh. 21 Last Name NONLAN First HAYLEY Middle J Suffix DOB (mm/dd/yyyy) Sex F

(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 Witness Passenger Prop. Owner Pos in Veh. 23 Last Name DEGRASSE First DELANIE Middle C Suffix DOB (mm/dd/yyyy) Sex F

(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 is this vehicle's being used for COMMERCE/BUSINESS and has a GVWR/GCWR IN EXCESS OF 10,000 LBS. or has a HAZWAB PLACARD OR IS A BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER

(36) Unit Driver Name Address

(37) City State Zip

(38) U.S. DOT Number NASI Report Number Placard Number Haz. Mat. Class Haz. Mat. Involved Haz. Mat. Release

(39) Unit Center Name Address

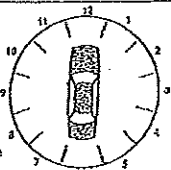
(40) City State Zip

(41) U.S. DOT Number NASI Report Number Placard Number Haz. Mat. Class Haz. Mat. Involved Haz. Mat. Release

(42) U.S. DOT Number NASI Report Number Placard Number Haz. Mat. Class Haz. Mat. Involved Haz. Mat. Release

Position in Vehicle	Vehicle Configuration	Cargo Body Type
<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>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/Triples 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</p>	<p>01. Bus 9-15 seats 02. Bus 16+ seats 03. Van/Enclosed Box/Stock Trailer 04. Cargo Tank 05. Flatbed 06. N/A 08. 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</p>

This report will correspond to Unit 1 Unit 07		Total Lanes In Roadway Unit 02		Legal Speed Unit 75		Pedestrian / Pedalcyclist Only Actions Prior to Collision Location of Time of Collision Safety Equip. Unit Number of Vehicle Involved		Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
This report will correspond to Unit 2 Unit		Unit 1 Unit 06		Unit 2 Unit		Unit 1 Unit 1		Unit 2 Unit	
Light 1 Daylight 2 Dark-Not Lighted 3 Dark-Lighted 4 Dawn 5 Dusk 6 Dark-Unknown Lighting 7 Other 9 Unknown		What Vehicle Was Going to Do Unit 1 Unit 06		Unit 2 Unit		Under/Override Unit 1 Unit 1		Type of Work Zone 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 9 Unknown	
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		What Vehicle Did Unit 1 Unit 06		Unit 2 Unit		Traffic Control Unit 1 Unit 00		Location of the Work Zone Collision 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area 9 Unknown	
Locality 1 Residential 2 Business 3 Industrial 4 Commercial 5 Suburban 6 Mixed Use 7 Other 9 Unknown		Road Surface Conditions Unit 1 Unit 01		Unit 2 Unit		Vehicle Removal Unit 1 Unit 4		Unsafe / Unlawful Contributing Factors Unit 1 Unit 98	
Type of Intersection 0 Not an Intersection 1 Y-Intersection 2 T-Intersection 3 Four-Way Intersection 4 Five-Point or More Intersection as Part of Interchanges 5 Traffic Circle 6 Roundabout 7 Unknown		Visibility Obscured by Unit 1 Unit 00		Unit 2 Unit		Vehicle Condition Unit 1 Unit 01		Workers Present Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
Incident Type 0 Not an Incident 1 Private Property 2 Deliberate Intent 3 Medical Condition 4 Legal Intervention 5 Suicide 6 Drowning 7 Other		Road Character 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		Road Alignment Unit 1 Unit 1		Special Function of Vehicle Unit 1 Unit 00		Point of First Contact on Vehicle Unit 1 Unit 05	
Location of First Harmful Event On Roadway Shoulder Median Roadside Go/Side Severe Parkway Lane/Zone Off Roadway, Location Unknown Outside Right-of-Way Other Unknown		Road Surface Type Unit 1 Unit 2		Road Surface Type Unit 1 Unit 2		Emergency Vehicle Responding to an Emergency Unit 1 Unit 0		Most Damaged Area Unit 1 Unit 05	
Driver Distracted by 0 Not Applicable/None 1 Electronic Communication Devices 2 Other Electronic Device 3 Other Inside Vehicle 4 Other Outside Vehicle 9 Unknown		Road Surface Type 1 Concrete 2 Asphalt 3 Gravel 4 Dirt 5 Brick 6 Other 9 Unknown		Road Surface Type 1 Concrete 2 Asphalt 3 Gravel 4 Dirt 5 Brick 6 Other 9 Unknown		Emergency Vehicle Responding to an Emergency 0 N/A 1 Yes		Point of First Contact on Vehicle 00 Not Applicable 13 Top	



Case Number XA01072009

Latitude [] [] [] []

Longitude N [] [] [] []

Railroad Crossing Number W [] [] [] []

Roadway Orientation Unit Number 07 NE SW E

Pg 16 of 32 Unit Number [] NE SW []



EVENTS

Event grid with boxes for 07, 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

U-1 LEFT NO APPARENT SKID MARKS PRIOR TO IMPACT AND APPROX. 264' OF SKID, SCUFF AND GOUGE MARKS AFTER IMPACT.

U-2 LEFT NO APPARENT SKID MARKS PRIOR TO IMPACT AND APPROX. 171' OF SKID, SCUFF AND GOUGE MARKS AFTER IMPACT.

U-3 LEFT NO APPARENT SKID MARKS PRIOR TO IMPACT AND APPROX. 215' OF SKID, SCUFF AND GOUGE MARKS AFTER IMPACT.

U-4 LEFT NO APPARENT SKID MARKS PRIOR TO IMPACT AND APPROX. 181' OF SKID, SCUFF AND GOUGE MARKS AFTER IMPACT.

U-5 LEFT NO APPARENT SKID MARKS PRIOR TO IMPACT AND APPROX. 164' OF SKID, SCUFF AND GOUGE MARKS AFTER IMPACT.

U-6 LEFT NO APPARENT SKID MARKS PRIOR TO IMPACT AND APPROX. 30' OF SKID, SCUFF AND GOUGE MARKS AFTER IMPACT.

U-7 LEFT NO APPARENT SKID MARKS PRIOR TO OR AFTER IMPACT. THE FIRST AOI WAS APPROX. 7' NORTH OF THE SOUTH EDGE OF I-44 E/B AND APPROX. .3 MILES EAST OF TPO 321. THE SECOND AOI WAS APPROX. 7' NORTH OF THE SOUTH EDGE OF I-44 E/B AND APPROX. 36' EAST OF AOI #1. THE THIRD AOI WAS APPROX. 7' NORTH OF THE SOUTH EDGE OF I-44 E/B AND APPROX. 71'

EAST OF AOI #1. THE FOURTH AOI WAS APPROX. 7' NORTH OF THE SOUTH EDGE OF I-44 E/B AND APPROX. 98' EAST OF AOI #1.

THE FIFTH AOI WAS APPROX. 7' NORTH OF THE SOUTH EDGE OF I-44 E/B AND APPROX. 223' EAST OF AOI #1. THE SIXTH AOI WAS

APPROX. 13' NORTH OF THE SOUTH EDGE OF I-44 E/B AND APPROX. 275' EAST OF AOI #1. U-1 POR WAS APPROX. 264' EAST OF

AOI #1. U-2 POR WAS APPROX. 171' SOUTHEAST OF AOI #1. U-3 POR WAS APPROX. 215' EAST OF AOI #2. U-4 POR WAS APPROX.

