

# CITY OF TULSA OPERATOR'S TRAFFIC COLLISION REPORT FORM



**INSTRUCTIONS:**

1. State law requires that vehicle drivers must immediately stop at the scene, render aid and exchange information when involved in a traffic collision.
2. Obtain drivers license and insurance information from the other driver's Drivers License and Security Verification Form.
3. Complete all information on both sides of this report form. Type or print with black ink.
4. Your information should be listed in the Unit 1 section. Information for the other vehicle shall be indicated as Unit 2.
5. Use additional report forms when more than two (2) vehicles are involved. Change unit numbers to 3,4, etc.
6. Contact your insurance company as soon as possible.
7. Completed report forms should be sent to the Tulsa Police Department at the address listed on the bottom of the report form within 24 hours.

Date of Collision		Day of Week		Time		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M. Did a Police Officer respond to the collision? <input type="checkbox"/> Yes <input type="checkbox"/> No		Officer's Name		
Street Location of Collision						Was your view blocked by anything at the time of the collision? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Total Number of vehicles involved		Weather Conditions at the time of the collision				Approximate cost to repair your vehicle \$				
Your Name (Unit 1)					Other Driver (Unit 2)					
Last Name		First		Middle	Last Name		First		Middle	
Home Address		City		State	Zip	Home Address		City State Zip		
Business Address					Business Address					
Home Phone			Business Phone		Home Phone			Business Phone		
Date of Birth		Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Injured <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth		Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Injured <input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver's License Number			State	Mo/Year of Expiration	Driver's License Number			State	Mo/Year of Expiration	
Vehicle Year	Make	Model		Color		Vehicle Year	Make	Model Color		
Vehicle License Number			State	Mo/Year of Expiration	Vehicle License Number			State	Mo/Year of Expiration	
Vehicle Owner's Name <input type="checkbox"/> Same as Driver					Vehicle Owner's Name <input type="checkbox"/> Same as Driver					
Owner's Address			Phone		Owner's Address			Phone		
Insurance Company					Insurance Company					
Policy Number			Effective Date	Date of Expiration	Policy Number			Effective Date	Date of Expiration	
Insurance Agent		Address			Insurance Agent		Address			
How fast were you driving prior to the collision? MPH		What was the posted Speed Limit? MPH		What is your estimated speed of the other vehicle? MPH		What was the other vehicle's Posted Speed Limit? MPH				
Passenger Name			Address			Phone		Age	<input type="checkbox"/> "X" if Injured	Riding in Unit Number
1.										
2.										
3.										
4.										
5.										
6.										
Witness Name				Address				Phone		
1.										
2.										
3.										
4.										
Signature					Date		Time		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	

Note: The reporting of false or fraudulent information may result in criminal and/or civil prosecution.

Completed report forms should be returned to:  
**Tulsa Police Department**  
**Records Division**  
**600 Civic Center**  
**Tulsa, OK. 74103**  
**(918) 596-9288**

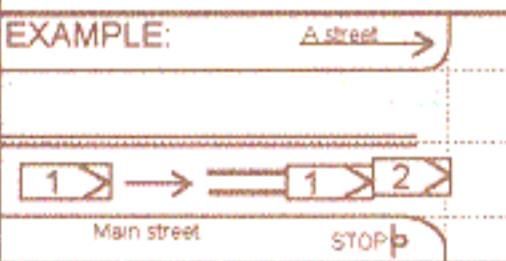


- Place an "X" in the appropriate squares for each vehicle.
- Unit 1 refers to your vehicle. Unit 2 refers to the other vehicle. Change Unit numbers to 3,4, etc. for additional vehicles.
- Explain in the Remarks section any boxes checked "other". Give specific details in regard to any sections which are indicated with \*.