181' EAST OF AOI #3. U-5 POR WAS APPROX. 164' EAST OF AOI #4. U-6 POR WAS APPROX. 30' NORTHEAST OF AOI #5. U-7 CAME

TO A CONTROLLED STOP ON THE SOUTH SHOULDER OF I-44 E/B AND NO POR WAS RECORDED. U-1 WAS EASTBOUND ON I-44/

WILL ROGERS TURNPIKE APPROACHING AN AREA WHERE TRAFFIC WAS SLOWED AND CONGESTED DUE TO COLLISION

XA01062009. TRAFFIC WAS ESTIMATED TO HAVE BEEN BACKED UP FOR APPROX. 1500' FOR AT LEAST THREE MINUTES. U-2, 3, 4,

5, AND 6 WERE SLOWING FOR CAUSE ALONG WITH THE OTHER VEHICLES IN THE OUTSIDE LANE, AND U-7 WAS SLOWING IN THE

INSIDE LANE. U-1 FAILED TO REDUCE SPEED AND STRUCK U-2 IN THE REAR. U-2 WAS PROPELLED TO THE SOUTH SIDE OF I-44 E/

AND ROLLED 1.25 TIMES AND CAME TO REST ON ITS DRIVER SIDE ON THE GRASS EMBANKMENT FACING WEST. U-1

CONTINUED E/B AND STRUCK U-3 IN THE REAR. U-1 RODE UP ON TOP OF U-3 AND CONTINUED E/B AND STRUCK U-4 IN THE

REAR. U-1 CONTINUED UP ON TOP OF U-4 AND STRUCK U-5 IN THE REAR. U-1 OVERRODE PARTIALLY ONTO U-5, AND U-5

STRUCK THE REAR OF THE STOCK TRAILER BEING TOWED BY U-6. U-6 WAS PROPELLED INTO THE INSIDE LANE, WHERE IT STRUCK

U-7'S RIGHT REAR CORNER. U-7 TRAVELLED TO A CONTROLLED STOP ONTO THE OUTSIDE SHOULDER, COMING TO REST. THE

RIGHT SIDE PASSENGER OF U-2 WAS TRAPPED WITH HER LEG BEING CRUSHED BETWEEN THE DASH AND PASSENGER SIDE

DOOR FOR APPROX. THIRTY MINUTES. SHE WAS EXTRICATED BY MIAMI FIRE DEPARTMENT USING THE JAWS OF LIFE. THE DRIVER

AND REAR PASSENGER OF U-2 WERE PRONOUNCED DEAD AT THE SCENE OF THE COLLISION. ALL FOUR OCCUPANTS OF U-3

WERE TRAPPED IN THE VEHICLE BY THE TRACTOR SITTING ON TOP OF IT. THE RIGHT SIDE, FRONT PASSENGER WAS EXTRICATED

AFTER APPROX. THREE HOURS AND THIRTY MINUTES BY MIAMI AND QUAPAW FIRE DEPARTMENTS BY USING MULTIPLE RAMS TO

LIFT THE WEIGHT OF THE TRACTOR OFF OF U-3. THE OTHER THREE OCCUPANTS WERE TRAPPED FOR APPROX. FIVE HOURS AND

WERE EXTRICATED AFTER U-1 WAS LIFTED OFF U-3 BY GARNERS AND JUNIORS WRECKER SERVICES, AND AFTER THE TOP COULD

BE CUT OFF AT ANOTHER LOCATION BY REDDINGS MILL MISSOURI AND QUAPAW FIRE DEPARTMENTS. THEY WERE

PRONOUNCED DEAD AT THAT LOCATION, BUT IN REALITY HAD EXPIRED AT THE SCENE OF THE COLLISION. U-4 WAS SITTING

PERPENDICULAR BETWEEN U-3 AND U-5 AND UNDERNEATH U-1 FACING SOUTH. THE TWO REAR PASSENGERS OF U-4 WERE

FREED THROUGH THE RIGHT REAR WINDOW BY CITIZENS WHO HAD STOPPED TO HELP. THE DRIVER OF U-4 WAS EXTRICATED

AFTER APPROX. FOUR HOURS WHEN U-1 COULD BE LIFTED OFF OF IT, AND THE JAWS OF LIFE COULD BE USED FOR

EXTRICATION. U-5 OCCUPANTS WERE ALL FOUR TRAPPED AND LATER EXTRICATED AFTER APPROX. FIVE HOURS WHEN U-1

COULD BE LIFTED OFF OF IT AND THE TOP COULD BE CUT OFF AT ANOTHER LOCATION BY REDDINGS MILL MISSOURI AND

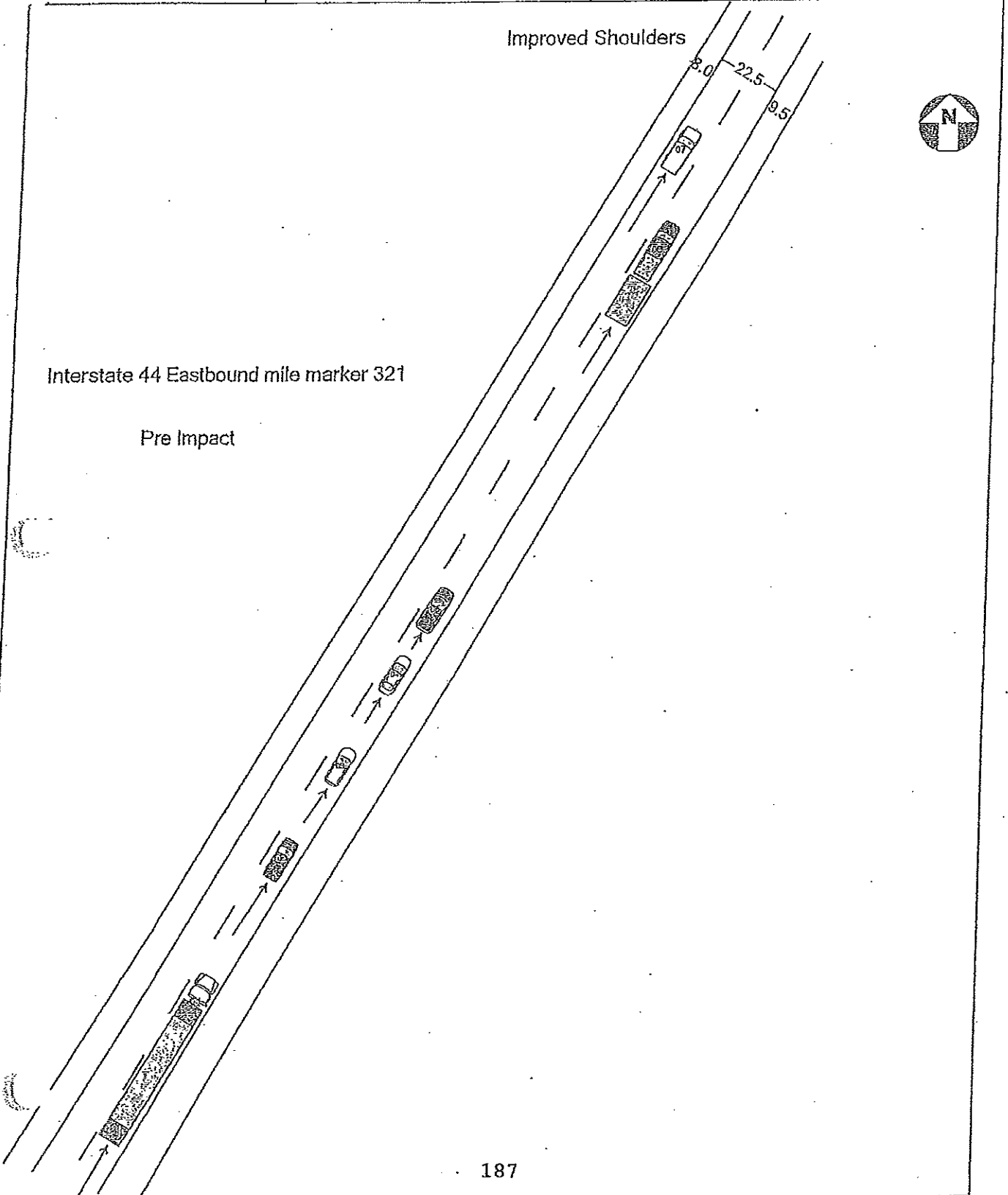


QUAPAW FIRE DEPARTMENTS. THEY WERE ALL PRONONCED DEAD AT THAT LOCATION, BUT IN REALITY HAD EXPIRED AT THE CENE OF THE COLLISION. THE EXTRICATION OF U-3 AND U-5 DECEASED OCCUPANTS WAS MADE AT THE OTA MAINTENANCE BARN NEAR MILE MARKER 329 E/B, JUST OFF OF THE WILL ROGERS TURNPIKE. TROOPER ROGERS ASKED U-1 DRIVER (R) WHILE STILL IN HIS TRUCK, TO EXIT AND (R) ASKED IF HE HAD HIT SOMEONE. LATER, WHILE STILL AT THE SCENE, U-1 DRIVER (R) STATED THAT THE VEHICLES HAD DRIVEN UNDERNEATH HIM WHILE HE WAS STOPPED. BASED ON U-1'S COMPANY GPS TRACKING SYSTEM, U-1 SPEED WAS CONSISTANTLY AT 69.5 MPH TO 71 MPH FOR APPROX. 4.5 MINUTES JUST PRIOR TO THE COLLISION, GIVING STRONG EVIDENCE THAT U-1'S CRUISE CONTROL WAS ACTIVATED. AS NOTED EARLIER IN THIS REPORT, THERE WERE NO SKID MARKS LEFT FOR U-1, INDICATING NO BRAKING OR EVASIVE ACTION PRIOR TO THE FIRST AOI WITH U-2. A MECHANICAL INSPECTION OF U-1, PERFORMED BY TROOPER B. OVERBY FOUND NO APPARENT BRAKE OR STEERING DEFICENCIES. IT WAS ESTIMATED FROM THE VANTAGE POINT OF THE DRIVER OF U-1 THAT UNDER SIMILAR CIRCUMSTANCES, U-1 DRIVER (R) HAD NO VISUAL OBSTRUCTIONS AND COULD HAVE SEEN AT THE LEAST 2400' PRIOR TO AOI #1. IMMEDIATELY AFTER THE COLLISION, U-1 DRIVER (R) ALTHOUGH INJURED, WAS ABLE TO WALK AND NEGOTIATE TURNS AND GAVE NO INDICATIONS OF HAVING ANY VISUAL PROBLEMS. HE WOULD TURN HIS HEAD AND LOOK AT YOU WHEN SPOKEN TO OR WHEN SPEAKING. DUE TO THE BEFORE MENTIONED FINDINGS, INVESTIGATORS DETERMINED THAT U-1 DRIVER (R) WAS INATTENTIVE AT THE TIME OF THE COLLISION. AS TO U-1 DRIVER (R) PHYSICAL CONDITION PRIOR TO THE COLLISION, IT WAS LISTED AS UNKNOWN DUE TO HIS DECLINING TO BE INTERVIEWED UPON THE ADVISE OF HIS ATTORNEY.

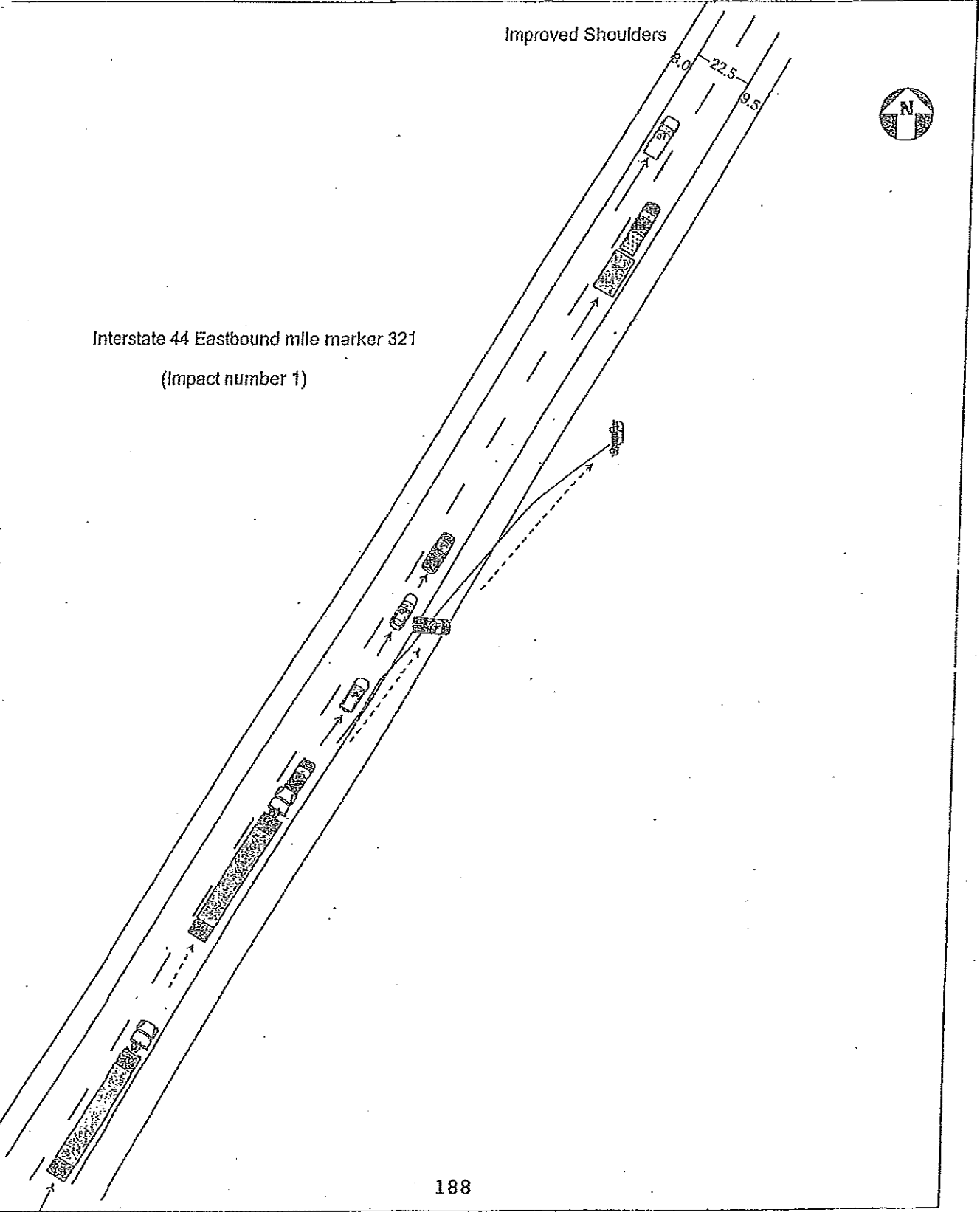
PHOTOGRAPHS WERE TAKEN BY THE OKLAHOMA HIGHWAY PATROL AT THE SCENE, AND WERE STORED ON A DISK. A SET OF PHOTOGRAPHS WERE ALSO GIVEN TO THE OKLAHOMA HIGHWAY PATROL BY QUAPAW FIRE DEPARTMENT AND WERE ALSO STORED ON A DISK. ALL PHOTOGRAPHS ARE TO BE STORED AND MAINTAINED AT TROOP XA HEADQUARTERS.



Oklahoma Highway Patrol		Pre-impact		Case Number
Drawn By p. James Loftis #326		Date Drawn 06-28-2009		XA0107-2009
		Incident Date: 06-27-2009		Scale
		Location: I-44 Eastbound M.M. 321		Not to scale



Oklahoma Highway Patrol		Impact number 1	Case Number
Drawn By	Date Drawn	Incident Date:	XA0107-2009
Trp. James Loftis #326		Location: I-44 Eastbound M.M. 321	Scale
			Not to scale



Oklahoma Highway Patrol		Impact number 2		Case Number
Drawn By p. James Loftis #326		Date Drawn 6/28/2009		XA0107-2009
Incident Date: 8/28/2009		Scale		
Location: I-44 Eastbound M.M. 321		Not to scale		

Improved Shoulders



Interstate 44 Eastbound mile marker 321
(Impact number 2)

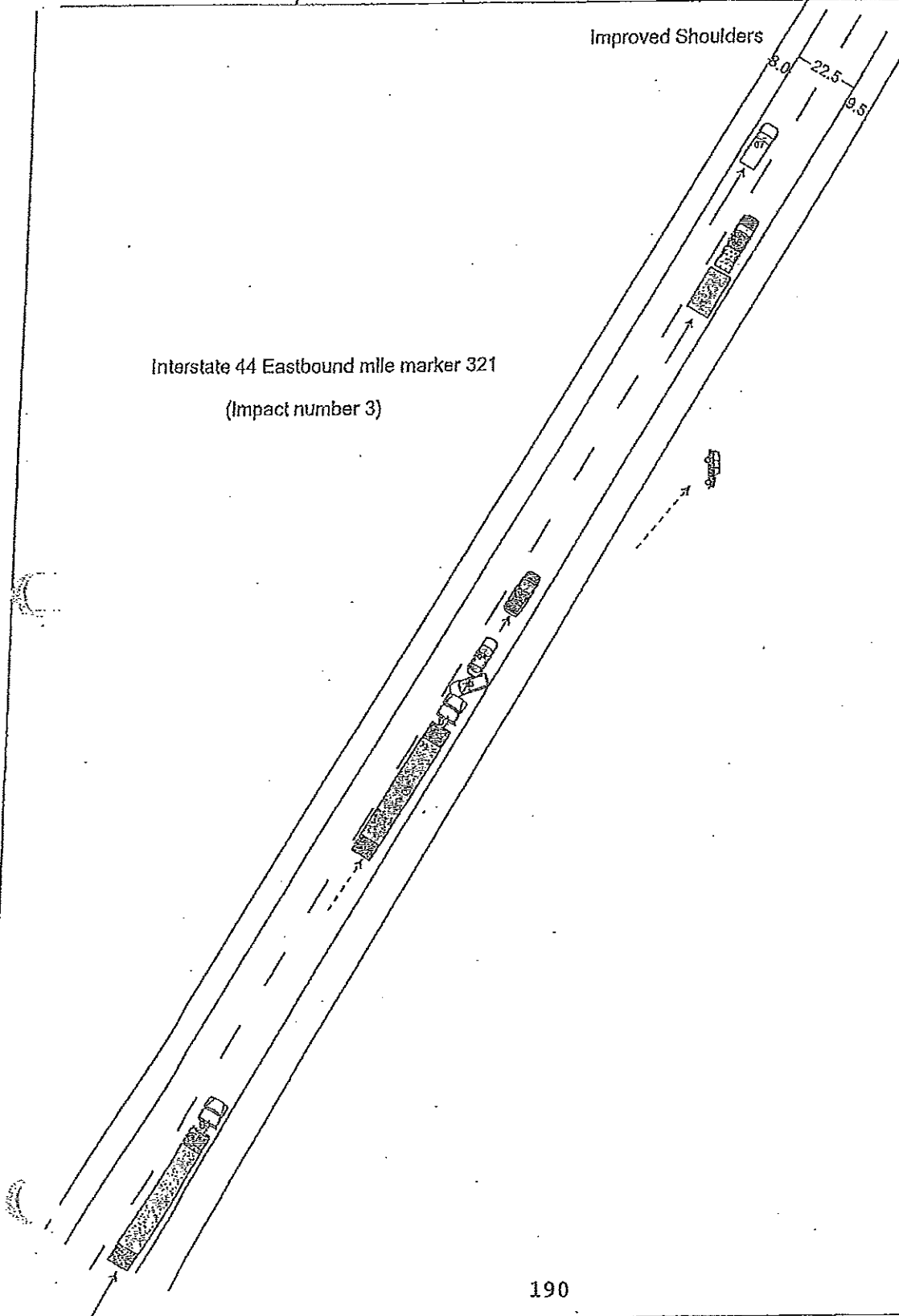
8.0
22.5
9.5

Oklahoma Highway Patrol		Impact number 3	Case Number XA0107-2009
Drawn By p. James Loftis #326	Date Drawn	Incident Date:	Scale Not to scale
		Location: I-44 Eastbound M.M. 321	