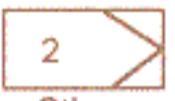



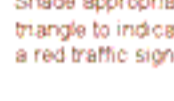

Unit 1 2		What Vehicles Were Going To Do		Unit 1 2		What Vehicles Did		Unit 1 2		Type of Road		Unit 1 2		Traffic Control		Unit 1 2		Road Character		Unit 1 2		Condition of Drivers and Pedestrians					
		<input type="checkbox"/>	<input type="checkbox"/>	Go Ahead			Went Ahead			<input type="checkbox"/>	<input type="checkbox"/>	One-way Road			<input type="checkbox"/>	<input type="checkbox"/>	Stop Sign			<input type="checkbox"/>	<input type="checkbox"/>	Streight-Level	<input type="checkbox"/>	<input type="checkbox"/>	Apparently Normal		
		<input type="checkbox"/>	<input type="checkbox"/>	Turn Left			Turned Left			<input type="checkbox"/>	<input type="checkbox"/>	Alley			<input type="checkbox"/>	<input type="checkbox"/>	Traffic Signal			<input type="checkbox"/>	<input type="checkbox"/>	Streight-Upgrade	<input type="checkbox"/>	<input type="checkbox"/>	* Drinking-Ability Impaired		
		<input type="checkbox"/>	<input type="checkbox"/>	Turn Right			Turned Right			<input type="checkbox"/>	<input type="checkbox"/>	Two Lanes			<input type="checkbox"/>	<input type="checkbox"/>	Flashing Signal			<input type="checkbox"/>	<input type="checkbox"/>	Streight-Downgrade	<input type="checkbox"/>	<input type="checkbox"/>	Odor of Alcoholic Beverage		
		<input type="checkbox"/>	<input type="checkbox"/>	Make U Turn			Entered U Turn			<input type="checkbox"/>	<input type="checkbox"/>	Three Lanes			<input type="checkbox"/>	<input type="checkbox"/>	Yield sign			<input type="checkbox"/>	<input type="checkbox"/>	Streight-Hillcrest	<input type="checkbox"/>	<input type="checkbox"/>	* Drug Use Indicated		
		<input type="checkbox"/>	<input type="checkbox"/>	Stop			Stopped			<input type="checkbox"/>	<input type="checkbox"/>	Four or More Divided			<input type="checkbox"/>	<input type="checkbox"/>	Warning Sign			<input type="checkbox"/>	<input type="checkbox"/>	Curve-Level	<input type="checkbox"/>	<input type="checkbox"/>	Very Tired		
		<input type="checkbox"/>	<input type="checkbox"/>	Slow for Cause			Slowed			<input type="checkbox"/>	<input type="checkbox"/>	Four or More Not Divided			<input type="checkbox"/>	<input type="checkbox"/>	RR Gates, Signal			<input type="checkbox"/>	<input type="checkbox"/>	Curve-Upgrade	<input type="checkbox"/>	<input type="checkbox"/>	Sleepy		
		<input type="checkbox"/>	<input type="checkbox"/>	Start from Park			Started from Park			<input type="checkbox"/>	<input type="checkbox"/>	Driveway/Parking Lot			<input type="checkbox"/>	<input type="checkbox"/>	No Passing Zone			<input type="checkbox"/>	<input type="checkbox"/>	Curve-Downgrade	<input type="checkbox"/>	<input type="checkbox"/>	* Sick		
		<input type="checkbox"/>	<input type="checkbox"/>	Change Lanes			Entered other Lane			<input type="checkbox"/>	<input type="checkbox"/>	Turn Bay			<input type="checkbox"/>	<input type="checkbox"/>	Police Officer			<input type="checkbox"/>	<input type="checkbox"/>	Curve-Hillcrest	<input type="checkbox"/>	<input type="checkbox"/>	* Condition Not Known		
		<input type="checkbox"/>	<input type="checkbox"/>	Overtake or Pass			Passed/Overtook			<input type="checkbox"/>	<input type="checkbox"/>	On Ramp			<input type="checkbox"/>	<input type="checkbox"/>	No Control			<input type="checkbox"/>	<input type="checkbox"/>	Sharp Curve (add to above if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	* Body Defects (arm, leg, eyes)		
		<input type="checkbox"/>	<input type="checkbox"/>	Back			Backed			<input type="checkbox"/>	<input type="checkbox"/>	Off Ramp			<input type="checkbox"/>	<input type="checkbox"/>	Other			<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	Other		
		<input type="checkbox"/>	<input type="checkbox"/>	Start Forward			Started Forward			<input type="checkbox"/>	<input type="checkbox"/>	Construction Zone			<input type="checkbox"/>	<input type="checkbox"/>	* Abnormal Control										
		<input type="checkbox"/>	<input type="checkbox"/>	Remain Stopped Parked			Remained Stopped Parked					Other															
		<input type="checkbox"/>	<input type="checkbox"/>	Other			Other																				