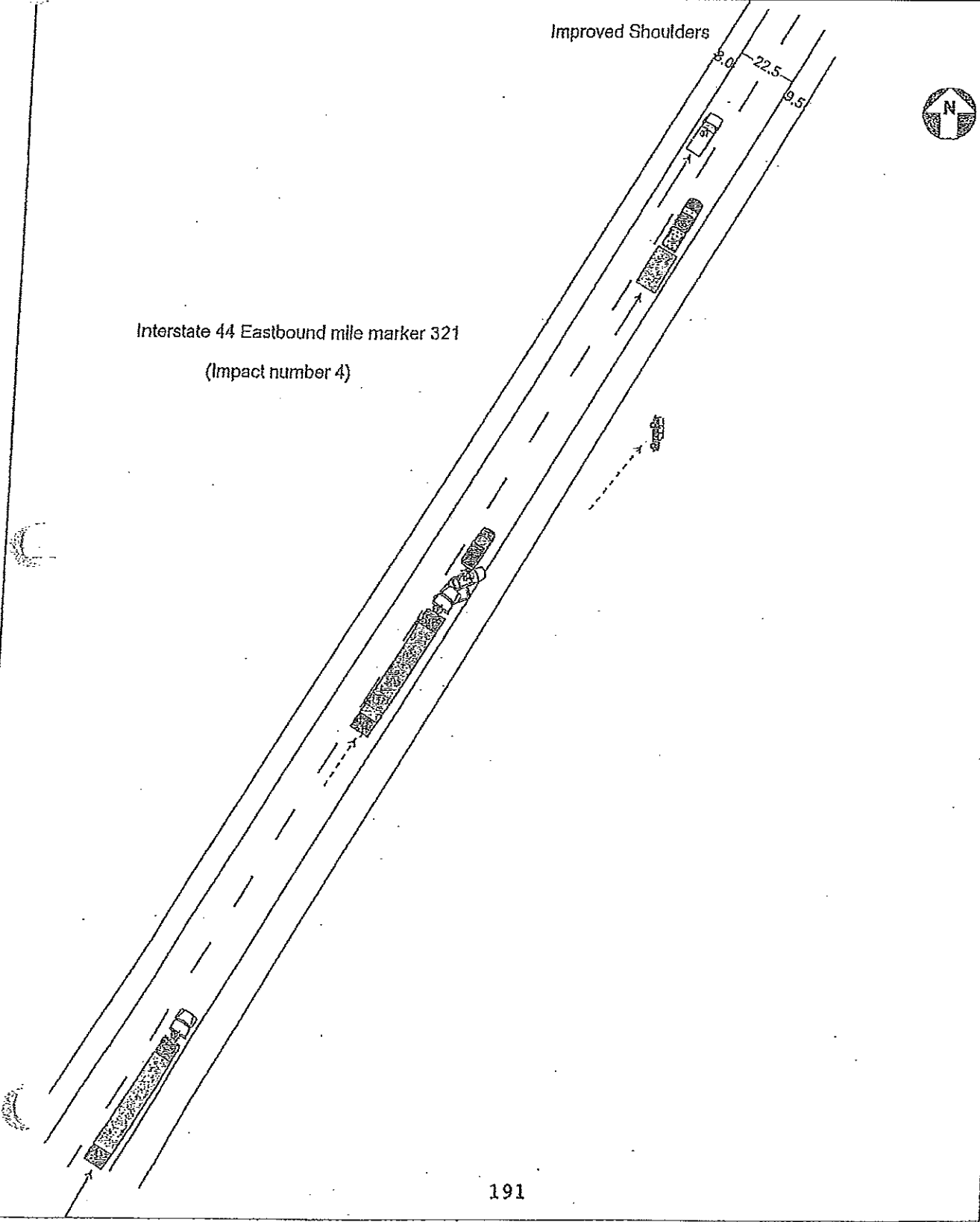
Improved Shoulders



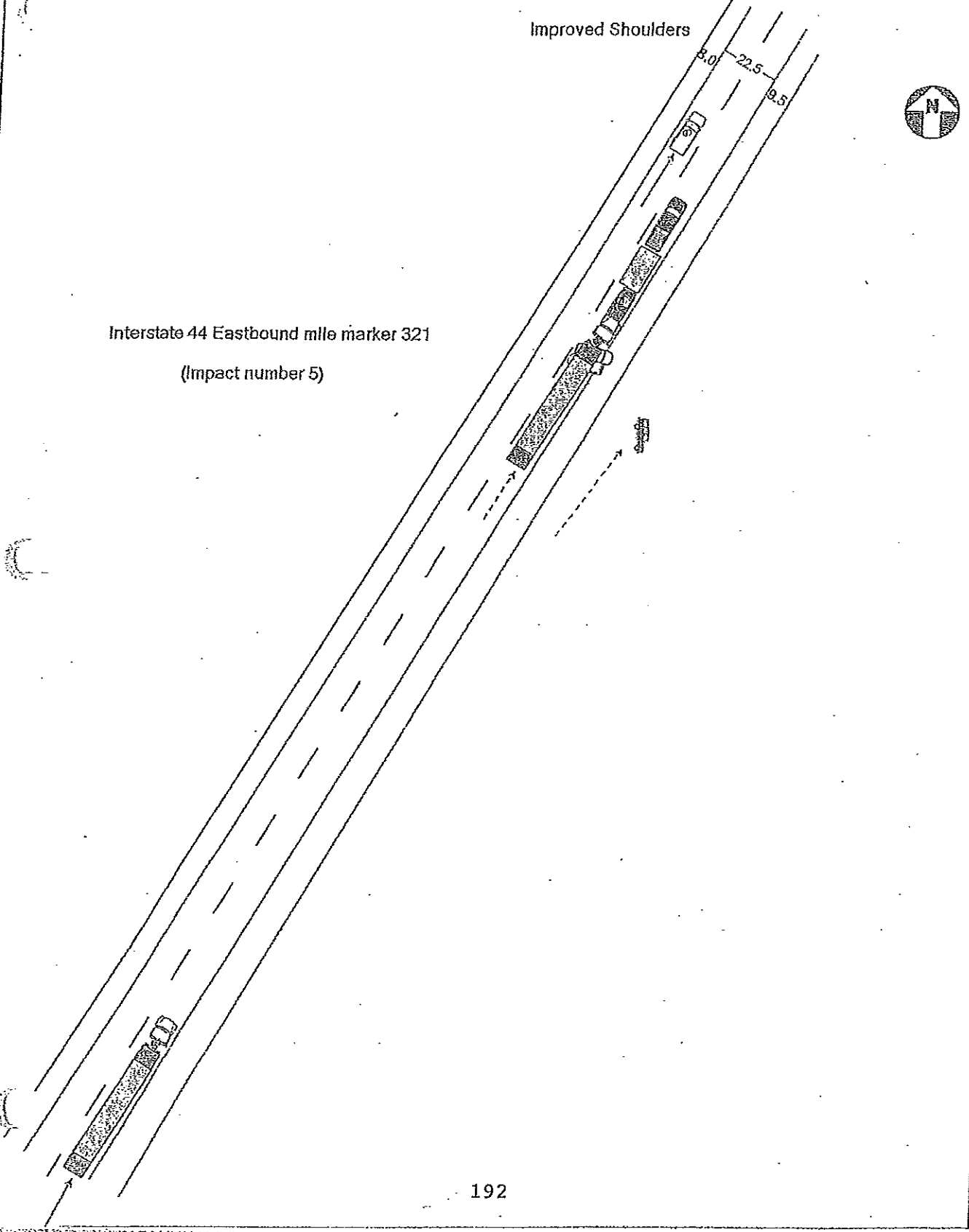
Interstate 44 Eastbound mile marker 321
(Impact number 3)



Oklahoma Highway Patrol		Impact number 4	Case Number XA0107-2009
Drawn By p. James Loftis #326	Date Drawn	Incident Date:	Scale Not to scale
		Location: I-44 Eastbound M.M. 321	



Oklahoma Highway Patrol		Impact number 5	Case Number XA0107-2009
Drawn By Trp. James Loftis #326	Date Drawn 6/30/2009	Incident Date: 6/30/2009	Scale Not to scale
		Location: I-44 Eastbound M.M. 321	



OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT
STATEMENT OF WITNESS

Case Number KAO1072009

Month 06 Day 26 Year 2009 County OTTAWA Administrative

To Be Completed by: Last Name WOODRUFF JR First ALFRED Middle Initial V. Date of Birth (mm/dd/yyyy)
City State Zip Telephone (Use Area Code)

Legal Signature do hereby make the following statement of my own

free will and accord concerning FATALITY COLLISION

which occurred (Location) I44 / WILL ROGERS TP. EASTBOUND MILE MARKER 319.

on 06 26 2009 13 16 This statement was written on 06 26 2009 14 30

Statement (Witness must sign at the end of the statement)
 Traveling West Bound I94 TURNPIKE. (320) Come up on accident I East Bound Lane. Stopped and got out hooded fire extinguisher and ran to East Bound Lane. on accident scene. Witnessed tractor trailer on top of 3 cars, one in ditch. And cattle trailer full of sheep. Started looking for survivors. Finding one woman in white car crying scared and trapped. Making sure woman was fair condition went to middle car silver car. Finding two children one boy one girl. Approx 10 in age. Removed the seat belt of the little girl helping her free her head and helping her out of the car. And then helped little boy out of the car both out of the pass side rear door window. Asked driver of the truck if he was ok. Driver was responsive and mobile so went to check on other survivors. going around other side of truck. checked on two people. man and woman in front black car. woman was not breathing. gentleman was but not responsive. checked front middle car (silver) woman in drivers seat. Verbal mobile and alert. spoke (Norry and get me out of here) I then told her we were trying. And that the children were ok. And they were safe out of the car. Went back around to drivers side of truck and told driver if he could to get out of truck and helped him down. Driver then stated. (What happen where's did they come from) I helped driver of truck to sit on ground on shoulder. going back to help with getting people out. coming back to driver to check on him. Driver then (said) he was stopped. He dont know what happen.

Signature and name # 160 Troop or division
 193

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT
STATEMENT OF WITNESS

Case Number XA01072009

Month 06 Day 26 Year 2009 County OTTAWA Administrative

To Be Witnessed Last Name WROTEN First RONALD Middle Initial C. Date of Birth (mm/dd/yyyy) [REDACTED]
City [REDACTED] State [REDACTED] Zip [REDACTED] Telephone (Use Area Code) [REDACTED]

Legal Signature [REDACTED] do hereby make the following statement of my own free will and accord concerning

FATALITY COLLISION

which occurred (Location) I-44 / Will Rogers T.P. EASTBOUND MILE MARKER 321

on Month 06 Day 26 Year 2009 Time 1316 This statement was written on Month 06 Day 26 Year 2009 Time 1438

Statement (Witness must sign at the end of the statement)

I WAS GOING EAST BOUND ON I-44 ABOUT THE 322 MI. MARKER AN ACC. UP AHEAD OF ME MAKE EVERYONE GO TO RIGHT LANE, WHILE ~~IN~~ IN RIGHT LANE WITH A TRUCK ON MY LEFT (WHITE DRIVER) A WHITE SUV (CHEVY) BEHIND HIM + A GRAY CHEVY WITH TRAILER BEHIND ME, I SAW THE PICK UP BEHIND ME CROSS AND HIT THE SUV. WHEN I WALKED BACK I SAW THE ACC. A TRUCK ON TOP OF THREE CARS, A CAR OFF THE ROAD. I ~~STARTED~~ STARTED HELPING OUT. I SAW THE DRIVER OF THE TRUCK CLIMBING FROM THE REAR ENGINE SIDE AFTER IT WAS OVER.

[REDACTED]

Rank and name [REDACTED] # 1160 Troop or division [REDACTED]

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT
STATEMENT OF WITNESS

Case Number XA01072009

Date (mm/dd/yyyy) 06-26-09 County OTTAWA Administrative

To: Last Name GONZALES First ERIC Middle Name VALENTUARD Suffix Date of Birth (mm/dd/yyyy) [REDACTED]
 Co. By Address City State Zip Telephone (Use Area Code)

Legal Signature [REDACTED] do hereby make the following statement of my own

free will and accord concerning ACCIDENT ON WILL ROGERS TRP.

which occurred (Location) MM 321 E113

Date (mm/dd/yyyy) 6-26-09 Time 1310 This statement was written on 6-26-09 1430

I was heading west bound on I-44 and saw a ~~car~~ 2 weeks the first was on mile marker 322 (estimate) and I thought that "looked bad" All the people in the first collision were already stopped.

Then I drove a little bit further and saw a Semi on top of three vehicles pushing a govt trailer still in motion. I immediately pulled over and ran over to the scene.

I brought water to one victim and realized she was in the passenger side, but the driver and rear seat passenger were already dead. She was screaming and there was a guy there already holding her hand. I stayed until authorities told me to go.

Both collisions were in the East bound lanes and I did not see what started or caused the second collision.

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT
STATEMENT OF WITNESS

Case Number **XAD1072009**

Date (mm/dd/yyyy)	County	Administrative
06-26-09	OTTAWA	

To C By	Last Name	First	Middle Name	Suffix	Date of Birth (mm/dd/yyyy)
	HALL	WILLIAM	RICHARD	III	[REDACTED]
Address	City	State	Zip	Telephone (Use Area Code)	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

Legal Signature
[REDACTED] do hereby make the following statement of my own

Ires will and accord concerning **ACCIDENT ON Will Rogers T/P**

which occurred (Location) **MM 321 E1B**

Date (mm/dd/yyyy)	Time	Date (mm/dd/yyyy)	Time
06-26-09	1314	06-26-09	1444

on **06-26-09** at **1314** This statement was written on **06-26-09** at **1444**
 on 6-26-09 I was traveling east bound on Ray Rogers Turnpike as I listed. The hill I saw brake lights in the cars all the way to the under pass and started to slow down when I seen the truck in front of my truck hit a car and did not see him hit his brakes.

MR. WHAT TIME OF DAY? ^{about} 1:20 P.M. W.R. H-177

MR. WHAT MILE MARKER? near 321 W.R. H-177

Witness's rank and name	196	Troop or division
T. MARK KNABH, 131		XA

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT
STATEMENT OF WITNESS

Case Number **KAD1072009**

Date (mm/dd/yyyy) **06/26/09** County **OTTAWA** Administrative

To: Last Name **POZREB** First **TROY** Middle Name **ALAN** Suffix [] Date of Birth (mm/dd/yyyy) []
By: [] City [] State [] Zip [] Telephone (Use Area Code) []
Address []

Legal Signature [] do hereby make the following statement of my own

free will and accord concerning **ACCIDENT ON WILL ROGERS TRIP.**

which occurred (Location) **MM 321 E1B**

Date (mm/dd/yyyy) **06/26/09** Time **1310** This statement was written on Date (mm/dd/yyyy) **06/26/09** Time **1454**

on **6-26-09** AT ABOUT 1300 Hrs Teaching East on Ray Rogers
Lap. like mile marker 321 myself & my student crossed a hill and
saw traffic backing up. ~~at~~ very shortly after that we
began to slow when the Rig Truck "SAV" Ford Truck^o in
front of us was out of a couple of cars. We stop and
waited a while. Before impact I did not see any brake
lights or tire smoke, all I could see was flying debris from
an impact

Witness's rank and name **T. MARK ROBERT B1** Troop or division **XA**

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT
STATEMENT OF WITNESS

Case Number KA01672009

Date (mm/dd/yyyy) 06-26-09 County OTTAWA Administrative

To From
C. B. Last Name EARNST First LORETTA Middle Name MARIE Suffix Date of Birth (mm/dd/yyyy)

Address City State Zip Telephone (Use Area Code)

Legal Signature do hereby make the following statement of my own

I read and accord concerning ACCIDENT ON Will Rogers T/P
which occurred (Location) M.M. 321

Date (mm/dd/yyyy) 06-26-09 Time 1310 This statement was written on 06-26-09 Date (mm/dd/yyyy) 06-26-09 Time 1505

I was traveling Eastbound on Turnpike, ^{inside lane} travelling approx 70 mph. I observed a semi (yellow) ahead of me and debris fly upward from an impact. I immediately went to the shoulder as I saw cars in the left lane looking for a safe stop. Not sure of exact location, but it is east of Spring River

COPY

ACCEPTED

First Accident

Pg 1 of 5

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Incident Report [X] Y N
Investigation Completed [X] Y N
Investigation Made at Scene [X] Y N
Photographs [X] Y N
Hit and Run [X] Y N

Form containing fields for Reporting Agency (OKLAHOMA HIGHWAY PATROL), Date of Collision (06/26/2009), Location (OTTAWA), Driver Information (ERIN ASHLEY), Vehicle Information (2001 FORD FOCUS), Insurance (FOCU), and Investigating Officer (LOOPER).

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

(24) Unit Injured Witness Passenger Prop. Owner Pos in Veh. 13 Last Name PERRY First KARSTON Middle JAY Suffix [Redacted] DOB (mm/dd/yyyy) [Redacted] Sex M

(25) Address [Redacted] City [Redacted] State [Redacted] Zip [Redacted] Telephone (Use Area Code) [Redacted]

(26) Injury Severity / Type 1 0 OP Use 04 Air Bag 2 Ejected 1 Extricated 1 Transported by [Redacted] To Medical Facility [Redacted] Property Type [Redacted]

(27) Unit Injured Witness Passenger Prop. Owner Pos in Veh. 50 Last Name SHARMA First MUNISH Middle [Redacted] Suffix [Redacted] DOB (mm/dd/yyyy) [Redacted] Sex [Redacted]

(28) Address [Redacted] City [Redacted] State [Redacted] Zip [Redacted] Telephone (Use Area Code) [Redacted]

(29) Injury Severity / Type 1 0 OP Use 01 Air Bag 0 Ejected 1 Extricated 1 Transported by [Redacted] To Medical Facility [Redacted] Property Type [Redacted]

(30) Unit Injured Witness Passenger Prop. Owner Pos in Veh. [Redacted] Last Name [Redacted] First [Redacted] Middle [Redacted] Suffix [Redacted] DOB (mm/dd/yyyy) [Redacted] Sex [Redacted]

(31) Address [Redacted] City [Redacted] State [Redacted] Zip [Redacted] Telephone (Use Area Code) [Redacted]

(32) Injury Severity / Type [Redacted] OP Use [Redacted] Air Bag [Redacted] Ejected [Redacted] Extricated [Redacted] Transported by [Redacted] To Medical Facility [Redacted] Property Type [Redacted]

(33) Unit Injured Witness Passenger Prop. Owner Pos in Veh. [Redacted] Last Name [Redacted] First [Redacted] Middle [Redacted] Suffix [Redacted] DOB (mm/dd/yyyy) [Redacted] Sex [Redacted]

(34) Address [Redacted] City [Redacted] State [Redacted] Zip [Redacted] Telephone (Use Area Code) [Redacted]

(35) Injury Severity / Type [Redacted] OP Use [Redacted] Air Bag [Redacted] Ejected [Redacted] Extricated [Redacted] Transported by [Redacted] To Medical Facility [Redacted] Property Type [Redacted]

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 [Redacted] Carrier Name [Redacted] Address [Redacted]

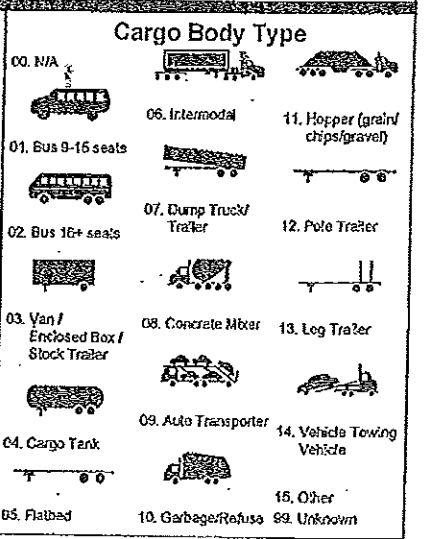
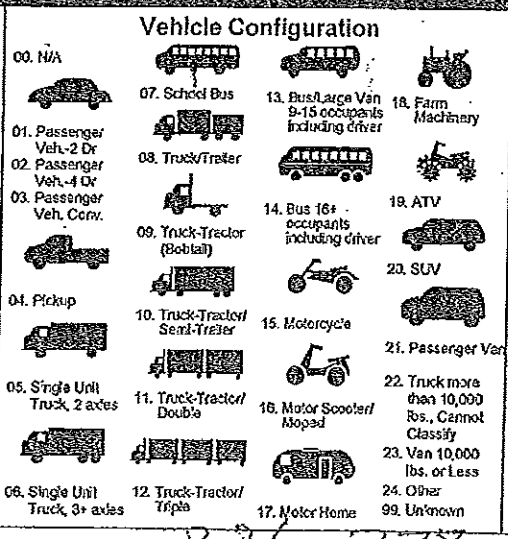
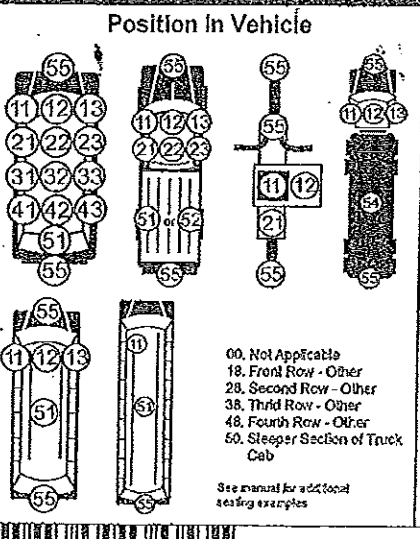
(37) City [Redacted] State [Redacted] Zip [Redacted] GVWR 0-10K lbs. 10,001-26K lbs. 26K+ lbs. Axle Qty. [Redacted] Cargo Body [Redacted] Vehicle Use Interstate Commerce Intrastate Commerce Other Non-Commercial Government

(38) U.S. DOT Number [Redacted] NAST Report Number OK Placard Number [Redacted] Haz. Mat. Class [Redacted] Haz. Mat. Involved Yes No Haz. Mat. Release Yes No

(39) Unit 02 Carrier Name G D TRANSPORT INC. Address 3808 WHIRLWIND DR.