Unit 1 2		Object Struck by Vehicle on FIRST Contact (if different than OTHER VEHICLE)		Unit 1 2		Point of FIRST Contact on Vehicles (check only one for each vehicle)		Light		Weather		What Pedestrian was Doing			
		<input type="checkbox"/>	<input type="checkbox"/>	Street Light Pole			Tree			<input type="checkbox"/>	<input type="checkbox"/>	Daylight	<input type="checkbox"/>	<input type="checkbox"/>	Crossing at intersection
		<input type="checkbox"/>	<input type="checkbox"/>	Other Utility Pole			Dividing Strip			<input type="checkbox"/>	<input type="checkbox"/>	Darkness	<input type="checkbox"/>	<input type="checkbox"/>	Crossing/not at intersection
		<input type="checkbox"/>	<input type="checkbox"/>	Guard Rail			Retaining Wall			<input type="checkbox"/>	<input type="checkbox"/>	Dark/Lighted	<input type="checkbox"/>	<input type="checkbox"/>	Crossing/at other crosswalk
		<input type="checkbox"/>	<input type="checkbox"/>	Culvert			Fence			<input type="checkbox"/>	<input type="checkbox"/>	Dawn	<input type="checkbox"/>	<input type="checkbox"/>	Getting on/off vehicle
		<input type="checkbox"/>	<input type="checkbox"/>	Traffic Signal			Bridge Abutment			<input type="checkbox"/>	<input type="checkbox"/>	Dusk	<input type="checkbox"/>	<input type="checkbox"/>	Walking with traffic
		<input type="checkbox"/>	<input type="checkbox"/>	Barrier			Bridge Pier			<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	Walking against traffic
		<input type="checkbox"/>	<input type="checkbox"/>	Curb			Bridge Rail					Vehicle Condition (Indicate Defects*)		Pushing on vehicle	
		<input type="checkbox"/>	<input type="checkbox"/>	Island			Bridge Post			<input type="checkbox"/>	<input type="checkbox"/>	Apparently Normal		Working on vehicle	
		<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control Sign			Bridge Curbs			<input type="checkbox"/>	<input type="checkbox"/>	Brakes		Playing	
		<input type="checkbox"/>	<input type="checkbox"/>	Sand Barrels			Bridge Superstructure			<input type="checkbox"/>	<input type="checkbox"/>	Headlights		Other working *	
		<input type="checkbox"/>	<input type="checkbox"/>	Attenuators			* Other Highway Structure			<input type="checkbox"/>	<input type="checkbox"/>	Steering		Other	
		<input type="checkbox"/>	<input type="checkbox"/>	Pavement Drop-off			Other			<input type="checkbox"/>	<input type="checkbox"/>	Tail Lights			
		<input type="checkbox"/>	<input type="checkbox"/>	Ditch						<input type="checkbox"/>	<input type="checkbox"/>	Brake Lights			
		<input type="checkbox"/>	<input type="checkbox"/>	Embankment						<input type="checkbox"/>	<input type="checkbox"/>	Tires/Wheels			
										<input type="checkbox"/>	<input type="checkbox"/>	Suspension			
										<input type="checkbox"/>	<input type="checkbox"/>	Other			

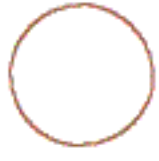
**COLLISION DIAGRAM:** Illustrate all involved vehicles to indicate their position before, at and after impact. Draw an arrow to indicate direction of vehicle movement.

EXAMPLE: 

Use these symbols in the collision diagram:

-  Your Vehicle
-  Other Vehicle
- 
-  STOP Sign
-  Skidmarks
-  Traffic Signal
- 

Shade appropriate triangle to indicate a red traffic signal.

Indicate North by Arrow 

**DIRECTION OF TRAVEL**  
 Unit 1 N  S  E  W   
 Unit 2 N  S  E  W

Did location of FIRST damage or injury producing event occur on travel portion of the roadway?  Yes  No

**Remarks:** Describe the events which led to the collision.

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In your opinion, what was the cause of the collision?

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The Police Department is usually unable to investigate traffic collisions once the parties involved have agreed that a Police investigation is not needed, or in the event that the Slick Streets policy is in effect. If damage settlement has not been reached on the collision after six (6) months from the date of the collision, the involved parties can submit the State Operator's Collision Report Form to the Department of Public Safety. This form can be obtained at the Tulsa Police Department. The Oklahoma Department of Public Safety will then intervene to assure that settlement is reached. Your insurance company may provide further assistance.