(40) City BAKERSFIELD State CA Zip 93313 GVWR 0-10K lbs. 10,001-26K lbs. 26K+ lbs. Axle Qty. 05 Cargo Body 03 Vehicle Use Interstate Commerce Intrastate Commerce Other Non-Commercial Government

(41) U.S. DOT Number 919372 NAST Report Number OK Placard Number [Redacted] Haz. Mat. Class [Redacted] Haz. Mat. Involved Yes No Haz. Mat. Release Yes No



OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT Pg 3 of 5

Case Number **XA01062009**

This unit will correspond to 'Unit 1' # This unit will correspond to 'Unit 2' #	Unit 01 02	Total Lanes In Roadway 02 02	Legal Speed 75 75	Pedestrian / Pedalcyclist Only Actions Prior to Collision Location at Time of Collision Safety Equip. Unit Number of Vehicle Striking	Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
				Type of Work Zone 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 9 Unknown	Location of the Work Zone Collision 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area 9 Unknown	
				Workers Present Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		
Light 1 Daylight 2 Dark-Not Lighted 3 Dark-Lighted 4 Day 5 Dusk 6 Dark-Unknown 7 Lighting 9 Unknown	What Vehicle Was Going to Do 00 Not Applicable 01 Go Ahead 02 Turn Left 03 Turn Right 04 Make "U" Turn 05 Stop 06 Slow for Cause 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 16 Negotiate a Curve 18 Park 17 Other 99 Unknown	Unit 1 01 13	Unit 2 13 13	Underdrive/Override 0 Not Applicable 1 No Underdrive or Override 2 Underdrive, 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	Unit 1 1 1	Unit 2 1 1
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	What Vehicle Did 00 Not Applicable 01 Went Ahead 02 Turned Left 03 Turned Right 04 Entered "U" Turn 05 Stopped 06 Slowed 07 Started from Park/Stop 08 Entered Other Lane 09 Overtaking 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	Unit 1 01 15	Unit 2 13 13	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	Unit 1 00 00	Unit 2 00 00
Locality 1 Residential 2 Business 3 Industrial 4 School 5 Not Built-up 6 Mixed Use 7 Other 9 Unknown	Visibility Obscured by 00 Not Applicable 01 Trees 02 Embankment 03 Building 04 Signs 05 Parked Vehicles 06 High Weeds 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	Unit 1 00 00	Unit 2 00 00	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	Unit 1 01 01	Unit 2 01 01
Type of Intersection 0 Not an Intersection 1 Y-Intersection 2 T-Intersection 3 Four-Way Intersection 4 Five-Point or More Intersection as Part of Interchange 5 Traffic Circle 6 Roundabout 9 Unknown	Road Character Grade 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)	Unit 1 0 0	Unit 2 0 0	Road Alignment 1 Straight 2 Curve - Left 3 Curve - Right	Unit 1 1 1	Unit 2 1 1
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 Surface Type 1 Concrete 2 Asphalt 3 Gravel 4 Dirt 5 Brick 6 Other 9 Unknown	Unit 1 00 00	Unit 2 00 00	Road Character 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)	Unit 1 3 3	Unit 2 3 3
Location of First Harmful Event 01 On Roadway 02 Shoulder 03 Median 04 Roadside 05 Gore 06 Separator 07 Parking Lane/Zone 08 Off Roadway, Location Unknown 09 Outside Right-of-Way 10 Other 99 Unknown	Driver Distracted by 0 Not Applicable/None 1 Electronic Communication Devices 2 Other Electronic Device 3 Other Inside Vehicle 4 Other Outside Vehicle 9 Unknown	Unit 1 0 0	Unit 2 0 0	Road Character 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)	Unit 1 1 1	Unit 2 1 1
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 02 07	Unit 1 00 00	Unit 2 00 00	Emergency Vehicle Responding to an Emergency 0 N/A 1 Yes 2 No 9 Unknown	Unit 1 0 0	Unit 2 0 0
Point of First Contact on Vehicle 00 Not Applicable 13 Top	Most Damaged Area 12 07	Unit 1 02 07	Unit 2 07 07	14 Undercarriage 99 Unknown	Unit 1 12 07	Unit 2 07 07

Case Number XA01062009

Latitude

Longitude N

Railroad Crossing Number

W

Roadway Orientation

Unit Number 01 NE SW E

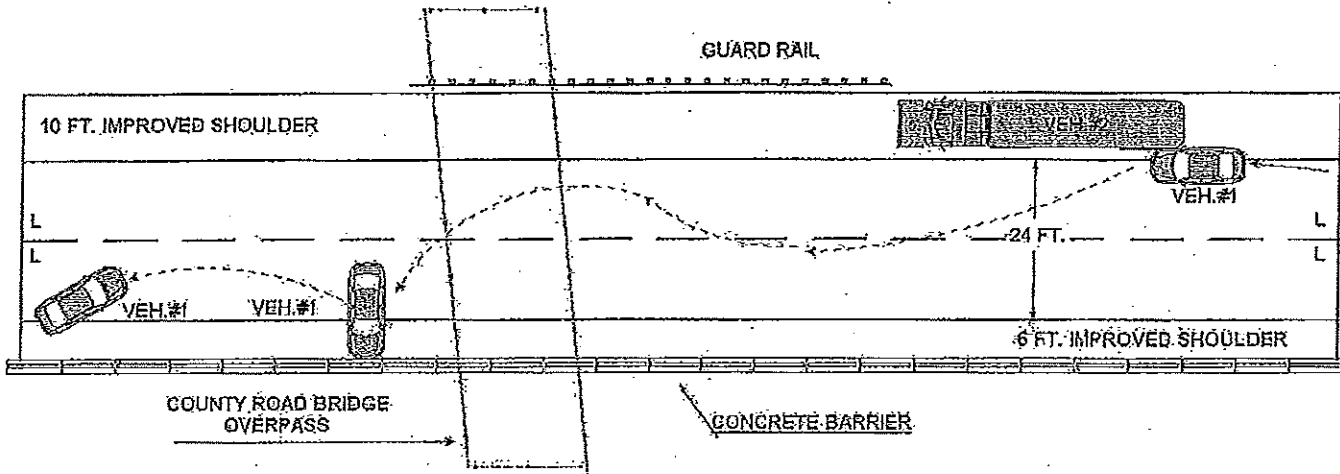
Pg 4 of 5

Unit Number 02 NE SW E

144 WRTP MM321.7 (EASTBOUND LANES)



NOT TO SCALE



COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
01	17	35	18	41	41	35
02	34	00	00	00	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.)
- 18 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

THE DRIVER OF VEH.#1 STATED THAT SHE MUST HAVE FALLEN ASLEEP BECAUSE SHE HAD NO MEMORY OF COMING UPON THE PARKED SEMI ON THE OUTSIDE SHOULDER. THE DRIVER OF VEH.#2 STATED THAT HE HAD STOPPED TO CHECK SOMETHING ABOUT HIS REFRIGERATED TRAILER AND HAD NO KNOWLEDGE AT THE TIME THAT CONTACT WAS MADE BETWEEN VEH.#1 AND HIS TRUCK. IT WAS NOT UNTIL SPEAKING WITH THE DRIVER OF VEH.#1 THAT HE FOUND OUT WHAT HAPPENED. THERE WAS NO DAMAGE TO VEH.#2 DUE TO THE COLLISION. VEH.#1 TRAVELED APPROXIMATELY 100 FT. OFF THE ROADWAY BEFORE IMPACT #1 THEN TRAVELED ABOUT 400 FT. AFTER IMPACT #1 TO IMPACT #2 WITH THE CONCRETE BARRIER. IMPACT #1 STARTLED THE DRIVER OF VEH.#1 WHO THEN STEERED LEFT THEN RIGHT THEN BACK LEFT LOSING CONTROL AND GOING INTO A COUNTER CLOCKWISE ROTATION INTO THE WALL. VEH.#1 TRAVELED ABOUT 116 FT. AFTER IMPACT COMING TO REST BLOCKING THE INSIDE LANE. P.O.I. #1 WAS ABOUT 1 FT. SOUTH OF THE SOUTH EDGE OF THE EASTBOUND LANES AND ABOUT 333 FT. WEST OF TPU 321.76. P.O.I. #2 WAS ABOUT

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

0228 2117

Case Number XA01062009

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT
ADDITIONAL NARRATIVE

Pg 5 of 5

6 FT. NORTH OF THE NORTH EDGE OF THE EASTBOUND LANES AND ABOUT 10 FT. EAST OF TPU 321.76. DRIVER CONDITION TO VEH.#2 IS UNKNOWN DUE TO HIM EXCHANGING INFORMATION WITH THE DRIVER AND OWNER OF VEH.#1 AND LEAVING THE SCENE BEFORE THIS TROOPER ARRIVED AT THE SCENE. ALL INFORMATION PERTAINING TO VEH.#2 WAS OBTAINED OVER THE PHONE.

929 211

COPY

DO NOT WRITE IN THIS SPACE

ACCEPTED BY #1160 3rd Accident

Pg 1 of 9

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

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

(1) Reporting Agency OKLAHOMA HIGHWAY PATROL
Case Number (Agency Use) XA01052009
Motor Vehicles Involved 03
Number Injured 00
Number Killed 00

(2) Date of Collision (mm/dd/yyyy) 06/26/2009
Time 1340
County Number and Name 58 OTTAWA
Nearest City or Town Number and Name 00 MIAMI

(3) Distance from Nearest City or Town Limits 0005
Control # 0077
Location 00 00 00 00
East Grid 031
North Grid 4 034
Administrative TraCS

(4) Street, Road or Highway INTERSTATE 44 WILL ROGERS TP
Distance from 0003
(Nearest) Intersecting Street, Road or Highway TPO 321.00

(5) Unit 01
Occupants Type 01
Last Name RENFRO
First GEORGE
Middle NEALY
Date of Birth (mm/dd/yyyy)
Sex M

(6) Address
City
State
Zip
Telephone (Use Area Code)

(7) Driver License Number
State
Class Endorsement(s) Restriction(s)
Type of Injury
Drv/Ped. Cond.
OP Use

(8) Ejected Exhaltated Test (% BAC) Transported by To Medical Facility License Plate Number State Month Year

(9) VIN
Vehicle Year 2004
Color GRY
2nd Color 0
Make PTRB
Model RXT
Veh. Conf. 10
Extent of Damage 2

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

(11) Vehicle Removed by
Owner's Last Name R & F TRUCKING
First LLC
Middle
Suffix

(12) Owner's Address
City MULDRAW
State OK
Zip 74948
Oversized Load 0
Towed Veh. Type 00
Rollover Bumped Phone present X
Phone in use

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

(14) Unit 02
Occupants Type 01
Last Name BALDERAS
First RAYMOND
Middle EUGENE
Date of Birth (mm/dd/yyyy)
Sex M

(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 Exhaltated Test (% BAC) Transported by To Medical Facility License Plate Number State Month Year

(18) VIN
Vehicle Year 2005
Color WHI
2nd Color 0
Make MACK
Model CXN
Veh. Conf. 10
Extent of Damage 3

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

(20) Vehicle Removed by
Owner's Last Name MOBI
First LLC
Middle
Suffix

(21) Owner's Address
City OKLAHOMA CITY
State OK
Zip 73143
Oversized Load 0
Towed Veh. Type 00
Rollover Bumped Phone present X
Phone in use

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

(23) Investigating Officer COYLE
Badge Number 234
Trp/Div. Assigned XA
Trp/Div. Location XA
Reviewer (InL)
Reviewer Badge Number
Date of Report (mm/dd/yyyy) 06/26/2009

Driver, Pedestrian, Occupant Protection (OP) in Use, Injury Severity, Type of Injury, Driver/Pedestrian Condition, Occupant Protection (OP) in Use, Air Bag Deployed, Ejected, Extricated, Chemical Test, Extent of Damage, Insurance Verification, Oversized Load, Towed Vehicle Type

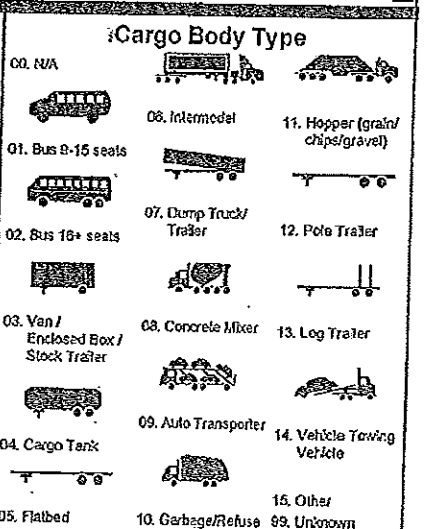
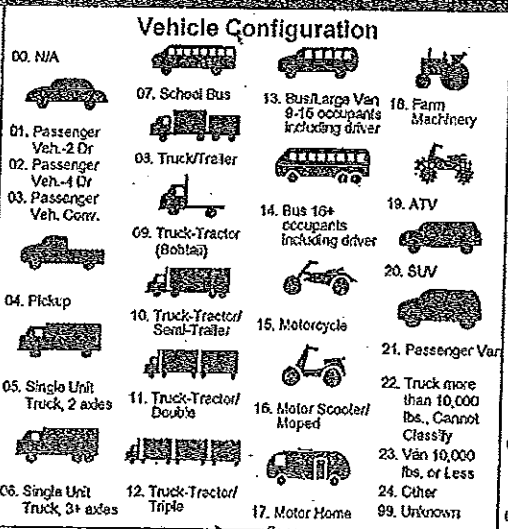
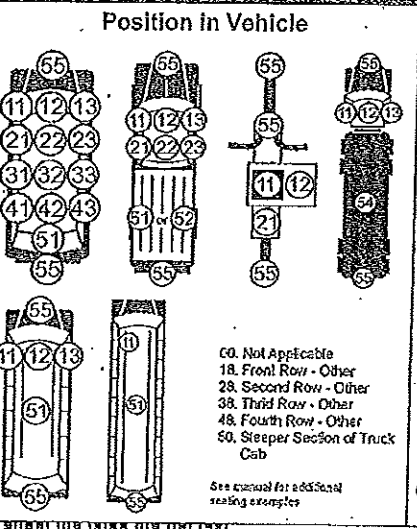
WARNING - STATE LAW Use of contents for commercial solicitation is unlawful

342 342

(24) 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	Suffix	DOB (mm/dd/yyyy)	Sex
(26)	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"/> Witness <input type="checkbox"/>	Passenger <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)			
(29) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type		
(30) 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	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"/> Witness <input type="checkbox"/>	Passenger <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/GVWR 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			
01	R & F TRUCKING INC	95200 S 4770 RD			
(37) City	State	Zip	GVWR <input type="checkbox"/> 0-10K lbs. GVWR <input checked="" type="checkbox"/> 10,001-25K lbs. 25K+ lbs.	Axle Qty. <input type="checkbox"/> 05 Cargo Body <input type="checkbox"/> 03	Vehicle Use <input checked="" type="checkbox"/> Interstate Commerce <input type="checkbox"/> Intrastate Commerce <input type="checkbox"/> Other Non-Commercial <input type="checkbox"/> Government
MULDROW	OK	74948			
(38) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release
Q1537778	OK			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(39) Unit	Carrier Name	Address			
02	MOBI TRANSPORTATION INC	5707 S EASTERN			
(40) City	State	Zip	GVWR <input type="checkbox"/> 0-10K lbs. GVWR <input checked="" type="checkbox"/> 10,001-25K lbs. 25K+ lbs.	Axle Qty. <input type="checkbox"/> 05 Cargo Body <input type="checkbox"/> 05	Vehicle Use <input checked="" type="checkbox"/> Interstate Commerce <input type="checkbox"/> Intrastate Commerce <input type="checkbox"/> Other Non-Commercial <input type="checkbox"/> Government
OKLAHOMA CITY	OK	73129			
(41) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release
Q0507619	OK			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>



242

Unit	Total Lanes in Roadway	Legal Speed	Actions Prior to Collision	Location at Time of Collision	Safety Equipped	Unit Number of Vehicle Striking
01	02	75				
02	02	75				

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
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

Light	Unit 1	Unit 2	Upperride/Override	Unit 1	Unit 2
1 Daylight	01	01	0 Not Applicable	1	1
2 Dark-Not Lighted			1 No Upperride or Override		
3 Dark-Lighted			2 Upperride, Compartment Intrusion		
4 Dawn			3 Upperride, No Compartment Intrusion		
5 Dusk			4 Upperride, Compartment Intrusion Unknown		
6 Dark-Unknown Lighting			5 Override, Motor Vehicle in Transport		
7 Other			6 Override, Other Motor Vehicle		
9 Unknown			9 Unknown		

Weather	Unit 1	Unit 2	Traffic Control	Unit 1	Unit 2
01 Clear	01	05	00 No Control	00	00
02 Fog/Smog/Smoke			01 Stop Sign		
03 Cloudy			02 Traffic Signal		
04 Rain			03 Flashing Traffic Signal		
05 Snow			04 School Zone Signs		
06 Sleet/Hail (Freezing Rain/Drizzle)			05 Yield Sign		
07 Severe Crosswind			06 Warning Sign		
08 Blowing Snow			07 Railroad Advance Warning Sign		
09 Blowing Sand, Soil, Dirt			08 Railroad Cross Bucks		
10 Other			09 Railroad Gates		
99 Unknown			10 Railroad Signal		

Locality	Unit 1	Unit 2	Road Surface Conditions	Unit 1	Unit 2
1 Residential	5		01 Dry	01	01
2 Business			02 Wet		
3 Industrial			03 Ice/Frost		
4 School			04 Snow		
5 Not Built-up			05 Mud, Dirt, Gravel		
6 Mixed Use			06 Slush		
7 Other			07 Water (standing, moving)		
9 Unknown			08 Sand		

Type of Intersection	Unit 1	Unit 2	Visibility Obscured by	Unit 1	Unit 2
0 Not an Intersection	0		00 Not Applicable	00	00
1 Y-Intersection			01 Trees		
2 T-Intersection			02 Embankment		
3 Four-Way Intersection			03 Building		
4 Five-Point or More Intersection as Part of Interchange			04 Signs		
5 Traffic Circle			05 Parked Vehicles		
6 Roundabout			06 High Weeds		
9 Unknown			07 Fences		

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

Location of First Harmful Event	Unit 1	Unit 2	Road Alignment	Unit 1	Unit 2
01 On Roadway	02		1 Straight	1	1
02 Shoulder			2 Curve - Left		
03 Median			3 Curve - Right		
04 Roadside					
05 Gore					
06 Separator					
07 Parking Lane/Zone					
08 Off Roadway, Location Unknown					
09 Outside Right-of-Way					
10 Other					
99 Unknown					

Driver Distracted by	Unit 1	Unit 2	Road Surface Type	Unit 1	Unit 2
0 Not Applicable/None	0	0	1 Concrete	2	2
1 Electronic Communication Devices			2 Asphalt		
2 Other Electronic Device			3 Gravel		
3 Other Inside Vehicle			4 Dirt		
4 Other Outside Vehicle			5 Brick		
9 Unknown			6 Other		
			9 Unknown		

Workers Present Yes No Unknown

Trafficway	Unit 1	Unit 2	Unsafe / Unlawful Contributing Factors	Unit 1	Unit 2
4	4	4	98	98	

Vehicle Removal	Unit 1	Unit 2
4	4	4

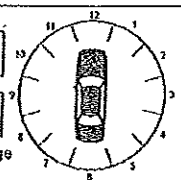
Vehicle Condition	Unit 1	Unit 2
01	01	01

Special Function of Vehicle	Unit 1	Unit 2
00	00	00

Emergency Vehicle Responding to an Emergency	Unit 1	Unit 2
0	0	0

Point of First Contact on Vehicle	Unit 1	Unit 2
06	07	09

Most Damaged Area	Unit 1	Unit 2
06	09	09



Case Number XA01052009

Latitude

Longitude N

Railroad Crossing Number W

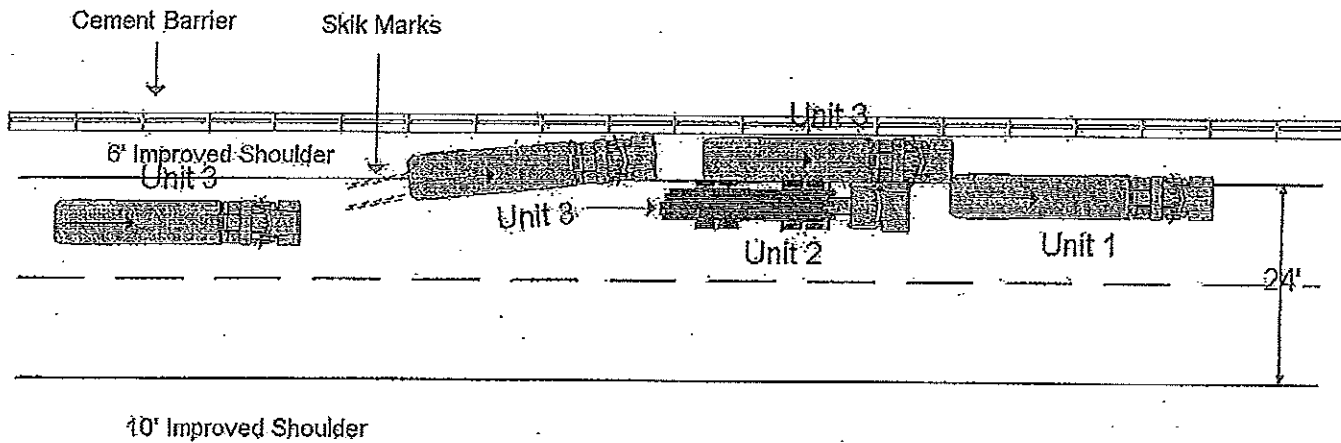
Roadway Orientation Unit Number 01 NE SW E

Pg 4 of 9

Unit Number 02 NE SW E



INTERSTATE 44 WILL ROGERS TURNPIKE E/B LANES



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	18
02	34	00	00	00	34	

00 Not Applicable	21 Fell/Jumped From Motor Vehicle	37 Work Zone/Maintenance Equipment	66 Pavement Drop-Off
10 Overturn/Rollover	22 Thrown Or Falling Object	38 Other Non-Fixed Object	67 Ditch
11 Fire/Explosion	23 Other Non-Collision	FIXED OBJECT:	68 Embankment
12 Immersion	PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:	40 Barrier (Cable)	69 Tree (Standing)
13 Jackknife	30 Pedestrian	41 Barrier (Concrete)	60 Dividing Strip
14 Cargo/Equipment Loss or Shift	31 Pedal Cycle	42 Barrier (Other)	61 Retaining Wall
15 Equipment Failure (Blown Tire, Brake Failure, etc.)	32 Railway Vehicle (train, engine)	43 Fence Pole	62 Bridge Abutment
16 Separation of Units	33 Animal	44 Fence	63 Bridge Pier or Support
17 Departed Road Right	34 Motor Vehicle In Transport	45 Traffic Signal Support	64 Bridge Rail
18 Departed Road Left	35 Parked Motor Vehicle	46 Traffic Sign Support	65 Bridge Post
19 Cross Median/Centerline	36 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle	47 Utility Pole/Light Support	66 Bridge Curb
20 Downhill Runaway		48 Other Post/Pole/Support	67 Bridge Super Structure (Beams)
		49 Guardrail/Guardrail Face	68 Bridge Overhead Structure
		50 Guardrail End	69 Delineator
		51 Culvert	70 Mailbox
		52 Curb	71 Other Fixed Object
		53 Island	72 Other Highway Structure
		54 Sand Barrels	73 Ground
		55 Impact Attenuator/ Crash Cushion	99 Unknown

Remarks
 UNIT ONE WAS TRAVELING EASTBOUND ON INTERSTATE 44 WILL ROGERS TURNPIKE. UNIT TWO WAS TRAVELING EASTBOUND ON INTERSTATE 44 WILL ROGERS TURNPIKE. UNIT THREE WAS TRAVELING EASTBOUND ON INTERSTATE 44 WILL ROGERS TURNPIKE. UNIT ONE AND UNIT TWO LEFT NO SKID MARKS BEFORE OR AFTER IMPACT. UNIT THREE LEFT 63 FEET OF SKID MARKS BEFORE IMPACT AND NO SKID MARKS AFTER IMPACT. UNIT ONE AND UNIT TWO STOPPED ON THE INSIDE LANE OF TRAFFIC DUE TO A FATALITY ACCIDENT HAVING BOTH EASTBOUND LANES BLOCKED. UNIT THREE TRAVELING TOO FAST FOR TRAFFIC CONDITIONS WAS UNABLE TO STOP BEHIND UNIT TWO. UNIT THREE SWERVED LEFT STRIKING THE CONCRETE BARRIER WITH THE LEFT FRONT PORTION OF THE VEHICLE. POI #1 WAS .3 MILES WEST OF THE WEST EDGE OF TPO 321.00 AND 30 FEET NORTH OF THE SOUTH EDGE OF INTERSTATE 44. UNIT THREE STRUCK UNIT TWO IN THE LEFT REAR PORTION OF THE TRAILER WITH THE RIGHT FRONT PORTION OF THE VEHICLE AT THE SAME TIME UNIT THREE STRUCK THE CONCRETE BARRIER. POI #2 WAS .3 MILES WEST OF THE WEST EDGE OF

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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DO NOT WRITE IN THIS SPACE

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

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

(1) Reporting Agency OKLAHOMA HIGHWAY PATROL		Case Number (Agency Use) XA01052009		Motor Vehicles Involved 03	Number Injured 00	Number Killed 00
(2) Date of Collision (mm/dd/yyyy) 06/26/2009		Time 1340	County Number and Name 58 OTTAWA		Nearest City or Town Number and Name In <input type="checkbox"/> Near <input checked="" type="checkbox"/> 00 MIAMI	
(3) Distance from Nearest City or Town Limits 0005		Control # 00	Int ID 00	Location 00	East Grid 031	North Grid 4 034
(4) Street, Road or Highway INTERSTATE 44 WILL ROGERS TP		Distance from (Nearest) Intersecting Street, Road or Highway 0003	Administrative 1 TraCS			
(5) Unit 03	Occupants Type 01 D	Last Name JOHNSON	First JESSE	Middle SCOTT	Date of Birth (mm/dd/yyyy) [REDACTED]	Sex M
(6) Address [REDACTED]						
(7) Driver License Number [REDACTED]						
(8) Ejected Exicated Test (% EAC) Transported by To Medical Facility License Plate Number State Month Year 1 1 1 5 0						
(9) VIN 1XP5DR9X93N596682						
(10) Insurance Company Name Policy Number Insurance Telephone (Use Area Code) [REDACTED]						
(11) Vehicle Removed by OSBORN'S WRECKER						
(12) Owner's Address 104 WEST 40 HWY BATES CITY MO 64011						
(13) Citation Number E942822						
(14) Unit [REDACTED]						
(15) Address [REDACTED]						
(16) Driver License Number [REDACTED]						
(17) Ejected Exicated Test (% EAC) Transported by To Medical Facility License Plate Number State Month Year [REDACTED]						
(18) VIN [REDACTED]						
(19) Insurance Company Name Policy Number Insurance Telephone (Use Area Code) [REDACTED]						
(20) Vehicle Removed by [REDACTED]						
(21) Owner's Address [REDACTED]						
(22) Citation Number [REDACTED]						
(23) Investigating Officer COYLE						

(24) 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	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"/> Witness <input type="checkbox"/>	Passenger <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)			
(29) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility		Property Type	
(30) 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	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"/> Witness <input type="checkbox"/>	Passenger <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	
03	PATHWAY TRANSPORTATION INC	1911 JARRETT RD	
(37) City	State	Zip	GVWR <input type="checkbox"/> 0-10K lbs. <input type="checkbox"/> Axle Qty. <input type="checkbox"/> Cargo Body <input type="checkbox"/> Vehicle Use <input checked="" type="checkbox"/> Interstate Commerce GVWR <input checked="" type="checkbox"/> 10,001-26K lbs. <input checked="" type="checkbox"/> 05 <input type="checkbox"/> 05 <input type="checkbox"/> Intra-state Commerce <input type="checkbox"/> 26K+ lbs. <input type="checkbox"/>
(38) U.S. DOT Number	NAHI Report Number	Placard Number	Haz. Mat. Class <input type="checkbox"/> Haz. Mat. Involved <input type="checkbox"/> Haz. Mat. Release <input type="checkbox"/> Other Non-Commercial <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Government <input type="checkbox"/>
01668118	OK		
(39) Unit	Carrier Name	Address	
(40) City	State	Zip	GVWR <input type="checkbox"/> 0-10K lbs. <input type="checkbox"/> Axle Qty. <input type="checkbox"/> Cargo Body <input type="checkbox"/> Vehicle Use <input type="checkbox"/> Interstate Commerce <input type="checkbox"/> GVWR <input type="checkbox"/> 10,001-26K lbs. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Intra-state Commerce <input type="checkbox"/> 26K+ lbs. <input type="checkbox"/>
(41) U.S. DOT Number	NAHI Report Number	Placard Number	Haz. Mat. Class <input type="checkbox"/> Haz. Mat. Involved <input type="checkbox"/> Haz. Mat. Release <input type="checkbox"/> Other Non-Commercial <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Government <input type="checkbox"/>
	OK		

<h3>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>Vehicle Configuration</h3> <ul style="list-style-type: none"> 00. N/A 01. Passenger Veh.-2 Dr 02. Passenger Veh.-4 Dr 03. Passenger Veh. Conv. 04. Pickup 05. Single Unit Truck, 2 axes 06. Single Unit Truck, 3+ axes 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 	<h3>Cargo Body Type</h3> <ul style="list-style-type: none"> 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
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Case Number **XA01052009**
Latitude

Longitude **N**

Railroad Crossing Number **W**

Roadway Orientation
Unit Number **03** NE SW E

Pg **8** of **9**
Unit Number NE SW



COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
03	34	18	41	35	35	18
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"/>	

- 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 Zones/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 Diking 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.

Handwritten signature/initials

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT
ADDITIONAL NARRATIVE

TPO 321.00 AND 22 FEET NORTH OF THE SOUTH EDGE OF INTERSTATE 44. UNIT THREE CONTINUED TRAVELING EASTBOUND BETWEEN THE CONCRETE BARRIER AND UNIT TWO KEEPING CONTACT WITH BOTH OBJECTS AN ADDITIONAL 87 FEET STRIKING UNIT ONE IN THE REAR PORTION OF THE TRAILER WITH THE FRONT PORTION OF THE TRACTOR. POI #3 WAS .3 MILES WEST OF THE WEST EDGE OF TPO 321.00 AND 23 FEET NORTH OF THE SOUTH EDGE OF INTERSTATE 44. UNIT TWO'S POR WAS THE SAME AS POI #2. UNIT ONE AND UNIT THREE'S POR WAS THE SAME AS POI #3. UNIT THREE DRIVER STATED THE TRAFFIC JAM SUPPRISED HIM AND HE TOOK THE ONLY OPTION AVAILABLE (INSIDE SHOULDER) TO SAVE LIVES.



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